



# RETHINKING GENDER AFFIRMATION

WHAT RABBIS, JEWISH EDUCATORS, AND PARENTS NEED TO  
KNOW ABOUT THE SOCIAL, MEDICAL, AND SURGICAL  
TRANSITION OF CHILDREN

*“And G-d created man in His image; in the image of G-d He created him; male and female He created them.” – Genesis 1:27*

*“Everything that the Holy One, Blessed be He, created in His world, He created male and female.” – Talmud Bava Batra 74b*

## Introduction

*By Yehoshua Jason Bedrick*

The Torah entrusts parents with the sacred task of *chinuch ha'banim*—raising our children to be *yirei shamayim* (G-d-fearing) with steadfast adherence to Torah and *mitzvos*. In these topsy-turvy times, this challenge seems greater than ever. With the advent of the internet and social media, it has become increasingly difficult to shield our children from negative outside influences. One of the more pervasive influences is gender ideology, which preaches the notions that gender is a spectrum and one can be born in the “wrong” body.

Gender ideology has contributed to confusion among developing adolescents who might already be struggling to grow comfortable with their changing bodies, leading to a rise in what is conventionally called gender dysphoria but should be more aptly called “sex identity disorder.” When a child experiences gender dysphoria—a profound sense of discomfort or distress about their male or female body—it can be deeply challenging for them, for their parents, and for the rabbis who must guide them. Their mental anguish is real, and it calls for our compassion, sensitivity, and active support. However, some forms of “support” can do more harm than good.

In recent years, it has been increasingly common to push parents to treat their child’s gender dysphoria with so-called “gender-affirming care,” which is an attempt to appear like the opposite sex via social transition (e.g., cross-dressing, using different names and pronouns), medical transition (e.g., puberty blockers, hormone replacement therapy), and surgical transition (e.g., surgically altering or removing one’s breasts and/or genitalia). These life-altering and often

irreversible medical interventions very often lead to lifelong sexual dysfunction, sterility, and a multitude of additional known and unknown harms.

As observant Jews, we must navigate each complex and perplexing issue guided by the eternal wisdom of our Torah. This guide is designed for this purpose, to explain the phenomenon of gender dysphoria and the risks and unmistakable harms of sex trait modification (i.e. gender transition). This will equip parents to provide meaningful support to their impacted child, to make informed decisions, and understand the actors responsible for propagating gender ideology within the Jewish community.

The issues raised by gender dysphoria and gender transition touch on core values in Judaism. Rabbi Lord Jonathan Sacks, *ztz"l*, the former Chief Rabbi of the United Kingdom, observed that one of the defining features of Judaism—which set us apart both from pagan societies in the time of the Torah and secular ideologies today—is the centrality of a sexual ethic:

The fundamental difference between the life of the Abrahamic covenant and that of pagan societies is the presence in one, and the absence in the other, of a sexual ethic: an ethic of the sanctity of marriage and of sexual fidelity. Nor is it accidental that the sign of the Abrahamic covenant, Brit Mila, is circumcision. The sign of holiness is intimately connected with sexuality. [...] The human counterpart of the covenant between G-d and humanity is marriage as a covenant between husband and wife.

A sexual ethic is therefore not just one among many features of Judaism. It is of its essence, for there is the closest possible connection between the way we relate to G-d and the way we relate to those whom we are closest: our husband or wife, and our children.<sup>1</sup>

At the core of this sexual ethic is a recognition of the binary nature of sex—male and female.

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<sup>1</sup> The Koren Yom Kippur Mahzor, with translation and commentary by Rabbi Lord Jonathan Sacks, Koren Publishers, 2016, pages 994-997.

The Torah tells us that humans are created in His image, male and female—each representing a different aspect of the divine. As Rabbi Joseph B. Soloveitchik explains in *Family Redeemed*, man and woman are not merely complementary to each other, but in some sense incomplete without the other:

Man and woman represent not only two sexes with natural anatomic and physiological differences, but two ideas of personality. [...] G-d has created man and woman and made them dependent upon each other not only physically (for the purpose of gratification of the sexual instinct) but spiritually as well. Each one finds self-fulfillment and completeness redeeming him or her from the devastating experience of loneliness. [...]

Man and woman are different personae, endowed with singular qualities and assigned distinct missions in life. [...] If the distinctive features of the bi-personalism are erased, the blessed existential polarity out of which a rich, fruitful marriage is born is dispensed with, a tragic event of tremendous significance for the welfare of society.<sup>2</sup>

Man and woman are not the same, nor are they interchangeable. According to Rabbi Soloveitchik, man and woman “must complete, not duplicate, each other.”<sup>3</sup> A prerequisite for men and women achieving true fulfillment is embracing the “singular qualities” and “distinct missions” associated with the sex that G-d made them.

The purpose of this guide is to equip rabbis, educators, and Jewish parents with relevant information about the *halachic*, medical, and political/cultural circumstances related to gender transition, including social transition, chemical transition, and surgical transition. Part I of this guide discusses the relationship between sex and gender in Jewish law, explores how *halacha* has categorized people experiencing disorders of sex development, and explores the *halachic*

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<sup>2</sup> Rabbi Joseph B. Soloveitchik, *Family Redeemed: Essays on Family Relationships*, pages 67-8, 72.

<sup>3</sup> Ibid, p. 72

issues with gender transition. Part II of this guide defines key terms and concepts, summarizes the scientific evidence concerning gender dysphoria and gender transition, and details the risks and harms associated with gender transition. Part III provides a profile of some of the key players who attempt to evangelize and enforce gender ideology within Jewish spaces, along with the knowledge parents need to counteract their efforts.

As detailed in Part II, studies have shown that when their gender identity was *not* “affirmed” and social transition did *not* take place, anywhere from 61-98% of trans-identifying children and adolescents eventually outgrow their gender dysphoria. [\(See Part II: “But What Is the Alternative?”\)](#) Additionally, there is *no* evidence of an increased risk of suicide among children who do not transition, whether socially, medically, or surgically. In other words, without social transition, the vast majority of children will grow up to be healthy adults without gender dysphoria. However, 96% of children who undergo social transition continue on to medical transition, which causes substantial, long-term health complications. [\(See Part II: “Harms of Medical Transition”\)](#)

The rise of gender dysphoria and the growing trend of gender transition, while deeply challenging, must be approached with compassion, caution, and determination to combat its propagation. Guided by *halacha*, and informed by a rigorous analysis of the scientific evidence, parents can ensure they make decisions that safeguard their children's physical, mental, emotional, and spiritual well-being. It is with this in mind that we present to you this guide.

## Part I: Sex and Gender in Jewish Law

*By Rabbi Moshe B. Parnes and Yehoshua Jason Bedrick*

The Torah states: “G-d created man in His image. In the image of G-d He created them, male and female He created them.”<sup>4</sup> Despite this clear description of humanity as created by Hashem in two separate genders, an increasingly common claim is that that *halacha* (Jewish law) recognizes a multiplicity of genders—six according to an op-ed in the *New York Times*, and seven according to an article in My Jewish Learning. Based on this erroneous claim, it is argued that Judaism’s view of gender is not binary, but rather that it recognizes a “gender spectrum,” which indicates there is “space for nonbinary Jews in the tradition”<sup>5</sup> and perhaps even for “trans liberation.”<sup>6</sup> These claims are clearly contradicted by the Torah, Talmud, and *meforshim* (classic commentaries), which understand gender as inextricably linked to one’s sex. Just as sex is binary in nature, gender is binary in the Torah and *halacha*.

“Sex” refers to the biological classification of humans into two categories—male and female—based on the type of gamete (sperm or ova) that their primary reproductive organs produce under normal development. Sex is binary, meaning that there are only two sexes: male and female. Under normal development, a female produces large gametes (ova, or eggs), while a

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<sup>4</sup> Genesis 1:27

<sup>5</sup> In an article in My Jewish Learning, Rachel Scheinerman asserts that the Talmud recognizes seven distinct genders; male and female, plus *saris chamah*, *saris adam*, *aylonis*, *androgynous*, and *tumtum*. (An earlier version of the article claimed the Talmud recognized eight genders by dividing *aylonis* into two, *aylonis chamah* and *aylonis adam*. These terms appear nowhere in the Talmud or *halachic* literature.) Incredibly, Scheinerman brings no proof regarding four of the five categories that she claims are separate genders from male or female. In the one case (the *androgynous*) where she attempts to bring a Mishnaic proof, she misreads the only Mishnah that she cites, coming to the false conclusion that the *androgynous* is a separate gender from male or female. As explained later in this paper, the Mishnah expresses doubt as to whether an *androgynous* is male or female, but clearly doesn’t consider it a separate gender. See: Rachel Scheinerman, “The Eight Genders in the Talmud,” <https://www.myjewishlearning.com/article/the-eight-genders-in-the-talmud/>.

<sup>6</sup> Elliot Kukla, “Ancient Judaism Recognized a Range of Genders. It’s Time We Did, Too,” *New York Times*, March 18, 2023, <https://www.nytimes.com/2023/03/18/opinion/trans-teen-suicide-judaism.html>.

male produces the small gametes (sperm) that fertilize the ova. While it is true that some individuals experience disorders of sex development (DSDs), there is no third sex. (See Part II: “Are DSDs a Third Sex?”)

“Gender” refers to the “behavioral, cultural, or psychological traits typically associated with one sex.”<sup>7</sup> For example, exhibiting physical strength is typically considered masculine, while a nurturing personality is typically considered feminine. Likewise, in American culture, wearing a tie is considered masculine, while wearing a skirt is considered feminine. Though it hardly needs to be said, nowhere in rabbinic literature can one find the least hint of “gender” as being something distinct from biological sex.

Gender norms in *halacha* are strong, binary, and pervasive. The Mishnah Sotah 3:8, for example, asks, “What are the [*halachic*] differences between a man and a woman?” It answers with a series of instances in which the *halacha* differs for men and women regarding what is required of them, how certain rituals are performed, or even which penalties they are subject to. Elsewhere, the Mishnah explains that men are obligated to perform all positive, time-bound commandments, but that women are exempt, albeit with numerous exceptions.<sup>8</sup> *Halacha* sets gendered parameters for how observant Jews dress (e.g., wearing a head-covering, *tzitzis*, or a skirt or pants), which rituals are required (e.g., wrapping *tefillin*), and where we sit in the synagogue. In all these instances, the *halachic* gender expression is determined by one’s biological sex, male or female.

It is *impossible* to change one’s sex. If an individual undergoes “gender reassignment” surgery, their *halachic* gender does not change.<sup>9</sup> A male who has his male organ removed and

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<sup>7</sup> Merriam-Webster dictionary, “gender,” <https://www.merriam-webster.com/dictionary/gender>

<sup>8</sup> Mishnah Kiddushin 1:7

<sup>9</sup> There is some popular confusion about a responsa in Tzitz Eliezer, volume 11 responsa 78 paragraph 1, by the

replaced with a simulacrum of the female genitalia remains a male *halachically*, and is still obliged to wrap *tefillin* and perform other *mitzvos* that apply only to males. Likewise, a female who undergoes so-called gender reassignment surgery remains a female *halachically*, and is therefore exempt from *tefillin* and other *mitzvos* that apply only to males.

Indeed, as described below, there are numerous halachic prohibitions that would be violated by attempts to change gender, whether via social transition (e.g., cross-dressing or changing one's pronouns), medical transition (e.g., medications that could render one sterile), or surgical transition (e.g., castration or surgically removing female reproductive organs).

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acclaimed Torah scholar, Rabbi Eliezer Waldenberg of Jerusalem *ztz"l*, who asserts that gender is determined by the sex organs with which a person is born. (כי האברים החיצונים הנראים לעין הוא הקובע בהלכה) Rabbi Waldenberg is referring to a baby born with external female sex organs but without corresponding internal female organs, lacking a uterus and ovaries. The child had XY chromosomes, like a male, and the presence of one miniature testicle imbedded in the labia. Rabbi Waldenberg ruled that the external sex organs are determinative of the baby's gender, despite her having male chromosomes.

ואגב שמעתי מרופא אחד שסוגי הורמונים משותפים יש למעשה לזכר ונקבה גם יחד וקובע בזה ריבוי האחוזים ולכן ברור שרק האברים החיצונים המשונים בין זכר לנקבה המה הקובעים בזה למעשה

This opinion, although well-grounded in the Talmud, has no bearing on modern surgical procedures whereby a person has his or her natural genitalia removed and replaced with a replica of the genitalia of the opposite sex. With the fortification of hormonal therapy of the adopted sex, the person takes on the appearance of his or her new sex.

In another responsa in volume 10 number 25 paragraph 6, Rabbi Waldenberg refers to the author of *Yad Ne'eman* (Salonika, 1804) who discusses a case that he heard about regarding an *androgynous* [this term is defined in the sections below titled, *The Tumtum* and *The Androgynous*] who initially presents female but is assumed to have internal male genitalia.

