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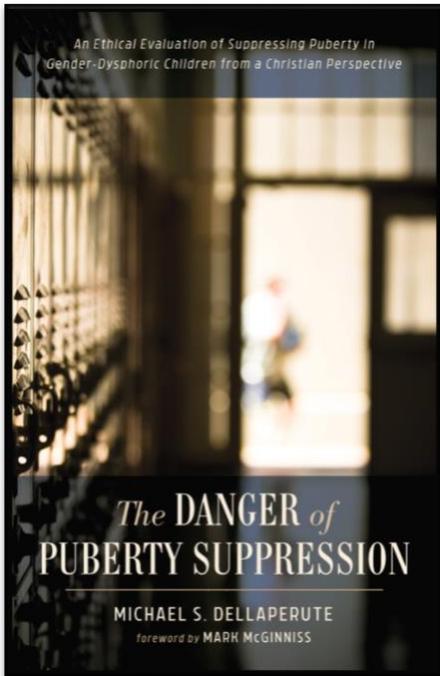
The Danger of Puberty Suppression: An Ethical Evaluation of Suppressing Puberty in Gender-Dysphoric Children from a Christian Perspective

by Michael S. Dellaperute
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New Title from Michael S. Dellaperute

The Danger of Puberty Suppression: An Ethical Evaluation of Suppressing Puberty in Gender-Dysphoric Children from a Christian Perspective

What would you do if a child in your life rejected their natal gender? Would you blindly follow the counsel of a culture that advocates for hormone treatment at an early age in order to suppress puberty and facilitate gender transition? Before you commit to long-term use of a powerful, expensive, and experimental synthetic hormone treatment plan, would you be willing to take the time to examine the ethics surrounding a course of action that will permanently affect the life of the child? Several serious questions are presently being overlooked in the rush to treat gender dysphoric and TGNC children with puberty-suppressing hormones, such as: Are puberty-suppressing hormones medically necessary? Is there any evidence to prove that hormone treatment is helpful, and not harmful, to gender-dysphoric children? Does hormone treatment resolve gender dysphoria? Do other treatment options exist to address the underlying causes of gender dysphoria? Are parents, medical providers, and ministry professionals morally obligated to provide puberty suppressors for patients who self-diagnose? Does Scripture offer any insight into the treatment of gender dysphoric children? And finally, who really benefits from advocating for the early use of GnRH agonists? This book will answer these questions.



Michael S. Dellaperute is the lead pastor at Calvary Baptist Church in Little Egg Harbor, NJ. He holds a bachelor's degree in Bible and an MDiv from Cairn University, and he is presently a PhD candidate in systematic theology at Clarks Summit University. Michael has been married to his wife Michelle since 1992, and they have four sons.



What is puberty suppression?

When a child identifies as transgender, gender nonconformist, or is diagnosed with gender dysphoria, there is an increased pressure from the culture to prescribe medication that will halt some aspects of puberty. The sole purpose of this treatment is to make a more convincing surgical transition at a later date.

What made you decide to address this highly controversial subject?

The more I read about children being coerced into making life-altering decisions with little or no information about the negative ramifications, the more I felt compelled to address this topic. Puberty suppression is portrayed as both a moral right and a medical necessity. As I will demonstrate in my book, both views are fallacious.

What should we expect from the text?

The book takes a classic approach to a serious ethical situation. Some of the most powerful arguments in the book are actually taken straight from the writings of those who claim to support this treatment. In theory, even transgender advocates do not recommend the immediate treatment of puberty suppressors for all gender dysphoric children. In practice, however, children are treated after self-diagnosis and one visit.

Do puberty suppressors successfully gender dysphoria?

No. Puberty suppressors mask comorbid factors that are recognized to contribute to gender dysphoria. Some of these factors include physical abuse, emotional abuse, sexual abuse, mental illness, and autism. While puberty suppressors do not correct these conditions, they do mask the underlying causes of gender dysphoria.

What happens to children who are not treated with puberty suppressors?

This is the best kept secret of transgender advocates. Even the most ardent proponents of puberty suppression admit that, in the majority of cases, the child's gender dysphoria will desist naturally. Furthermore, transgender advocates also admit that it is impossible to tell which children will desist and which children will persist. All but the most radical advocates recognize a desistance rate of 80%. That means, when left alone, the gender dysphoria of at least four out of five gender non-conforming children will resolve naturally.

Does the desistance rate remain constant if children are treated with puberty suppressors?

No. Desistance rates plummet when children are affirmed socially, and they disappear when the child is treated with puberty suppressors. In essence, puberty suppressors coerce children into a treatment they would never pursue without chemical manipulation.

Does the Bible speak to the issue of gender dysphoria?

Yes. There are Biblical principles that address the issue of gender and the ethics of prescribing puberty suppressing hormones to gender dysphoric children. This text takes a compassionate and redemptive approach to a very touchy subject. It is not written to promote any certain agenda, but to use God's truth to speak to a very real and complicated issue.

An Excerpt from *The Danger of Puberty Suppression: An Ethical Evaluation of Suppressing Puberty in Gender-Dysphoric Children from a Christian Perspective*

... You are the doctor or medical care provider.

A parent and their prepubescent child are waiting for you in the examination room. When you arrive, the parent assumes the role of advocate and proceeds to do most of the talking before you have a chance to assess your young patient. The parent informs you that their child is gender dysphoric. It is clear, both from the description they give and the terminology they implement, that they have done significant research on this subject and have already initiated social transition with their child. When finally questioned, the child confirms their parent's narrative. The child insists that the anatomical features associated with their natal gender cause them significant emotional distress. They also identify an array of supporting symptoms that include anxiety, depression, and suicidal thoughts. The child appears convinced that the only solution to their problem is gender transition, and they express persistent dread over the onset of puberty.

At this point in the dialogue, the parent is distraught. They insist it is medically necessary to take every measure to protect their child from any self-destructive tendencies. They explain that these measures include the immediate prescription of puberty-suppressing hormones. The parent then presents you with written recommendations and printed testimonials they received after their child's first meeting with a professional gender-affirming therapist. These testimonials describe puberty suppression as a safe, reliable, tested, and fully reversible treatment plan for children with gender dysphoria. Years of training cause you to hesitate before writing the prescription. You begin by explaining to both parties that, in your professional medical opinion, the child not only lacks the necessary competency to make a decision of this magnitude, but they have not been comprehensively examined. Furthermore, prescribing the requested drugs may result in serious consequences that the child will later regret if their distress desists. By the time you are finished, the parent is irate. They respond to your explanations with accusations of gatekeeping and discrimination. They demand treatment, and threaten you with legal action if you refuse.

So what will you do? Will you act against your professional integrity and regard the self-diagnosis of a prepubescent patient and untrained parent as though it were authoritative? Or will you potentially place both your patient's life and your medical practice at risk by conscientiously refusing to treat the child with puberty suppressors? Ethically, do you even have a choice in the matter? What is the right response to this complicated and emotionally charged situation?

