Puberty blockers FAQs

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Briefing for MPs and peers, July 2024

Puberty blockers are licensed for "cis" children so what's the problem?

They are licensed to pause precocious puberty, a condition in which puberty starts abnormally early – for example, when a child starts puberty at six or seven years old. When the drugs are stopped, the child will go through their natural puberty. This is not the same as blocking normal puberty in a healthy child and losing those years of normal development. For those children, it is an interruption not a pause.

Aren't puberty blockers reversible to just give children time to think?

NHS England now says that blocking puberty is not reversible and has other harmful effects.[1] It affects bone density, for example, leaving puberty-blocked children at risk of osteoporosis even in early adulthood. The effects on the brain are unknown. Studies show that it is the opposite of "time to think": it seems to lock children into their trans identification, when otherwise most would grow out of it through puberty – one report from the Tavistock Gender Identity Development Service shows 98% of children who took puberty blockers going on to take synthetic cross-sex hormones.[2]

Puberty blockers are life-saving. Isn't it better to give them than have a child die by suicide?

The evidence that "gender-affirming care" in the form of puberty-blocking drugs helps children with gender distress is unreliable. There is no evidence that suggests suicidal risk is reduced by puberty blockers.[3] It is well-established that children and people with gender dysphoria are at increased risk of suicide, but suicide risk appears to be comparable to other young people with a similar range of mental health and psychosocial challenges. For children, suicide remains extremely rare. The government's advisor on suicide, Professor Sir Louis Appleby, has said that the way in which suicide in relation to puberty blockers has been discussed on social media is "insensitive, distressing and dangerous".

If these children can't get puberty blockers, aren't they being abandoned?

The Cass Review[4] made several recommendations about appropriate and effective care and support for children presenting with gender distress, including regional clinics, which are already in development; increasing training and capacity in Child and Adolescent Mental Health Services to enable clinicians to address gender issues as part of a holistic approach to each child's care; and ensuring that talking therapies are available and are not constrained by any requirement to adopt a gender-affirming approach. Dr Cass also expressed concern that other diagnoses, and evidence-based treatments including antidepressants and contraceptive hormones for girls to suppress menstruation, were being overshadowed by the focus on puberty blockers.

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[1] NHS England (2024). *Clinical policy: puberty suppressing hormones*.

[2] Polly Carmichael, Gary Butler, Una Masic, Tim J Cole, Bianca L De Stavola, Sarah Davidson, Elin M Skageberg, Sophie Khadr, Russell M Viner. 'Short-term outcomes of pubertal suppression in a selected cohort of 12 to 15 year old young people with persistent gender dysphoria in the UK'. *PLOS One*. 2021 Feb 2;16(2):e0243894.

[3] Professor Louis Appleby (2024). *Review of suicides and gender dysphoria at the Tavistock and Portman NHS Foundation Trust: independent report*. UK Government.

[4] The Cass Review (2024). *Final report*.

But aren't there some genuine trans children who need access to puberty blockers?

There are no clinical markers to show which children will resolve their gender distress as they mature. Under the "watchful waiting" approach, which used to be the standard, around 80% became reconciled to their birth sex through puberty.[5] But those whose puberty is blocked invariably do not. The risk is therefore that healthy children are given treatment they do not need, resulting in the loss of sexual function and fertility.

In addition, the profile of young people presenting with gender dysphoria at gender clinics has changed markedly in the past ten years, from pre-pubescent boys to teenage girls as the dominant group.[6] There is still no way to identify whose dysphoria might resolve over time, and therefore no way to ensure that blockers do not do more harm than good.

The rationale for puberty blockers – that they enable a child to achieve a more successful cosmetic transition as an adult – is only applicable to boys (because the masculinising effects of testosterone are irreversible). However, boys given the drugs will have penises too small for genital surgery. For girls who go on to take testosterone there is no cosmetic benefit of having blocked their female puberty earlier, and there are significant risks, for example loss of fertility.

Further reading

For more information, and for references which support this briefing, see the Sex Matters website:

- Puberty blockers – a briefing for MPs has more detailed information and references.
- The Cass Review – initial analysis summarises key points of the final report.
- The evidence on suicide risk is covered in *Gender-distressed youth and suicide risk – factsheet*.

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[5] Transgender Trend. 'Desistance studies in children with Gender Dysphoria' (accessed July 2024).

[6] The Cass Review (2024). *Final report*.