בקטע ו' שם בציטוט מספר יד נאמן נדפס בשאלוניקי בשנת תקס"ד וז"ל, שאין מוצאים שום שינוי בתכונת אברי הזכר יותר מן הנקבה אלא שזו אבריה מבפנים וזה אבריו מבחוץ ע"כ והציץ אליעזר מפרשו וז"ל, שיש לאשה מבפנים ערלה וביצים אך שאין דמיון להם כביצי זכר ע"ש

The male organs dominated over time while the female sex organs disappeared. He quotes the *Yad Ne'eman*, and Rabbi Yosef Pelagi who ruled similarly in a hypothetical case, that the former female becomes male and needs no writ of Jewish divorce (גט) to terminate the marriage.

The Tzitz Eliezer repeats this ruling in a later response to Israeli Chief Rabbi Mordechai Eliahu, *ztz"l*, in 1997 in volume 22 number 2. Although Rabbi Eliahu's question is not directly quoted, Rabbi Waldenberg in his response presents it as similar to the case quoted in volume 10 referring to an *androgynous* female who became male over time. It is not known if Rabbi Eliahu's question was merely academic or was based on an actual occurrence. Clearly, this ruling too has no bearing on modern transplantation of artificial organs on a member of the opposite sex.

Regarding his responsa in volume 11, written in 1971, Rabbi Waldenberg assumes that upon the removal of one set of organs the *androgynous* will naturally adopt the characteristics of his new sex. This assumption is not medically proven.



## Disorders of Sexual Development in Jewish Law

*Halacha* recognizes that there are some individuals who experience disorders of sex development, such as the *saris chamah*, *aylonis*, *tumtum*, and *androgynous*. The first two categories are unambiguously one sex or the other, although their reproductive function has been impaired. In the latter two cases, there is doubt as to whether they are male or female, but they are not a third sex or separate gender. (See Part II: “Are DSDs a third sex?”) In the case of the *tumtum*, the individual’s sex can be revealed by surgically removing the fleshy mass obscuring his or her genitalia. As discussed below, although the *halachic* literature includes a variety of opinions regarding how the *androgynous* fits into the gender binary, *halacha* never adopts the position that gender is a spectrum, that there are more than two genders, or that one can change his or her gender. These conditions relate to physical traits (such as abnormal primary or secondary sex characteristics), not an internal feeling that one is in the “wrong” body.

### *The Saris*

One of the conditions wrongly characterized as a separate sex is the *saris*. This condition is discussed at length in the Talmud. The word “*saris*” means cut or castrated. In the Talmud he is defined as a male who displays primary male sexual characteristics of a penis and testicles, but who is unable to produce children due to a physical inability to produce or to ejaculate sperm.<sup>10</sup>

There are two types of *saris* mentioned in the Talmud: the *saris adam* (man-made eunuch) and the *saris chamah* (eunuch by natural causes). A *saris adam* is a male who has been intentionally or accidentally castrated or otherwise had his male reproductive organ damaged to the point that it no longer functions for reproduction. In the Torah, this is described as *ptzua daka*

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<sup>10</sup> Talmud Yevamos 75a-75b; Shulchan Aruch, Even HaEzer 172:3, 7

*u'krus shofkha* (“one with crushed [testicles] and one with a severed [member]”).<sup>11</sup> As discussed in the Talmud and later *halachic* code, his condition has *halachic* ramifications regarding marriage and divorce.<sup>12</sup> However, a eunuch or a male whose reproductive organ has been damaged is not transformed into a female or some other category of gender. There is no question that he is a male. The same goes for a *saris chamah*, which the Talmud defines as follows:

**The Sages taught: Who is considered a *saris chamah* [eunuch by natural causes]? It is anyone who is twenty years old and has not yet grown two pubic hairs. And even if he grows pubic hairs afterward, he is still considered a eunuch by natural causes with regard to all his matters. And his signs are as follows: Whoever does not have a beard, and his hair is defective, unlike that of ordinary individuals, and his skin is smooth, i.e., hairless.**<sup>13</sup>

In other words, a *saris chamah* is a male who is experiencing a disorder of sex development that prevents him from reaching sexual maturity in a normal manner.<sup>14</sup>

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<sup>11</sup> Deut. 23:2

<sup>12</sup> See, for example, the discussion in the Talmud Yevamos 79b. Likewise, Yevamos 76a, clearly states that a *saris adam* is permitted to marry a convert and a freed slave woman. This is codified into *halacha* by the Rambam (M.T. Hilchos Issurei Biah, 16:1) and the Shulchan Aruch (Even HaEzer, 5:1). The only marriage recognized in the Talmud is between a male and female, as it says in Yevamos 72a: “a woman cannot betroth a woman,” hence a *saris adam* must be a male.

Additionally, the Mishnah in Yevamos 79b states in the name of Rabbi Akiva: “A *saris adam* performs *chalitzah* and *chalitzah* is performed with his wife because he had a period of suitability.” (א"ר עקיבא אני אפרש סריס אדם חולץ) (והולצין לאשתו מפני שהיתה לו שעת הכושר) The Mishnah substantiates the position of Rabbi Akiva with the testimony of Rabbi Yehoshua ben Beseira regarding Ben Megusas from Jerusalem who was a *saris adam* and they (the *beis din*) permitted his brother to perform *yibum*, levirate marriage.

העיד רבי יהושע בן בתירא על בן מגוסת שהיה בירושלים סריס אדם ויבמו את אשתו לקיים דברי ר"ע

*Chalitzah* is a ceremony specifically performed by the brother of deceased husband who died childless, as is outlined in the Torah, (דברים, כ"ה, ה' – י'). It is performed instead of the preferred *yibum*, or levirate marriage (משנה) (בכורות דף י"ג – א' ספ"ה מ להרמב"ם עשה רי"ז). Since the Torah requires a brother specifically, hence, a *saris adam* must be a male. Furthermore, the Baraisa quoted in the Talmud (ibid.) accepts that a *saris adam* can be married to a woman.

סריס אדם והזקן או חולצין או מייבמין כיצד מתו ולהם נשים וכו'. מתו אחין וכו'. ואם בעלו קנו ואסור לקיימן וכו'.

<sup>13</sup> Talmud Yevamos 80b

<sup>14</sup> That is, a *saris chamah* presents primary male sexual organs of a penis and testicles but is born with a condition that prevents him from producing or ejaculating sperm.

אמר רב יצחק בר יוסף אמר רבי יוחנן כל שלא ראה שעת אחת בכשרותו מנא ידעינן אמר אביי כל המטיל מים ואינו עושה כיפה

The Talmud goes on to list additional opinions regarding the signs of a *saris chamah*, all of which relate to secondary sex characteristics or presumed signs of sexual potency. This has certain *halachic* ramifications, particularly concerning marriage, however it is clear that a *saris* is a not separate sex or separate gender from male.<sup>15</sup> The Talmud, and later *halachic*, authorities make clear that in the event a *saris chamah* does marry, he marries a woman.<sup>16</sup> Indeed, if a *saris* is a *kohein*, he even feeds his wife *terumah*—proof that *halacha* considers their marriage legitimate as the *saris* is a male.<sup>17</sup> Likewise, there is no confusion over whether a *saris* is obliged

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ממאי הוא דאפיה אימא בטיהרא ושתיא שיכרא מרקא, יבמות דף ע"ט – ב' ושם, דף ע"ה – א' כל שאין לו אלא ביצה אחת אינו אלא סריס חמה וכשר סריס חמה ס"ד, פ' רש"י סריס חמה בידי שמים ע"כ אלא כ"ה כסריס חמה וכשר, ופרש"י דלא אסרה תורה אלא פצוע דכא וכרות שפכה וע"ע

שו"ע אה"ע ס' קע"ב סעיף א' וסעף ה'

<sup>15</sup> The Talmud in Yevamos 80a clearly identifies a *saris chamah* as male. In a discussion as to how old a male must be to determine that he is a *saris chamah*, the Talmud says the following: a twenty-year-old male who has not grown (at least) two pubic hairs must bring proof that he is 20 years old and he is judged a *saris chamah*.

(בן עשרים שנה ולא הביא שתי שערות יביאו ראיה שהוא בן עשרים והוא הסריס לא חולץ ולא מייבם)

The word “ben” (בן) in the phrase בן עשרים in contrast to the word “bas” (בת) used below in reference to the age of the female “*aylonis*” (אילנית) specifies that he is a male. Below, regarding the dispute as to whether a *saris chamah* is determined at age 18 which is the opinion of Beis Shammai, or age 20, according to the aforementioned opinion of Beis Hillel, the Talmud specifically calls a *saris chamah* a male (זכר). Rabbi Eliezer says, “regarding a male, the law is like Beis Hillel.”

רבי אליעזר אומר "הזכר" כדברי ב"ה

<sup>16</sup> The Mishnah *ibid*, 81a, holds that a *saris chamah* can marry. If he is a *kohein*, he can feed his wife *terumah*, a privilege only afforded to legally recognized marriages. (סריס חמה כהן שנשא בת ישראל מאכילה בתרומה) The Rambam and Shulchan Aruch codify the Mishnah into law. (רמב"ם, פט"ז מהל' אס"ב ה"ט, פ"ז מהל' תרומה הל' י"ד, שו"ע אה"ע ס"ח ה"י). The Mishnah Yevamos, 79b, previously quoted, states in the name of Rabbi Akiva that a *saris chamah* may not perform the *chalitzah* ceremony (on his brother's wife) and the *chalitzah* ceremony is not performed on his wife because he never had a period of suitability.

אמר רבי עקיבא אני אפרש וכו'. סריס חמה לא חולץ ולא חולצין לאשתו מפני שלא היתה לו שעת הכושר, יבמות שם, דף ע"ט – ב

The Mishnah considers him a male who is merely excluded from *chalitzah* because of a technicality. The reason why the *saris chamah* may not perform *chalitzah*, despite the fact that he is a male, is that Torah conditions *yibum*, levirate marriage, on the on the capability of producing offspring thereby providing a name for his brother, as the Talmud says below, (איכרי כאן להקים לאחיו שם והא לאו בר הכי הוא). Since he is unqualified for *yibum* he is also unqualified for *chalitzah*, as the Talmud says, whoever is unqualified for *yibum* is unqualified for *chalitzah*, Yevamos 3a (כל העולה ליבום עולה לחליצה וכל שאינו עולה ליבום אינו עולה לחליצה). The Rambam codifies this law (הל' אס"ב). Furthermore, the Rambam uses the word “brother” אחיו in reference to a both a *saris chamah* and a *saris adam* (רמב"ם שם ה"א). The word “brother” in the Talmud only refers to a male. Shulchan Aruch rules that both a *saris chamah* and a *saris adam* can betroth women (שו"ע אה"ע ס' מ"ד ה"ד).

<sup>17</sup> Mishneh Torah, Hilchos Terumah 7:14

to wrap *tefillin* (he is) or on which side of the *mechitza* he sits (the men's side).

In addition, it must be noted that nowhere in the Talmud does it say that an intact male who becomes a *saris adam* changes his gender to become something other than male. Nor does it say anywhere in the Talmud that a person born with the *saris chamah* condition is any gender other than male. In conclusion, the position of the Talmud and classic *halachic* authorities is clear. Both a *saris adam* and a *saris chamah* are males in all respects.

### *The Aylonis*

The *aylonis* is the mirror-image of the *saris chamah*—a female experiencing a disorder of sex development, such as Turner's Syndrome.<sup>18</sup> Certain primary and secondary sex characteristics of the *aylonis* do not develop, rendering her infertile. It is abundantly clear from the Talmud and classic commentaries that an *aylonis* is a female and not an independent gender.<sup>19</sup>

The Talmud describes an *aylonis* as a woman who is at least twenty years old and has not

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<sup>18</sup> The term *aylonis* means a ram, referring to her similarity to a male who cannot produce offspring, as the Talmud says in Kesuvos 11a:

בגמ' כתובות דף י"א – א', אילונית דוכרנית שלא ילדה, ופרש"י שם בד"ה דוכרנית, לשון איל תמים דמתרגמינן דכר שלים (ויקרא, ה') הרי היא כאיל שאינו יולד ע"ש וכ"כ תפא"י יבמות פ"א מ"א

<sup>19</sup> The Talmud specifically refers to the *aylonis* as a woman in many places. The Talmud also recognizes her marriage to a male. As mentioned previously, since the only marriage recognized and discussed in the Talmud is between a male and a female, it is evident that an *aylonis* is considered a female.

A prime example is the first Mishnah in Tractate Yevamos that counts the *aylonis* as one of the several women who is exempt from *yibum* and *chalitzah*. The word used is נשים, which means “women.” Another example is the Baraisa ibid 80b that defines an *aylonis* as a 20-year-old woman who has not grown pubic hair. The descriptive phrase used is “bas esrim” (ואזו היא אילונית כל שהיא בת עשרים ולא הביאה ב' שערות) The word “bas” (בת) means female.

Yet another case is the Talmud in Yevamos 12a that discusses a set of two wives, one of whom is an *aylonis* and is exempt from *yibum*. The Talmud rules that the other wife is also exempt from *yibum*. (אמר רב אסי צרת אילונית אסורה) It is evident that an *aylonis* is a married woman capable of imparting her absolution from *yibum* to her sister wife.

Furthermore, the Talmud extrapolates this understanding from a verse in Deuteronomy, 25:6: והיה הבכור אשר תלד “and it shall be that the firstborn son who is born.” From the phrase אשר תלד the Talmud derives only a woman who is capable of childbearing is eligible for *yibum*. This excludes a woman who is incapable of bearing children. Plainly, the Talmud considers her a female who is incapable of bearing children.

yet grown two [pubic] hairs.<sup>20</sup> The Talmud then lists additional signs of *aylonis* status, such as underdeveloped breasts, pain during intercourse, and a deep voice.<sup>21</sup> As with the *saris*, the *aylonis*'s presumed infertility has certain *halachic* ramifications, particularly regarding the laws of marriage.<sup>22</sup> For example, she is listed among the women who are exempt from *yibum* and *chalitzah*.<sup>23</sup>

However, this does not imply she is a separate sex or separate gender from female. An *aylonis* only marries a male, and if she is divorced, she requires a *get*.<sup>24</sup> The Rambam states that an *aylonis* is “like all other women,” and this statement is quoted by the Shulchan Aruch.<sup>25</sup>

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<sup>20</sup> Talmud Yevamos 80b

<sup>21</sup> *Ibid.*

<sup>22</sup> The Mishnah in Kesuvos 100b that discusses marriages in which the woman is not entitled to receive a *kesuva*. The Mishnah states (according to the interpretation of the Talmud *ibid* 101b) that if a man doesn't realize that the wife whom he married is an *aylonis*, the marriage is dissolved, and the woman is not entitled to a *kesuva*. Rashi on the Mishnah, *ibid.*, explains that the marriage was made under the false assumption that she would be able to bear children.

The Mishnah further states that if the husband knows prior to the marriage that she is an *aylonis*, upon the occasion of divorce or widowhood, she is entitled to a *kesuva*.

הממאנת השניה והאילונית אין להן כתובה ולא פירות ולא מזונות ולא בלאות אם מתחילה נשאה לשם אילונית יש לה כתובה

From the fact that the marriage of a known *aylonis* is sanctioned (and only marriage between a man and a woman is sanctioned in the Talmud) and she receives a *kesuva* we see without a doubt that an *aylonis* is a woman.

There are some who erroneously claim that the statement in the Talmud 101b to is proof to their claim that *aylonis* is a separate gender. A simple look at the full statement in context shows the falsehood of their contention. The following is the full statement in context:

אמר רב הונא אילונית אשה ואינה אשה אלמנה אשה גמורה, אילונית אשה ואינה אשה הכיר בה יש לה כתובה לא הכיר בה אין לה כתובה אלמנה אשה גמורה בין הכיר בה בין לא הכיר בה יש לה כתובה

“Says Rav Huna, an *aylonis* is [sometimes] married and [sometimes] not married. A widow is always married. An *aylonis* is [sometimes] married and [sometimes] not married: if the husband realizes [before the marriage] that she is an *aylonis*, she receives a *kesuva*; if he doesn't realize [before the marriage] that she is an *aylonis*, she doesn't receive a *kesuva*.”

Some erroneously translate the word אשה to mean a woman in this passage. A clear reading of the text shows that the proper translation of the word אשה in this context is “married.” The Rambam codifies this into law. See Ishus, 24:1 (ה"א נשים ה"א). See also the next endnote.

<sup>23</sup> Mishnah Yevamos 1:1.

<sup>24</sup> Talmud Yevamos 12a; Gittin 46b; Shulchan Aruch Even HaEzer 4.

<sup>25</sup> The Rambam (Mishneh Torah, Hilchos Ishus, 24:1) writes that an *aylonis* is a woman like all other women. (הרי ) The Shulchan Aruch also codifies this into law. Tur, Even HaEzer 44, Shulchan Aruch *ibid* 44:4

Likewise, there is no confusion over whether an *aylonis* is obliged to wrap *tefillin* (she isn't) or which on side of the *mechitza* she sits (the women's side).

The above-mentioned sources, in addition to a great number beyond those cited here, provide irrefutable evidence that the Talmud and the classic commentators consider an *aylonis* to be female. She is permitted to marry a man, like all other women, and receives all the benefits and bears all the responsibilities that all married women have. Upon the occasion of the dissolution of her marriage, she must receive a divorce to enable her to remarry. In short, an *aylonis* is certainly female. Her condition, including her inability to bear children, does not render her anything other than female.

### *The Tumtum*

The Talmud recognizes two categories of individuals born with certain disorders of sex development that obscure their biological sex (*tumtum*) or display some primary sex characteristics from both sexes (*androgynous*)—what are sometimes described as “intersex” conditions. (See Part II: “What Is ‘Intersex’?”)

The Talmud describes two types of *tumtum*. The first type of *tumtum* is an individual whose genitalia is obscured by a mass of flesh, making it impossible to determine his or her sex unless the mass of flesh is surgically removed (or, in these days, observed via an ultrasound or the like). The second type of *tumtum* has a disorder of sex development in which his penis is

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(טושו"ע ס' מ"ד סעיף ד', איילונית שנתקדשה הוי קדושין). See also: Even HaEzer 116:7 where he quotes the Rambam in saying that an *aylonis* is a woman like all other women (כתובה ותנאי כתובה). Additionally, the Mishnah in Gittin 46b rules that a man who divorces his wife because he suspects that she is an *aylonis* may never remarry her (המוציא את אשתו משום אילונית רבי יהודה אומר לא יחזיר). Undoubtedly there was a marriage for the divorce to have taken place. Furthermore, if not for the Rabbinic decree they could have remarried. The aforementioned Mishnah is codified into Jewish law. See Rambam M.T., Gerushin 10:13; Shulchan Aruch, Even HaEzer 10:3.

covered by a mass of flesh, but his testicles are protruding.<sup>26</sup> The second type of *tumtum* is clearly male.

The Talmud observes that it is unknown whether the first type of *tumtum* is male or female.<sup>27</sup> However, he or she is not considered a separate sex or gender.<sup>28</sup> The Rambam explains:

A person who possesses neither a [visible] male sexual organ nor a [visible] female sexual organ, but instead, his genital area is a solid mass, is called a *tumtum*. There is also doubt with regard [to this person's status]. If [the mass] is removed [through an operation or the like] and the organ is revealed, he is definitely considered to be a male. If a female organ is revealed, she is definitely considered to be a female.<sup>29</sup>

Until such a surgical procedure is performed to remove the obstruction,<sup>30</sup> *halacha* treats the *tumtum* as doubtfully male or doubtfully female, and therefore the *tumtum* generally follows the stringent opinions as they apply to each sex.<sup>31</sup> There are implications of the *tumtum* status for

<sup>26</sup> See, e.g., Talmud Chagiga 4a, which describes a *tumtum* with visible testicles, but whose penis is obscured by a mass of flesh (ספיקא היא מי איצטרך קרא למעוטי ספיקא? אמר אביי כשבציזי מבחין).

<sup>27</sup> Talmud Chagiga 4a, Bekhoros 41a, Yevamos 72a, 80a

<sup>28</sup> Talmud Bechoros 41a discusses the case of an animal that is a *tumtum* that is a *bechor* (firstborn). A firstborn male among cattle, goats, or sheep must be offered as a sacrifice on the altar of the Beis HaMikdash (the Holy Temple). The *bechor* sacrifice applies only to firstborn males, not to firstborn females. The Talmud rules that a firstborn *tumtum* is forbidden to be slaughtered in the Beis HaMikdash as a sacrifice, or outside the Beis HaMikdash for its meat. In explanation, the Talmud says that its slaughter is forbidden in the Beis HaMikdash because it might be a female. However, its slaughter is also forbidden outside the Beis HaMikdash because it might be a male, and sacrifices are forbidden outside the Beis HaMikdash (בשלמא טומטום במקדש לא דלמא נקבה היא במדינה לא דלמא זכר הוא). Clearly, the Talmud understands that a *tumtum* is possibly a male and possibly a female, but not its own separate sex.

<sup>29</sup> Mishneh Torah: Hilchos Ishus 2:25

<sup>30</sup> Whether such surgery is required is a matter of rabbinic debate, with many arguing that such surgery is desirable but not mandatory. See: Jonathan Wiesen and David Kulak, “‘Male and Female He Created Them’: Revisiting Gender Assignment and Treatment in Intersex Children,” The Journal of Halacha and Contemporary Society, Number LIV, Succot 5768/Fall 2007.

<sup>31</sup> For example, Talmud Rosh Hashanah 29a contains a discussion of the commandment to hear the *shofar* sound on Rosh Hashanah. One can only discharge one's *halachic* obligation to hear the *shofar* on Rosh Hashanah if it is blown by someone who is also commanded to hear the *shofar*. Since women are not commanded to perform certain positive commandments that are dependent on a particular time, such as the *shofar*, which is only required on Rosh Hashanah, the *halacha* is that men cannot discharge their obligation to hear the *shofar* by listening to a *shofar* blown by a woman.

marriage in Jewish law is beyond the scope of this publication, but it is clear that the *tumtum* is treated as doubtfully male or female, but not a separate sex.<sup>32</sup>

### *The Androgynous*

Like the *tumtum*, the *androgynous* is born with a disorder of sex development that obscures the individual's sex. In the case of the *androgynous* (hermaphrodite), some primary sex characteristics of both sexes are present. As the Rambam explains:

A person who possesses both a male sexual organ and a female sexual organ is called an androgynous. There is doubt whether such a person should be classified as a male or as a

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כל מצות עשה שהזמן גרמא אנשים חייבין ונשים פטורות, קדושין כ"ט – א

The Talmud states that a man may not fulfill the commandment to hear the *shofar* by listening to the *shofar* sounded by a *tumtum*. Indeed, even another *tumtum* does not fulfill this requirement since, as Rashi explains *ad loc*, the *tumtum* blowing the *shofar* might be female, in which case she is not included in the commandment, and the *tumtum* listening may be male, in which case he would be required to hear the *shofar* from a male.

ת"ר וכו'. טומטום אינו מוציא לא את מינו ולא את שאינו מינו ופרש"י בד"ה טומטום אינו מוציא את מינו, טומטום כמותו שמא תוקע זה נקבה וחבירו זכר

Clearly, the *tumtum*'s status is one of doubt; perhaps he is male and perhaps female, but he certainly is not a distinct gender.

<sup>32</sup> For example, in a lengthy analysis regarding the lawful status of a *tumtum* who marries, the Talmud in Tractate Yevamos 72a states that a *tumtum* who marries as a male or who is married as a female is of a doubtful marital status because it is uncertain whether the *tumtum* is a male or a female. Only when his testicles are protruding can we consider the *tumtum* a male.

טומטום שקידש קדושיו קדושין נתקדש קדושיו קדושין. אימור דאמר לחומרא לקולא מי אמרינן ספק אשה הוא ואין אשה מקדשת אשה? אמר אביי כשביציו ניכרות מבחון

Clearly, the Talmud considers the *tumtum* to be either a male or a female but not a separate sex or gender. Although the Talmud, *ibid.*, 83b says that whenever the word male or female is mentioned in the Torah it excludes a *tumtum*, a close reading of the text shows that the Talmud understands that the words “male” and “female” as written in the Torah are people whose sex can be determined for certain (excluding the *tumtum* and the *androgynous*, whose sex cannot be positively determined), as the Talmud in Tractate Niddah 28b says, and as Rashi on the aforementioned Talmud in Yevamos explains.

רבי אליעזר אומר טומטום ואנדרוגינוס אין מטמאין בגדים אבית הבליעה שהיה רבי אליעזר אומר שנאמר זכר ונקבה אתה מוציא טומטום ואנדרוגינוס מביניהם ועוף הואיל ולא נאמר בו זכר ונקבה אי אתה מוציא טומטום ואנדרוגינוס מביניהם. ופרש"י בד"ה אתה מוציא טומטום ואנדרוגינוס מביניהם, כדרשין, נדה דף כ"ה – ב', זכר ודאי נקבה ודאית ולא טומטום ואנדרוגינוס

Similarly, the Talmud in Arachin 4b uses the words הזכר and נקבה to exclude *tumtum* and *androgynous* because their sex cannot be positively determined.

בגמ' ערכין דף ד' – ב', והיה ערכך הזכר ולא טומטום ואנדרוגינוס יכול לא יהיה בערת איש אבל יהיה בערך אשה ת"ל והיה ערכך הזכר ואם נקבה היא, זכר ודאי נקבה ודאית ולא טומטום ואנדרוגינוס



female; there is no physical sign that can ever enable such a distinction to be made.<sup>33</sup>

There is a disagreement in the Talmud and in Jewish law as to the status of the *androgynous*; whether it is a male with an additional female-like appendage, or whether it is a female with an additional male-like appendage, or whether it remains undetermined. Many opinions hold conclusively that an *androgynous* is a male.<sup>34</sup> Others hold that the status of the *androgynous*, like the *tumtum*, remains in doubt.<sup>35</sup> It is possibly a male and possibly a female, but certainly either male or female, and therefore must follow the *halachic* stringencies of both sexes. Yet others understand that the *androgynous* has elements of both male and female.<sup>36</sup>

<sup>33</sup> Mishneh Torah: Hilchos Ishus 2:24

<sup>34</sup> The Mishnah in Yevamos 81a states in the name of Rabbi Yose and Rabbi Shimon that an *androgynous kohein* who marries a woman may give her *terumah* to eat. (See note vi above.) Clearly, they hold an *androgynous* is a male because eating *terumah* is only permitted if the marriage is recognized.

The Mishnah further states that an *androgynous* may marry (as a male) but not be married as a female. The Mishnah quotes Rabbi Eliezer who holds a similar opinion.

מתנ' יבמות דף פ"א – א' רבי יוסי ור"ש אומרים אנדרוגינוס כהן שנשא בת ישראל מאכילה בתרומה אנדרוגינוס נושא ולא נישא, רבי אליעזר אומר אנדרוגינוס חייבין עליו סקילה כזכר. ובגמ' דף פ"ב – ב' איתא דבין רבי אליעזר בין ת"ק ס"ל דזכר ודאי ונחלקו אם חייבין עליו סקילה משני מקומות, לפי ת"ק, או רק במקום אחד כזכר, לפי רבי אליעזר. ובברייתא פ"ג – א' איתא רבי יוסי אומר אנדרוגינוס בריה בפני עצמה הוא ולא הכריעו בו חכמים אם זכר אם נקבה. ושם איתא אמרי דבי רב משמיה דרב הלכה כרבי יוסי

Rosh, Yevamos, chapter 8 note 8, concludes that *androgynous* is male. He quotes Rashi and Rabbeinu Yitzchok who conclude similarly. Tur, Even HaEzer chapter 172, rules that *androgynous* is definitely male. Shulchan Aruch, chapter 172 halacha 8 quotes this opinion (see Beis Shmuel, *ad loc*). The Gra seems to concur with this opinion. See discussion in Beis Yosef, *ad loc*, whether androgynous is capable of producing children. For further discussion see Minchas Chinuch, Mitzvah 1, note 4.

<sup>35</sup> For example, the opinion of the Mishnayos in the 4th chapter of Bikkurim is that an androgynous has the doubtful status of both a male and a female and must follow the halachic stringencies of both, as evidenced in the ruling at the end of the second Mishnah that the *androgynous* is responsible for all *mitzvos* in the Torah like a man. Since a man is obligated in more *mitzvos* than a woman, following additional *mitzvos* is a stringency. The third Mishnah outlines the several stringencies that a woman has over a man and rules that the *androgynous* must follow them as a woman must.

במשנה א' שם איתא, אנדרוגינוס יש בו דרכים שוה לאנשים ויש בו דרכים שוה לנשים ויש בו דרכים אינו שוה לאנשים ונשים. ובמשנה ב' שם, וחייב בכל מצות האמורות בתורה כאנשים.

See also: Rambam, Mishneh Torah, Hilchos Avodas Kochavim 12:4, which states: "The status of a *tumtum* and an *androgynous* is doubtful. Therefore, the stringencies applying to both a man and a woman are applied to them, and they are obligated by all [the *mitzvos*]."

<sup>36</sup> The Talmud *ibid* 83a brings another opinion of Rabbi Yose quoted from the Mishnah at the end of the 4th chapter in Bikkurim that an *androgynous* is a separate category in that our Sages couldn't determine if it is a male or a female.

בברייתא פ"ג – א' איתא רבי יוסי אומר אנדרוגינוס בריה בפני עצמה הוא ולא הכריעו בו חכמים אם זכר אם נקבה

It is beyond the scope of this publication to explore all the *halachic* ramifications of the *tumtum* and *androgynous* classifications. However, it is worth emphasizing again that with each of the cases described above, the individual's gender is inextricably linked to his or her biological sex—even in cases where, due to a disorder of sex development, the individual's sex is ambiguous. As Rabbi Alfred Cohen explained in *The Journal of Halacha and Contemporary Society*, “Despite the reality that there have always been a small minority of children born with sexual anomalies, this is not the case with transgenders.”<sup>37</sup> [Emphasis in the original.] The *halacha* grapples with how to classify people experiencing rare disorders of sex development that make their sex somewhat ambiguous. However, that is an entirely different case from those who are born unambiguously as one sex and want to “transition” to the other. (See Part II: “Is Trans a Form of Intersex?”)

In summary, the opinion of the Talmud is that the genitalia with which a person is born determines his or her status as male or female. The *saris* and *aylonis* are clearly male and female, respectively. In the rare cases that an individual is born with a disorder of sex development that obscures the genitalia (*tumtum*), there is doubt as to whether the individual is male or female

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There are two basic approaches in explaining Rabbi Yose's opinion. Both are brought in Tosafos in their commentary to Yevamos 83a. In their first opinion, which seems to be the basic understanding of Tosafos, Rabbi Yose holds that an *androgynous* is either male or female without any way of determining which one it is. This approach is supported by Rabbi Yose's concluding statement, “our Sages couldn't determine if it is a male or a female.” In other words, the sex of the *androgynous* is in perpetual doubt.

תוס' יבמות פ"ג – א' בד"ה בריה, אר"י דהאי בריה לא הוי פירושו כגון בריה שבמקומות אחרים שאינו ספק אלא בריה דקאמר הכא היינו שהוא ספק כדאמר, ולא הכריעו בו חכמים אם זכר אם נקבה

The second understanding of Tosafos, which seems to be a minority opinion, holds that an *androgynous* has elements of a male and of a female but is not fully male nor fully female.

שחשוב שניהם, במקצת (הוא) כאיש ובמקצת הוא כאשה ע"ש וע"ע ראב"ד הל' שופר פ"ב ה"ב

According to both opinions, an *androgynous* is not a separate, distinct sex or gender. It is either a male, or a female, or it has elements of both.

<sup>37</sup> Rabbi Alfred Cohen, “Transgenders in Jewish Law and Thought,” *The Journal of Halacha and Contemporary Society*, Number LXXIV, Succot 5778/Fall 2017.

until the mass of flesh is surgically removed (or observed via ultrasound or the like), but he or she is not an independent sex or gender. Likewise, in the rare cases when one is born with a disorder of sex development such that they have elements of both male and female genitalia (*androgynous*) there is doubt as to the individual's sex. However, there is no opinion in the Mishnah, Talmud, or classic commentaries that there are multiple genders beyond male and female. There is also no proof in the entire body of Jewish law, Mishnah, Talmud and classic commentaries, that the surgical transformation of male or female sex organs changes the sex or gender of the person.

### Halachic Issues with Gender Transition

Attempts to switch one's gender via changes in one's pronouns or dress/grooming, taking hormone drugs, or surgically altering one's body run afoul of a host of *halachic* prohibitions. As Rabbi Alfred Cohen has observed, "Undergoing the 'transition' from male to female or female to male has been declared forbidden (*assur*) by all the leading authorities of this and the previous generation."<sup>38</sup> What follows is a summary of the main *halachic* issues raised by attempts to transition one's gender. However, it is beyond the scope of this publication to offer any firm *halachic* decisions. The reader is advised, on any practical questions, to consult a competent *halachic* authority.

### *Prohibition Against Sterilization*

Gender reassignment surgery entails the removal of a male's or female's reproductive organs, which renders them sterile. As Rabbi J. David Bleich explained in *Contemporary Halakhic Problems*, "Sex-change operations involving the surgical removal of sexual organs are

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<sup>38</sup> Rabbi Alfred Cohen, "Transgenders in Jewish Law and Thought," *The Journal of Halacha and Contemporary Society*, Number LXXIV, Succot 5778/Fall 2017, page 6.

clearly forbidden on the basis of [an] explicit biblical prohibition.”<sup>39</sup> Leviticus 22:24 states: “And that which is mauled or crushed or torn or cut you shall not offer unto the Lord; nor should you do this in your land.” The Talmud interprets this verse to include a prohibition against castrating human beings.<sup>40</sup> The Rambam rules:

It is forbidden to destroy a male's reproductive organs. This applies to humans and also to animals, beasts, and fowl, both from a kosher species and from a non-kosher species, in the Land of Israel and in the Diaspora.<sup>41</sup>

The Shulchan Aruch likewise rules “It is prohibited to cause the loss of the seminal organs, whether regarding a human, domesticated animal, wild animal, bird, whether kosher or not, whether in the land of Israel or the diaspora,” adding that it is also prohibited to sterilize a female.<sup>42</sup> There are exceptions in the case of medical necessity, such as when a pregnancy would pose a significant risk to the mother’s life. Whether this prohibition is overridden by the mental anguish experienced by someone suffering from gender dysphoria is discussed below. As always, a competent *halachic* authority should be consulted.

### *Prohibition Against Cross-Dressing*

Even short of castration, “social transition” practices that entail dressing and grooming oneself like the opposite sex are forbidden by Jewish law. Wearing garments typically associated with the opposite gender is expressly forbidden by Deuteronomy 22:5: “A man's attire shall not be on a woman, nor may a man wear a woman's garment because whoever does these [things] is

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<sup>39</sup> *Contemporary Halakhic Problems*, Vol I, edited by Rabbi J. David Bleich, 1976, Chapter V.

<sup>40</sup> Talmud Shabbos 110b

<sup>41</sup> Mishneh Torah, Hilchos Issurei Biah 16:10

<sup>42</sup> Shulchan Aruch, Even HaEzer 5:11. As the Rema notes, one who sterilizes a female is *exempt from punishment*, but the act is still forbidden by Jewish law. There is a debate as to whether this is prohibited *d'rabbanan* or *d'oiraisa*. According to the Vilna Gaon, the prohibition stems from the Torah.

an abomination to the L-rd, your G-d.” The Rambam rules:

*A woman should not adorn herself as a man does - e.g., she may not place a turban or a hat on her head or wear armor or the like. She may not cut [the hair of] her head as men do. A man should not adorn himself as a woman does - e.g., he should not wear colored garments or golden bracelets in a place where such garments and such bracelets are worn only by women. Everything follows local custom.*<sup>43</sup>

The Rema rules that it is even forbidden to wear a single garment associated with the opposite sex, even if one is recognizable by their other garments as their actual sex.<sup>44</sup> Moreover, this *halachic* prohibition “is not limited to the wearing of apparel associated with the opposite sex but encompasses any action uniquely identified with the opposite sex, proscribing, for example, shaving of armpits or dyeing of hair by a male.”<sup>45</sup> As Rabbi J. David Bleich observed, citing Rabbi Meir Amsel,<sup>46</sup> this prohibition “may extend as well to hormone treatment for purposes of sex-change,” since a “procedure designed to transform sexual characteristics violates the very essence of this prohibition.”<sup>47</sup> It is also possible that using the pronouns associated with the opposite sex would run afoul of this or other prohibitions, such as against “putting a stumbling block before the blind”.<sup>48</sup>

### *Additional Halachic Concerns*

The above prohibitions are those most directly associated with the “gender transition”

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<sup>43</sup> Mishneh Torah, Hilchos Avodas Kochavim 12:10

<sup>44</sup> Shulchan Aruch, Yoreh Deah 182:5

<sup>45</sup> Contemporary Halakhic Problems, Vol I, edited by Rabbi J. David Bleich, 1976, Chapter V.

<sup>46</sup> Ha-Ma'or, Kislev-Teves 5733

<sup>47</sup> R' Bleich, 1976

<sup>48</sup> Leviticus 19:14; Rabbi Idan Ben-Ephraim, *Dor Tahapuchos*, 2004

process—whether social, medical, or surgical—but numerous other *halachic* requirements and prohibitions may be violated, including, but not limited to: the prohibition against unnecessary injury,<sup>49</sup> the obligation to be fruitful and multiply<sup>50</sup> the prohibition against *mishkav zachar*,<sup>51</sup> the prohibition against wasteful emission of seed,<sup>52</sup> the prohibition against putting a stumbling block before the blind,<sup>53</sup> and the obligation “you shall be holy”.<sup>54</sup>

Gender transition also raises a host of issues related to marriage and divorce, *yichud*, *shomer negiah*, being called to the Torah, and sitting on the proper side of the *mechitza*, among others. Again, it is beyond the scope of this publication to detail let alone offer firm *halachic* conclusions, but rather to raise awareness about the many issues and complications related to gender transition. To address any practical questions, the reader is advised to consult a competent *halachic* authority.

### ***Pikuach Nefesh and Gender Transition***

Judaism places an extraordinary value on human life. In *halacha*, the imperative of *pikuach nefesh* (saving a life) takes precedence over nearly all the other commandments. (The three most well-known exceptions to this rule are the prohibitions against murder, idolatry, and sexual immorality.) The Torah states that G-d commands us: “You shall observe My statutes and

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<sup>49</sup> Shulchan Aruch, Choshen Mishpat 420:31

<sup>50</sup> Genesis 1:28, Talmud Yevamos 61b; Chinuch, Mitzvah 1; Shulchan Aruch, Even HaEzer 1:1

<sup>51</sup> Leviticus 18:22

<sup>52</sup> Genesis 38:7; Talmud Yevamos 34b; Talmud Niddah 13a; Shulchan Aruch, Even HaEzer 23:5; etc. See also: Rabbi Alfred Cohen, “Transgenders in Jewish Law and Thought,” *The Journal of Halacha and Contemporary Society*, Number LXXIV, Succot 5778/Fall 2017, pages 34-35. N.B. Rabbi Cohen’s caveat in footnote 103: “However, sexual intimacy with a woman in the usual manner is permitted even if there is no possibility of pregnancy ensuing, such as if the woman is pregnant, or post-menopausal, or has had a hysterectomy.”

<sup>53</sup> Rabbi Idan Ben-Ephraim, *Dor Tahapuchos*, 2004

<sup>54</sup> Leviticus 19:2

My ordinances, which man shall do and live by them.”<sup>55</sup> The Talmud interprets the phrase “to live by them” to imply “not to die by them.”<sup>56</sup>

The imperative of *pikuach nefesh* means that, under certain conditions, *halachic* prohibitions are set aside to save a life. For example, if (heaven forbid) a Jew is suffering from a life-threatening illness that can be treated by a medication made from non-kosher ingredients, he or she may consume the medication, so long as it is “accepted in the medical world as a treatment for the illness, or if it was prescribed by a doctor” and there is no kosher remedy available that would produce the same quality results.<sup>57</sup>

What if an individual’s mental anguish is so great that they say they will commit suicide unless they undergo gender reassignment surgery? Could *pikuach nefesh* take precedence over the prohibitions detailed above that would otherwise prohibit gender transition?

Modern rabbinic authorities are keenly sensitive to the anguish suffered by those who feel they are in the wrong body. There are even those who claim they are suicidal as a result of their agony. **Professional counseling and proper rabbinic authorities and must be consulted in such unfortunate situations.** Writing generally about the *halachos* of *pikuach nefesh*, Rabbi Daniel Mann, Dayan of Eretz Hemdah, observes, “The most important thing needed to make a determination of when *pikuach nefesh* allowances apply is expertise in evaluating the danger”.<sup>58</sup>

There is much discussion among *halachic* authorities about whether *pikuach nefesh* takes

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<sup>55</sup> Leviticus 18:5

<sup>56</sup> Talmud Yoma 85b

<sup>57</sup> Talmud Yoma 83a; Shulchan Aruch, Yoreh Deah 155:3, Rema *ad loc*; Shulchan Aruch, Orach Chaim 328:11)

משנה יומא דף פ"ג – א', רמ"א יו"ד ס' קנ"ה סוף סעיף ג', וכן הוא פשוט לשון שו"ע או"ח ס' שכ"ח סי"א, מג"א שם ס"ק א' והגם דפמ"ג בא"א שם מסתפק בדבר עכ"פ בחולה שאב"ס ליכא מאן דפליג (ולשון שו"ע הנ"ל הוא קצת תימא על פמ"ג דשם מיירי בחולה שיש בו סכנה. ואולי בגלל זה כתב לישב רק לשון שו"ע ביו"ד דמיירי בחולה שאין בו סכנה ולא לשון שו"ע כאן

<sup>58</sup> Rabbi Daniel Mann, “Halachic Principles of Pikuach Nefesh,” TorahMusings.com, October 25, 2023, <https://www.torahmusings.com/2023/10/halachic-principles-of-pikuach-nefesh/>.

precedence in situations of mental anguish. Nevertheless, the conclusion of rabbinic authorities is that *pikuach nefesh* does not override the Torah prohibitions.<sup>59</sup> After detailing several scenarios involving extreme mental anguish that *halachic* authorities have considered with regard to *pikuach nefesh*, Rabbi Alfred Cohen concludes:

[M]ental anguish, no matter how genuine, is *not sufficient reason* to suspend Torah law. [...]

Mental pain, even if genuine, cannot be a rationale for permitting transgressions or suspension of Torah Law. No one is discounting the unhappiness of a person who feels, for whatever reason that (s)he is somehow trapped in the wrong body. But the Halacha remains the Halacha, and the individual's distress cannot be used as a lever to displace Torah prohibitions<sup>60</sup> [emphasis in the original]

Even if *halachic* authorities were to hold that the imperative of *pikuach nefesh* could permit gender transition, they would only permit it if social, chemical, and/or surgical transition were actually effective at preventing suicide. As noted above, the permission to consume non-kosher food to cure a life-threatening illness is only granted if it is “accepted in the medical world as a treatment for the illness.” No rabbinic authority would sanction eating a bacon-cheeseburger to cure cancer. The efficacy of a treatment must be established first.

Before rendering a decision on such matters, halachic authorities must be acquainted with the current state of the research. As detailed below, the Cass Review—the most systematic review of the research literature on the effectiveness of gender transition—found that “there was no reliable, objective evidence that socially transitioning, using puberty blockers, or using cross sex hormones was beneficial for individuals with gender dysphoria.” Moreover, it concludes that

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<sup>59</sup> See, e.g., Rema on Shulach Aruch, Yoreh Deah 157:1, Shach on 157:10. Gra on 157:14, and Pischei Teshuva on 157:11.

<sup>60</sup> Rabbi Alfred Cohen, *Journal of Halacha and Contemporary Society*, Vol. LXXIV 2017, pages 20-1.



“there is no evidence that a child will commit suicide if they do not transition, whether it be socially, medically, or surgically.” (See [Part II: “Intro to the Cass Review: What Does the Evidence Say?”](#))

People suffering the mental anguish of gender dysphoria deserve our empathy and respect. Their feelings and their anguish are real. However, not everything that a person desires is beneficial to them. As the following review of the medical literature demonstrates, there is no strong evidence that gender transition solves the problems it seeks to address. Indeed, the truth is that gender transition contributes to a great many—often life-altering and irreversible—harms. May the Master of the Universe grant us the wisdom, understanding, knowledge, and compassion necessary to properly address the physical, mental, emotional, and spiritual needs of all those created in His image.

## Part II: What The Science Says

*By Stanley Goldfarb, M.D.*

### The Basics

#### *What does ‘transgender’ mean?*

There are myriad answers to this question, but the most consistent one is that someone has a feeling they are something other than their sex (male or female). This can be anything from identifying as the opposite sex, or one of the endless other genders that seemingly pop up every day, such as “genderfluid,” “nonbinary,” and even “demon gender.” This is far more expansive and nebulous than the terms “transvestites” and “transsexuals” commonly used in prior decades.

Some within the transgender community claim that anyone who does not follow traditional male or female roles are considered to be transgender. However, within Western society, there have been many gender nonconforming individuals throughout history who have never used the moniker of “transgender.” This is particularly true of women whom history has instead referred to as pioneers, like Amelia Earheart or Joan of Arc. However, even they have been relabeled as “queer” and/or “trans” by modern day activists for their gender nonconformity.

Many people who identify as trans experience gender dysphoria, a clinical term to describe the severe distress a person experiences about their male or female body.<sup>61</sup> Having gender dysphoria, however, is not synonymous with identifying as trans. Many within the transgender community claim that you don’t need to experience gender dysphoria to be transgender. Instead, they claim all that is required to be transgender is for one’s “gender identity” to not match their birth sex.<sup>62</sup>

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<sup>61</sup> National Health Service England. (2022). Consultation on the use of puberty suppressing hormones in children and young people. *NHS Engage*.

<sup>62</sup> “Transgender Suicide Rate Among Youth Explodes in the UK.” GenderGP, 7 Nov. 2024,

### *What Is ‘Gender Identity?’*

Gender identity refers to the internal sense or feeling related to a person’s gender. Gender refers to the expectations, beliefs, values, and characteristics that we attribute to individuals based on their sex.<sup>63</sup> For example, it is common to believe that men are assertive, and women are passive. We often refer to these traits as being masculine or feminine. A gender identity can include or be driven by a sense of alignment (or lack thereof) with the one sex or the other. Because it is something felt internally, it is highly subjective.

### *What Is ‘Gender Affirming Care?’*

“Gender affirming care” (GAC) describes a model of treatment where medical professionals and therapists attempt to affirm the belief an individual has about their gender identity through social and/or medical means. This includes social transition (changing the individual’s manner of dress, pronouns, and their name), medical transition (using medications to suppress their secondary sex characteristics and develop sex characteristics similar to the opposite sex), and surgical transition (undergoing surgeries to try to mimic the traits of the opposite sex).

### *What Causes Gender Dysphoria?*

The short answer is: We don’t really know. This is a highly complex condition that experts have theorized about for as long as the condition has existed. There are some theories that have pointed to psychological and physical abuse as being a cause,<sup>64</sup> while others have

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[www.gendergp.com/transgender-suicide-rate-youth-explodes-in-uk/](http://www.gendergp.com/transgender-suicide-rate-youth-explodes-in-uk/).

<sup>63</sup> Scheib, C. (2023). Foundations of the anthropology of gender. In: Cultures of the World – Perspectives on Culture. *Central Pennsylvania’s Community College*.

<sup>64</sup> Thoma, B., Rezeppa, T., Bradley-Choukas, S., et al. (2021). Disparities in childhood abuse between transgender and cisgender adolescents. *Pediatrics*, 148(2).

described it as being part of psychiatric conditions like dissociative disorders, anxiety, depression, autism or even substance abuse.<sup>65</sup> Others have claimed that for teens, it is just a phase, a way to explore and establish their identity.<sup>66</sup> Yet others have said that being transgender is a part of one's sexuality or is away for them to cope with their own homosexuality.<sup>67</sup>

There is a theory that for some individuals it is a matter of social contagion.<sup>68</sup> Yet, another theory says that it is neurological.<sup>69</sup> There is no clear evidence that the condition has a structural basis in the brain, unlike for homosexuality. There is evidence suggesting that multiple theories may be true at once, and that different theories may be truer depending on a person's sex, genetics, and upbringing.

Ultimately, though, despite what anyone may tell you, theories are all we have. What we do know is that gender dysphoria appears highly individualized and that there is not one single theory that covers all people who experience it.

### *Proponents of Gender Affirming Care and the Gender Orthodoxy*

Much of the theories behind gender affirming care (GAC) come from the theological framework of one man: Harry Benjamin. Benjamin was a German-American endocrinologist. He had his early medical training in Germany where he got to study with the famed sexologist Magnus Hirschfeld. However, after World War I, he found himself practicing medicine in the

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<sup>65</sup> Otero-Paz, M., et al. (2021). A 2020 review of mental health comorbidity in gender dysphoric and gender non-conforming people. *Journal of Psychiatry Treatment and Research*, 3(1).

<sup>66</sup> Bachmann, C., Golub, Y., Holstiege, J., Hoffmann, F. (2024). Gender identity disorders among young people in Germany: prevalence and trends, 2013– 2022. An analysis of nationwide routine insurance data. *Dtsch Arztebl Int*, 121(370-1); Jakobsen, K., Fischer, P. (2023). Identity development theory. Chapter 11: Development of Self and Identity. In: *Child and Adolescent Development: A Topical Approach*. Pressbooks.

<sup>67</sup> Blanchard, R. (2005). Early history of the concept of autogynephilia. *Archives of Sexual Behavior*, 34(4).

<sup>68</sup> Littman, L. (2018). Parent reports of adolescents and young adults perceived to show signs of a rapid onset of gender dysphoria. *PLoS One*, 14(3).

<sup>69</sup> Burke, S., et al. (2017). Structural connections in the brain in relation to gender identity and sexual orientation. *Scientific Reports*, 7.

United States. He continued to keep contact with Hirschfeld and made frequent visits, where he continued to learn about his work into what Hirschfeld had termed “transvestite.”

By 1949, Benjamin was receiving referrals for transgender patients in the US. Although his treatment plan was considered experimental, he treated patients with hormones and worked to get his patients legal changes in identification as well as referring them to surgeons who would assist them with surgeries to alter their genitals.<sup>70</sup> Harry Benjamin claimed that his patients benefited from GAC, but he had little more than a handful of anecdotes and stories.<sup>71</sup> This also eventually led to the belief that transitioning patients at younger ages would produce better mental health outcomes for the adults. However, this claim is not strongly supported by evidence.

Despite this, others have built upon his work. In 1979, Benjamin founded the Harry Benjamin International Gender Dysphoria Association, an organization devoted to researching and developing treatment protocols for those with gender dysphoria. In 2007, the organization changed its name to the World Professional Association for Transgender Health (WPATH).<sup>72</sup> WPATH has positioned itself as the leading source on GAC. It has succeeded in convincing important medical organizations, like the American Academy of Pediatrics and American Medical Association, that pediatric GAC is beneficial or even lifesaving. Interrogation of these claims presents a very different picture.

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<sup>70</sup> Li, A. (2023). Harry Benjamin and the birth of transgender medicine. *Canadian Medical Association Journal*, 195(48).

<sup>71</sup> Ibid.

<sup>72</sup> World Professional Association for Transgender Health, “History,” [www.wpath.org/about/history/](http://www.wpath.org/about/history/).

## The Scientific Evidence

### *Evidence Reviews and the Cass Review*

An American reckoning with the shoddy science behind pediatric GAC truly began in earnest thanks to developments overseas. The Cass Review was a systematic review of the medical services in the UK’s Gender Identity Development Services (GIDS) and Tavistock gender clinic.<sup>73</sup> It was named after Dr. Hilary Cass, a board-certified Pediatrician who served as the President of the Royal College of Pediatrics and Child Health from 2012-2015. Dr. Cass was asked to lead the review as she had no prior opinion on gender dysphoria or on transgender issues. The interim findings of the review were published in 2022 and the final report in 2024.

The Cass Review included multiple specialists in the field as well as from academia, including three doctors practicing at GIDS, a Medical Ethics specialist, and an academic child psychiatrist, but also included highly respected experts such as the National Health Service’s (NHS) Head of safeguarding and the NHS Senior Pharmacy Lead. The team also included transgender individuals who represented the community and their concerns.

In addition, the Cass Review utilized the National Institute for Health and Care Excellence (NICE) for systematic reviews of all previous literature on transgender care. NICE is an independent organization known for its rigorous scrutiny and the value it puts on evidenced based care and patient outcomes. The goal of the Cass Review was to address and assess ethical and medical concerns: are we adequately providing treatment to individuals who have gender dysphoria? Are we providing treatment that leads to better or worse quality of life? And is there a better way?

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<sup>73</sup> Cass, Hilary. 2022. “The Cass Review Independent Review of Gender Identity Services for Children and Young People: Interim Report.” <https://cass.independent-review.uk/wp-content/uploads/2022/03/Cass-Review-Interim-Report-Final-Web-Accessible.pdf>

The Cass Review concluded that the medicalization of youths and adolescents with gender dysphoria is based on shaky evidence. The Cass review has been attacked by American transgender activists, but the criticisms are invalid. For example, that no physicians who care for children with gender dysphoria were part of the analysis team is not a weakness but rather a strength of the Cass analysis. This is the only way to assure no conflicts of interest.

### *Other International Reviews*

The UK is not the first to do a review into so-called gender affirming care. In 2022, Sweden released the results of their own systematic review done in 2020 and the recommendations for changes.<sup>74</sup> Their findings paralleled those in the UK despite using data from two different countries. Finland published their own recommendations after their own investigation in 2020, again, having nearly identical findings to Sweden and the UK.<sup>75</sup> Norway has also commissioned a systematic review, and their results, published in 2023, aligned with the other reviews.<sup>76</sup> The French National Academy of Medicine has expressed similar calls for “great medical caution” and that access to surgeries and medications has been given far too easily.<sup>77</sup> The fact that all of these countries used data from their own health systems and reached the same conclusion indicates that their data is more reliable than the hundreds of inconclusive and poor-quality data that activists use to claim that GAC helps treat gender dysphoria.

There is therefore no good evidence that transition helps improve quality of life.

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<sup>74</sup> Linden, T. (2022). Updated recommendations for hormone therapy for gender dysphoria in young people. National Board of Health and Welfare (Sweden).

<sup>75</sup> “Medical treatment methods for dysphoria related to gender variance in minors. Recommendation of the Council for Choices in Healthcare in Finland, 2020 (PALKO / COHERE Finland).

<sup>76</sup> “Patient safety for children and young people with gender incongruence,” Norwegian Healthcare Investigation Board, 2023.

<sup>77</sup> Smith, W. (2022). France’s Academy of Medicine urges ‘great medical caution’ in blocking puberty. National Review.

Finally, and perhaps most importantly to note, there is no reliable evidence that a child will commit suicide if they do not transition, whether it be socially, medically, or surgically. A common argument for childhood transition says, “Would you rather have a dead child, or a trans child?” Existing evidence does not support the popular refrain that children with gender dysphoria will take their own lives if they do not have access to medical or social transition.<sup>78</sup> In fact, in *U.S. vs. Skirmetti*, the 2025 Supreme Court decision that upheld Tennessee’s ban on pediatric sex change interventions, ACLU attorney and trans activist Chase Strangio acknowledged the absence of evidence that sex change interventions are preventative against suicide.<sup>79</sup>

The most truthful and compassionate approach toward a child questioning their gender is two-fold:

- Allow them to explore their interests without assumption that non-traditional interests could be a sign of gender dysphoria.
- Provide them with adequate psychological care surrounding mental health concerns.

### *Fallout of International Reviews*

The Cass Review has had a large impact, even before the final findings had been published. The Cass Interim Report, published in 2022, already highlighted the severe gaps in data that made care through the GIDS clinics virtually experimental. As a result, in July of 2022, the NHS announced its intention to close the Tavistock clinic, the largest gender clinic for children and adolescents in the United Kingdom.

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<sup>78</sup> Biggs, M., “Puberty blockers and suicidality in adolescents suffering from gender dysphoria.” *Arch. Sex Behav.* 49(7), 2227-2229, 2020. <https://doi.org/10.1007/s10508-020-01743-6/>.

<sup>79</sup> Sapir, Leor. "ACLU Attorney Confesses: Transgender-Suicide Claim is a Myth." *City Journal*, 5 Dec. 2024, [www.city-journal.org/article/aclu-attorney-confesses-transgender-suicide-claim-is-a-myth/](http://www.city-journal.org/article/aclu-attorney-confesses-transgender-suicide-claim-is-a-myth/).



While considering the Interim Report, the NHS also put prescribing puberty blockers on hold for children. The decision was followed up with an official ban on puberty blockers for children in 2024. This caused many transgender advocates to make doomsday predictions, claiming that suicides would increase.<sup>80</sup> However, this claim has been completely dismantled after the NHS conducted an independent report evaluating suicide rate. The Independent Review found that there had not been an increase in suicides since the banning or restriction of puberty blockers for gender dysphoric children.<sup>81</sup> What the Review did find troubling was the panic and fear response that occurred by these falsehoods being spread online. It seemed that the anxiety spread by these falsehoods was more detrimental than the truth.

The Cass Review has not just impacted treatment protocols for children. Some startling findings in the Cass Review have spurred new inquiries in other areas. For example, the review brought attention to the fact that the demographics of those who are impacted by gender dysphoria involve serious comorbidities.

One systematic review attempted to summarize all potential mental health problems comparing trans-identified individuals to non-trans individuals. This study found that trans-identified adolescents were significantly more likely to have depression, anxiety disorders, and ADHD. The incidence rate was found to be 4-10 times higher than the non-trans population.

In addition, the incidence rate of autism for the trans population is estimated to be around 14.5% in minors and around 36.3% in adults. Behaviors associated with eating disorders were

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<sup>80</sup> "Transgender Suicide Rate Among Youth Explodes in the UK." GenderGP, 7 Nov. 2024, [www.gendergp.com/transgender-suicide-rate-youth-explodes-in-uk/](http://www.gendergp.com/transgender-suicide-rate-youth-explodes-in-uk/).

<sup>81</sup> Appleby, Louis. "Review of Suicides and Gender Dysphoria at the Tavistock and Portman NHS Foundation Trust: Independent Report." GOV.UK, Department of Health and Social Care, 19 July 2024, [www.gov.uk/government/publications/review-of-suicides-and-gender-dysphoria-at-the-tavistock-and-portman-nhs-foundation-trust/review-of-suicides-and-gender-dysphoria-at-the-tavistock-and-portman-nhs-foundation-trust-independent-report/](http://www.gov.uk/government/publications/review-of-suicides-and-gender-dysphoria-at-the-tavistock-and-portman-nhs-foundation-trust/review-of-suicides-and-gender-dysphoria-at-the-tavistock-and-portman-nhs-foundation-trust-independent-report/).

found to be as high as 65% in the trans population. Perhaps one of the most shocking figures is that dissociative disorders were found to be as common as 29.6% in the trans population. This same study looked into substance abuse and found that there was a significant use of cannabis and alcohol abuse within the trans community.

Although the vast majority of those who abused these substances were adults, many began abusing substances while adolescents. Recommendations from the Cass Review include addressing these comorbidities and providing psychosocial support. But, as many have realized, these comorbidities do not disappear when these children and teens reach adulthood. This contrasts with gender dysphoria, which often does disappear by adulthood.

### *Health and Human Services Report*

In May 2025, the U.S. Department of Health and Human Services released a comprehensive umbrella review (i.e. a review of reviews) regarding medical interventions for children and adolescents with gender dysphoria.<sup>82</sup> The report reached a similar conclusion to European reports, stating that “the overall quality of evidence concerning the effects of any intervention on psychological outcomes, quality of life, regret, or long-term health, is very low.”<sup>83</sup> The HHS report also addresses ethical considerations, noting that “when medical interventions pose unnecessary, disproportionate risks of harm, healthcare providers should refuse to offer them even when they are preferred, requested, or demanded by patients.”<sup>84</sup> Despite these warnings, as of July 2025, two dozen states continue to permit children and

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<sup>82</sup> *Treatment for Pediatric Gender Dysphoria: Review of Evidence and Best Practices*. U.S. Department of Health and Human Services, Nov. 2025, [opa.hhs.gov/sites/default/files/2025-05/gender-dysphoria-report.pdf/](https://opa.hhs.gov/sites/default/files/2025-05/gender-dysphoria-report.pdf/).

<sup>83</sup> Ibid.

<sup>84</sup> Ibid.

adolescents to receive puberty blockers, hormones, or surgeries as treatments for gender dysphoria.

### **Harms of Social, Medical, and Surgical Transition**

Advocates of GAC tend to focus on low-quality, unreliable research that purports to show mental health benefits. While the role of GAC in mental health remains uncertain, the risks are notably significant.

#### ***Harms of Social Transition***

Social transition is loosely defined, but it can include any attempts to be perceived as the opposite sex. This can happen at any age. It is most commonly seen in preteens and teenagers, but it has been utilized in children as young as three and in adults and usually adheres strongly to regressive gender stereotypes. The most common changes made for social transition include changing the manner of dress, hair style, and name from something considered more masculine to something more feminine, or vice versa. Pronoun usage is also a common change that is observed. Social transition can also include chest binding for women and girls and tucking for men and boys. The goal of chest binding and tucking is to make sex characteristics less noticeable to reduce feelings of dysphoria and increase chances of integrating socially as the opposite sex.

#### ***Physical Harms of Social Transition***

There are some overlooked physical harms of social transition, mainly involving breast binding and tucking. Breast binding uses compressing clothes, bands, or tape to compress the breasts. At first glance, it may seem innocuous, however, these binding practices are not without complications. One study assessed 1,800 gender dysphoric young women 18 or older who wore

binders and tracked their symptoms over time.<sup>85</sup> Within the first year of wearing a binder, 58.4% experienced back pain, 50.5% experienced chest pain, 46.3% experienced shortness of breath, and 40.6% experienced shoulder pain. While 27.5% experienced lightheadedness and dizziness, others experienced more serious symptoms like 15.7% who experienced numbness, 2.9% who experienced respiratory infection, and the 2.3% who experienced rib fractures. Permanent breast changes occurred in 20.4% of those young women.

Genital tucking, known more commonly as tucking, involves moving the testicles of the boy or man internally and then positioning the penis so that it is laid down flat along the underside of the body towards to anus. The penis is then secured using tape or clothing in this position. As with breast binding, it may sound fairly harmless, but it carries significant risks and side effects. In a study of 98 individuals who practiced tucking, 35% experienced gonadal pain.<sup>86</sup> Other health impacts from tucking included rashes, urinary tract infections, skin infections and tearing. In some cases, the maneuvering of the testicles results in testicular torsion, a condition where the testicles twist and cut off blood supply. Surgery is the only treatment option and involves manually un-twisting the testicle to restore blood flow. If blood flow has been cut off for too long, the testicle has to be surgically removed.<sup>87</sup>

### *Psychological and Social Harms of Social Transition*

Along with the harmful physical effects of trying to hide one's sex characteristics, there are also harms on the psychological and social level. During very young childhood, from the age

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<sup>85</sup> Peitzmeier, S., Silberholz, J., Gardner, I., et al. (2021). Time to first onset of chest binding-related symptoms in transgender youth. *Pediatrics*, 147(3).

<sup>86</sup> Kidd, N., Mark, K., Dart, M., et al. (2024). Genital tucking practices in transgender and gender diverse patients. *The Annals of Family Medicine*, 22(2).

<sup>87</sup> Schick, M., Sternard, B. (2023). Testicular torsion. In: *StatPearls [Internet]*. Treasure Island (FL): StatPearls Publishing.

of two to seven, children go through a period of cognitive development known as Piaget's Preoperational stage. This period is when toddlers and young children go from very egocentric to empathetic and from very magical thinking to much more logical thinking. One of the key aspects of this type of play is playing make-believe or roleplaying. Children will often take on roles or personas to act out different behaviors. This is a way that children practice their socialization skills, mimicking both stories and the adults in their lives.<sup>88</sup>

If a male child is playing and then says, "I am a girl," he may then act out what his understanding of being a girl, socially, means. If parents affirm that he actually is a girl, this creates confusion in him. It is important to remember that the child is still testing their knowledge. When a child points to a goat and says "cow," the child only has the adults around them to correct them and say, "No, that's a goat, it's different from a cow."

At the same time, this period of development is noted for rulemaking and an increase in playing with other children of the same age. As part of this, there is a significant amount of psychosocial development taking place. This period of time also involves Erikson's third stage of psychosocial development: Initiative vs. Doubt. In this stage, Erikson describes that children gain confidence to reach out to other children to play, explore their environment, ask questions, and engage with adults at school appropriately. This is also in line with the cognitive growth tasks that we see in Piaget's theory.

But Erikson also describes the other option: doubt. The failure to gain that confidence, like when a child is confused because roleplaying is affirmed as a gender identity, results in a loss of confidence. The child will doubt their own knowledge. In school groups, the child may be corrected by other children, "No, you are a boy." Such recurring and conflicting statements will

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<sup>88</sup> McLeod, S. (2024a). Piaget's preoperational stage (ages 2-7). *SimplyPsychology*.

result in self-doubt and isolation. These feelings eventually compound into the feelings of anxiety and social isolation often experienced by individuals with gender dysphoria.<sup>89</sup>

Even more important in psychosocial development is the stage that takes place during the period of adolescence: Identity vs confusion. During this period, teenagers are experimenting with their own values while becoming independent from their parents. It is within this attempt of trying to balance social life, family values, and learning to resolve that conflict that they develop their own identity. According to Erikson, failure to develop a strong identity can lead to stress, a struggle to find success in adulthood, a lack of ability to handle or manage social or familial stresses, and a failure to establish strong social relationships.

This brings up an important point that many activists try to deny: our sense of who we are is not solidified until after this stage of development, in adulthood. During childhood and adolescence, identity is still developing. It does not make any sense to make permanent decisions based on an identity that has not fully developed. It also does not make sense to make such permanent decisions based on a false belief that one is the opposite sex.

### *Does Social Transition Improve Feelings of Dysphoria?*

There are no definitive studies demonstrating that social transition helps improve feelings of gender dysphoria. However, we can interpret information about the impacts of social transition based on other studies. One study published in the American Academy of Pediatrics found that 5 years after social transition, children still experienced gender dysphoria. Not only that, but the vast majority, who transitioned socially continued on to medical transition via puberty blockers, approximately 96%.<sup>90</sup>

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<sup>89</sup> McLeod, S. (2024b). Erik Erikson's stages of psychosocial development. *SimplyPsychology*.

<sup>90</sup> Olson, K., Durwood, L., Horton R., et al. "Gender Identity 5 Years After Social Transition," (2022). PubMed. <https://pubmed.ncbi.nlm.nih.gov/35505568/>

### *But What Is the Alternative?*

Studies have shown that when their gender identity was not affirmed and social transition did not take place, anywhere from 61-98% of trans-identifying children and adolescents “outgrow” their gender dysphoria when reaching an older age.<sup>91</sup> In other words, without social transition, the vast majority of children will grow up to be healthy adults without gender dysphoria. However, 96% of children who undergo social transition continue to medical transition, which causes substantial, long-term health complications.<sup>92</sup>

### *Summary: Harms of Social Transition*

**Social transition creates a variety of physical, psychological, and social harms. Physical harms include the effects on body parts when trying to compress and hide them over long periods of time. Psychological and social harms include the effects on the development of the child’s identity and sense of self, reinforcing confusion and self-doubt, and hurting their ability to manage stress and establish long-term relationships. It also leads them into the harms of medical transition.**

### *Harms of Medical Transition*

Medical transition involves the use of puberty blockers and cross-sex hormones. Both have their own serious, long-term side effects. In trans-identifying adolescents, they are almost always used together.

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<sup>91</sup> Drummond, K. D., Bradley, S. J., Peterson-Badali, M., & Zucker, K. J. (2008). A follow-up study of girls with gender identity disorder. *Developmental Psychology*, 44(1), 34–45; Ristori, J., Steensma, TD. (2016). Gender dysphoria in childhood. *Int Rev Psychiatry*, 28(1), 13–20.

<sup>92</sup> [Olson et al. 2022](#).

### *Puberty Blockers*

If given to an adolescent, puberty blockers suppress the natural process of puberty, which can create long-term and potentially permanent complications. Puberty is an essential stage of development for sexual function, cognitive development, and long-term physical and psychological health. As endocrinologists write, “Puberty is a critical transitional developmental period during which extensive physical, hormonal, neural, and behavioral changes take place. These changes are essential for entering adulthood with reproductive maturity and with cognitive and emotional independence.”<sup>93</sup>

The scientific term for puberty blockers is gonadotropin releasing hormone (GnRH) analogues. These medications suppress the production of Luteinizing Hormone (LH) and Follicle Stimulating Hormone (FSH) in the pituitary. LH and FSH regulate the production of sex hormones in the body. During normal puberty, these hormones would increase dramatically, causing the gonad to produce a surge of sex-specific hormones that leads to maturation of every body system.<sup>94</sup> Thus, by preventing the feedback loop between LH and FSH with the gonad, this prevents the body from maturing. They are appropriately used in rare cases of children entering puberty at a very young age (i.e. 7 or 8) to allow a more socially acceptable time for developing secondary sex characteristics. But then they are discontinued at an appropriate age and the children are allowed to go through a normal puberty. Proponents of puberty blockers to prevent a normal puberty claim they are fully reversible, yet a 2024 scientific review revealed there is no

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<sup>93</sup> Naule, L., Maione, L., Kaiser, U. (2021). Puberty, a sensitive window of hypothalamic development and plasticity. *Endocrinology*, 162(1).

<sup>94</sup> Ibid.



evidence to support this claim.<sup>95</sup> Puberty blockers do not come without side effects,<sup>96</sup> and there are many effects that seem to be permanent, especially if the puberty blockers are administered for too long and at the wrong time.

Human studies have shown a decrease in bone density on long-term use of puberty blockers.<sup>97</sup> There is also major concern regarding brain development, which requires the process of puberty to achieve full maturation for cognition and perception of the world. For instance, the scientific community is still learning the role that sex hormones play in brain development, including the role that testosterone and estrogen play in developing the part of the brain involved in risk-assessment and decision making.<sup>98</sup> Puberty blockers also impact fertility. In fact, they are often referred to as chemical castration medications.<sup>99</sup> Traditionally, they not only have been used to treat aggressive cancers but to also chemically castrate sex offenders.<sup>100</sup> While we do not have comprehensive studies on the harms of long-term puberty blocker use in adolescents, we do have research on other mammals. What we find is that the effects of puberty blockers on adolescent males and females are both sex-specific and harmful to almost every body system.

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<sup>95</sup> Baxendale, S. (2024). The impact of suppressing puberty on neuropsychological function: A review. *Acta Paediatrica*, 113(6).

<sup>96</sup> "Leuprolide Injection." MedlinePlus, U.S. National Library of Medicine, [medlineplus.gov/druginfo/meds/a685040.html/](https://medlineplus.gov/druginfo/meds/a685040.html/).

<sup>97</sup> Sauerbrun-Cutler, M., Alvero, R. (2019). Short- and long-term impact of gonadotropin-releasing hormone analogue treatment on bone loss and fracture. *Fertility and Sterility*, 112(5).

<sup>98</sup> Peper, J., Dahl, R. (2013). The teenage brain: surging hormones—brain-behavior interactions during puberty. *Current Directions in Psychological Science*, 22(2).

<sup>99</sup> "Chemical Castration." Cleveland Clinic, 10 Mar. 2025, [my.clevelandclinic.org/health/treatments/22402-chemical-castration/](https://my.clevelandclinic.org/health/treatments/22402-chemical-castration/).

<sup>100</sup> Lewis, A., Grubin, D., Ross, C., et al. (2017). Gonadotrophin-releasing hormone agonist treatment for sexual offenders: A systematic review. *J Psychopharmacol*, 31(10), 1281-1293.

### *Cross-Sex Hormones*

Cross-sex hormones refer to the use of male- level testosterone for females and female-level estrogen/progesterone for males. After going on puberty blockers, 98% of trans-identifying adolescents on these drugs then go on to take cross-sex hormones.<sup>101</sup> Like puberty blockers, cross-sex hormones also negatively impact the body on almost every system. But why?

From the womb, the anatomy and physiology of males and females is organized around a specific hormone profile, one for males and one for females. Thanks to the testes, males are exposed to much higher testosterone in the womb compared to females, which differentiates the tissues along the male pathway. Conversely, the lack of testes and the presence of ovaries differentiates the tissues along the female pathway. Then, during puberty, the bodies of males and females differentiate even further, forming the secondary sex characteristics of either sex. This creates important sex differences in bones, muscles, heart function, lung function, brain function, and more. Males produce 15 times more testosterone than females after puberty, and females produce much more estrogen than males.<sup>102</sup>

- For men, healthy testosterone levels range from 250 to 900 nanograms per deciliter (ng/dL).
- For women, healthy testosterone levels range from only 15 to 58 ng/dL.<sup>103</sup>

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<sup>101</sup> Carmichael, P., et al. (2021). 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*, 16(2).

<sup>102</sup> Handelsman, D., Hirschberg, A., Bermon, S. (2018). Circulating testosterone as the hormonal basis of sex differences in athletic performance. *Endocrine Reviews*, 39(5).

<sup>103</sup> Clark, R., Wald, J., Swerdloff, R., et al. (2018). Large divergence in testosterone concentrations between men and women: Frame of reference for elite athletes in sex-specific competition in sports, a narrative review. *Clinical Endocrinology*, 90(1).

- For men, healthy estrogen levels are around 1.0 to 5.5 (ng/dL).<sup>104</sup>
- For women, healthy estrogen levels are around 3.0 to 40 (ng/dL).<sup>105</sup>

Thus, the health of a male or female body depends on a healthy level of hormones specific to either sex. Because of this, the injection of cross-sex hormones can be incredibly harmful. There has been extensive scientific evidence on the harms of unbalanced sex hormones in humans and other mammals.

### *Effects of Medical Transition on Females*

In females, when male levels of testosterone are introduced consistently, ovulation is suppressed, and periods stop; the ovaries develop pathological morphology associated with polycystic ovarian syndrome;<sup>106</sup> the vagina deteriorates through the loss of the epithelial structure and a complete loss of the intermediate and superficial layers; and estrogen receptors essential for vaginal maturation and maintenance are severely reduced.<sup>107</sup> Researchers found that “at high dosage, testosterone exerts a potent anti-estrogenic effect also in vaginal epithelium, which results in morphological changes compatible with a lack of proliferation and tissue atrophy.”<sup>108</sup>

On top of all this, there is often a substantial depletion of glycogen

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<sup>104</sup> White, W. (2019). The importance of estrogen (estradiol) in men’s health. *Testosterone Centers of Texas*.

<sup>105</sup> Haldeman-Englert, C., Turley, R., Novick, T. (2024). Estradiol (blood). Health Encyclopedia, *University of Rochester Medical Center*.

<sup>106</sup> Cheng, P.J., Pastuszak, A.W., Myers, J.B., Goodwin, I.A. & Hotaling, J.M. (2019). Fertility concerns of the transgender patient. *Transl Androl Urol*, 8(3): 209- 218.

<sup>107</sup> Baldassarre, M., et al. (2013). Effects of long-term high dose testosterone administration on vaginal epithelium structure and estrogen receptor-a and -b expression of young women. *International Journal of Impotence Research*, 25, 172-177.

<sup>108</sup> Ibid.

content.<sup>109</sup> Glycogenesis essential for maintaining vaginal health, such as reducing unhealthy bacteria and regulating appropriate acidity levels.<sup>110</sup> Depletion of glycogen means an increase in vaginal pH, allowing for fungal and bacterial growth. Because of its antagonizing effects on estrogen, high testosterone use has detrimental, atrophying effects to other tissues as well, such as the uterine endometrium and the breast.

Outside of the reproductive system, high testosterone dosing in females also causes inflammatory markers in the heart known to promote clotting and vasoconstriction, which may lead to cardiovascular disease.<sup>111</sup> Trans-identified females on testosterone have a 2-to-4 fold increased risk of having a myocardial infarction, also known as a heart attack. Not to mention the many detrimental effects to the reproductive system and the heart, testosterone use in females permanently deepens the voice by changing the structure of the vocal cords. It can also lead to balding, fluid retention, and weight gain. In fact, in a study of over 8,000 women taking higher doses of testosterone were at an increased risk of developing Type 2 Diabetes.<sup>112</sup>

### *Effects of Medical Transition on Males*

In males, when testosterone is suppressed and estrogen is raised to match female levels, a disorder is induced. The effects are seen across almost all body tissues. Beginning in the reproductive system, high estrogen and low testosterone can result in severely impaired reduction of sperm levels to complete cessation of sperm production, full testicular regression

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<sup>109</sup> Ibid.

<sup>110</sup> Navarro, S., Abila, H., Delgado, B. (2023). Glycogen availability and pH variation in a medium simulating vaginal fluid influence the growth of vaginal Lactobacillus species and Gardnerella vaginalis. *BMC Microbiology*, 23(186).

<sup>111</sup> Alzahrani, T., et al. (2019). Cardiovascular disease risk factors and myocardial infarction in transgender population. *Circulation: Cardiovascular Quality and Outcomes*, 12.

<sup>112</sup> Rasmussen, J., Selmer, C., Frossing, S., et al. (2020). Androgens and type 2 diabetes in women. *Journal of the Endocrine Society*, 4(6).

with severe cellular damage,<sup>113</sup> 25% reduction in testicular volume by the first year due to depletion of germ cells,<sup>114</sup> hyalinization of the testes (tissue degenerates into a translucent glass-like substance), and erectile dysfunction.<sup>115</sup> The effects of this and the decreased testosterone causes decreased sexual interest.

On the overall body systems, cross-sex hormones in males causes redistribution of body fat mass and an increase in total body fat mass, muscle degeneration, oiliness of skin, abnormal breast tissue growth (gynecomastia), reduction of facial and body hair, weight gain, and insulin resistance.<sup>116</sup> There is also a higher risk of coronary artery disease and cerebrovascular disease (causing blood clots and strokes).<sup>117</sup> The effects on the bones are particularly problematic, as the effect of low testosterone induces hypogonadism (where the gonads do not produce enough sex hormones), causing decreased bone turnover (lack of new bone generation) and loss of bone mineral density.<sup>118</sup>

Psychologically, there is increased irritability and difficulty concentrating, along with lethargy and reduced energy. Finally, long term use of these drugs can result in decreased receptor responsiveness and an increase in drug resistance.<sup>119</sup>

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<sup>113</sup> Leavy, M., Trottmann, M., Liedl, B., et al. (2017). Effects of Elevated  $\beta$ -Estradiol Levels on the Functional Morphology of the Testis - New Insights. *Scientific Reports*, 7.

<sup>114</sup> Schneider, F., Kliesch, S., Schlatt, S., et al. (2017). Andrology of male-to-female transsexuals: influence of cross-sex hormone therapy on testicular function. *Andrology*, 5(5).

<sup>115</sup> Cheng, P.J., Pastuszak, A.W., Myers, J.B., Goodwin, I.A. & Hotaling, J.M. (2019). Fertility concerns of the transgender patient. *Transl Androl Urol*, 8(3): 209- 218.

<sup>116</sup> Hembree WC, Cohen-Kettenis P, Delemarre-van de Waal HA, Gooren LJ, Meyer WJ 3rd, Spack NP, et al. (2009). Endocrine treatment of transsexual persons: an Endocrine Society clinical practice guideline. *J Clin Endocrinol Metab*, 94(9).

<sup>117</sup> Judge C, O'Donovan C, Callaghan G, Gaoatswe G & O'Shea D. (2014) Gender dysphoria - prevalence and comorbidities in an Irish adult population. *Front Endocrinol (Lausanne)* 5, 87; Hembree, et al, 2009.

<sup>118</sup> Kumar, P., Kumar, N., Thakur, D., Patidar, A. (2010). Male hypogonadism: symptoms and treatment. *J Adv Pharm Technol Res*, 1(3).

<sup>119</sup> Leavy, M., Trottmann, M., Liedl, B., et al. (2017). Effects of Elevated  $\beta$ -Estradiol Levels on the Functional

### *Summary: Harms of Medical Transition*

**Puberty blockers in combination with cross sex hormones prevent the appropriate physiological and neurological development of the child. This means that the child will not develop adult anatomy or physiology of their sex. With this comes the high risk of being permanently sterilized, unable to experience proper sexual function.<sup>120</sup> The patient will also will have impaired cognitive and emotional development, a potential loss in IQ, and a much higher risk for osteoporosis.<sup>121</sup> The systematic review of puberty blockers performed by NICE was not promising. The review found three things:**

- **Many of the studies were poor quality;**
- **Most studies showed inconsistent results for mental health outcomes;**
- **All the studies showed consistent decreases in bone growth and bone density.<sup>122</sup>**

**The Cass Review came to a similarly pessimistic conclusion. While there are reports of small mental health benefits in the short-term, many studies could not exclude other psychological health factors in their studies, such as therapy or psychiatric interventions. Because of this, it is impossible to determine if this slight beneficial impact is due to the puberty blockers or due to the other therapies, or even a placebo effect.<sup>123</sup>**

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Morphology of the Testis - New Insights. *Scientific Reports*, 7.

<sup>120</sup> Clayton, A. (2023). Gender-Affirming Treatment of Gender Dysphoria in Youth: A Perfect Storm Environment for the Placebo Effect—The Implications for Research and Clinical Practice. *Archives of Sexual Behavior*, 52(2).

<sup>121</sup> Baxendale, S. (2024). The impact of suppressing puberty on neuropsychological function: A review. *Acta Paediatrica*, 113(6).

<sup>122</sup> Taylor, J., Mitchell, A., Hall, R. (2024). Interventions to suppress puberty in adolescents experiencing gender dysphoria or incongruence: a systematic review. *Archives of Disease in Childhood*, 0, 1-15.

<sup>123</sup> Cass, Hilary. 2022. "The Cass Review Independent Review of Gender Identity Services for Children and Young People: Interim Report." <https://cass.independent-review.uk/wp-content/uploads/2022/03/Cass-Review-Interim-Report-Final-Web-Accessible.pdf>

### *Harms of Surgical Transition*

Ethical surgery involves the restoration of function, the removal of diseased parts of the body, or the reconstruction of damaged tissue. Surgical transition does not fulfill these criteria. Instead, surgical transition is the only type of surgery that involves the removal and refashioning of completely healthy body parts to reflect a patient's delusion. These surgeries compromise and eliminate the function of reproductive organs and such effects remain for life. Surgical transition includes what many transgender activists refer to as "bottom surgery." This involves attempts to surgically create the desired genitals for the individual. It can also include what transgender activists refer to as "top surgery." In girls, this refers to a double mastectomy, a procedure where both breasts are removed. In boys, this can refer to receiving breast implants.

### *Effects of Surgical Transition on Females*

For females who want to present as male, the genital procedure is complex. It involves multiple surgeries over several years. First, they must remove the ovaries and uterus. This means that the girl will be sterile for the rest of her life. Next, they will take a graft of skin, usually from her forearm, and use it to form a "neophallus." The surgeon then removes the vagina, sews the labial flaps to form a pseudo-scrotum, and attaches the neophallus made from the skin from the forearm. Hair must be removed permanently from the source of the graft to avoid infection from its growth within the neophallus. Although there are other locations where skin can be used to create the neophallus, the forearm is considered the standard. The healing process can take a very long time, but once it has healed, the surgeon can then, during another surgery, insert a device to stiffen the prosthetic, mimicking an erection.<sup>124</sup>

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<sup>124</sup> Chen, M., Reyblat, P., Poh, M., et al. (2019). Overview of surgical techniques in gender-affirming genital

This surgery comes with many risks of complications. Systematic reviews have found that 76.5% of patients experience complications related to these surgeries.<sup>125</sup> The most common are fistulas (where a hole forms between two usually separated spaces, like the urethra and unnatural areas of skin), which occurred in almost 50% of cases, or infections that caused the skin graft to die, which happened in almost 13% of cases.<sup>126</sup> Other complications come from the forearm where the skin graft was harvested. Individuals have reported severe nerve pain, painful swelling, or even compartment syndrome, which is an emergency and can result in loss of limb if not treated immediately.<sup>127</sup>

### *Effects of Surgical Transition on Males*

For males who wish to be female, the standard surgery is the penile inversion vaginoplasty, which inverts the penis to form a cavity. Prior to this surgery, the boys must first undergo an orchiectomy, a surgical procedure that removes the testicles. In addition, they must also go through a permanent hair removal treatment of their genitals called electrolysis. If the hair is not permanently removed, this can result in severe infections in the surgically-created cavities. The penile inversion vaginoplasty surgery begins with removing the skin from the penis. The goal is to keep the glans of the penis attached and intact while removing the rest of the skin, whole, from the underlying structures of the penis.

After that is done, the urethra is separated from the other parts of the penis. The urethra and the glans are preserved, while the remaining internal penile structures of the penis are

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surgery. *Transl Androl Urol*, 8(3).

<sup>125</sup> Sahmoud, A., Castellanos, A., Zeki, J., et al. (2024). Sexual function after gender affirming surgery.

<sup>126</sup> Wu, S., Shen, B., Perng, et al. (2022). Complications of free-flap procedures for phalloplasty in female- to-male transgender surgery: 25-year experience a single medical center. *Journal of the Chinese Medical Association*, 85(3).

<sup>127</sup> Kovar, A., Choi, S., Iorio, M. (2019). Donor Site Morbidity in Phalloplasty Reconstructions: Outcomes of the Radial Forearm Free Flap. *Plast Reconstr Surg Glob Open*, 7(9).



removed completely. The penile skin is sewn at one end and attached to a ligament of the pelvis. A flap of skin is used to hold the urethra and place the glans of the penis to create the new “clitoris.” While this happens, the scrotum is used to form what would be the new labia majora of the “neovagina.”<sup>128</sup>

Complications from neovaginoplasty surgeries have inconsistent reporting. Some complications are reported by some doctors to be minor complications while other doctors report the same complications to be major complications. This inconsistency in outcomes and reporting makes it difficult to give patients the full picture when explaining the risks. There’s also the serious complication of necrosis, which occurs when body tissue dies. Between 0.6-24.6% of patients experienced tissue necrosis after this kind of surgery. Between 20-54.2% of patients required a surgical revision, and of those 25% required surgery due to necrosis.<sup>129</sup> Similar to the female's surgery, the vaginoplasty often results in fistulas, as many as 17% of patients will result in rectoneovaginal fistulas, often resulting in feces in the surgical wounds. This is likely why the risk for wound infection is as high as 27%. In addition, as many as 16% will experience urinary incontinence.

### *Common Harms of Surgical Transition for Both Sexes*

The biggest complication for both males and females when it comes to surgical transition is the loss of sexual function. For those with neovaginas, most experience vaginal stenosis and must use dilation to keep the neovagina from closing. The pain from dilation is so intense that up to 73.5% discontinue dilation all together. In addition, for those with a penile prosthesis, pain

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<sup>128</sup> Bizic, M., Kojovic, V., Duisin, D., et al. (2014). An overview of neovaginal reconstruction options in male to female transsexuals. *The Scientific World Journal*.

<sup>129</sup> Hontscharuk, R., Alba, B., Jahromi, A., et al. (2021). Penile inversion vaginoplasty outcomes: Complications and satisfaction. *Andrology*, 9(6).

during or after sex was a common complaint due to poor positioning of the prosthetic.<sup>130</sup> Amidst the risks and complications, the question that logically follows is: Do these surgeries help? Despite what many anecdotal studies claim, there is no objective evidence that these surgeries decrease feelings of dysphoria. There are, however, studies that have found the opposite.

One study performed by the Swedish Research Council for Health found that there was “no advantage of surgery in relation to subsequent mood or anxiety disorder-related health care.”<sup>131</sup> Another study out of the University of Texas found that individuals who had undergone gender affirming surgeries were 12 times more likely to attempt suicide than those who did not have these surgeries.<sup>132</sup> Objectively, these surgeries do not help ease feelings of gender dysphoria or the associated anxiety and depression.

### *Summary: Harms of Surgical Transition*

**Surgical transition is the most damaging aspect of transition, creating permanent sterility and sexual dysfunction. This creates a long-term rise in suicidality, as the actual results and complications of the surgeries do not match up with the glamorized expectations of the patient.**

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<sup>130</sup> Sahmoud, A., Castellanos, A., Zeki, J., et al. (2024). Sexual function after gender affirming surgery. *Current Obstetrics and Gynecology Reports*, 13, 128-135.

<sup>131</sup> Bränström, R., Pachankis, J. (2019). Reduction in Mental Health Treatment Utilization Among Transgender Individuals After Gender-Affirming Surgeries: A Total Population Study. *The American Journal of Psychiatry*, 177(8).

<sup>132</sup> Straub, J., Paul, K., Bothwell, L., et al. (2024). Risk of suicide and self-harm following gender-affirming surgery. *Cureus*, 16(4).

## Common Misconceptions and Other Considerations

### *Consent*

With the overwhelming evidence that puberty is required for full brain maturation and the substantial evidence for cognitive impairment after long term use of puberty blockers, an important ethical question arises: can individuals with a diminished ability to assess risks properly give consent to medical procedures and treatments?

One must also consider that there is a diminished capacity to give consent among the adolescents and adults who are identifying as trans. Those who have gender dysphoria tend to have other psychiatric conditions, including autism, ADHD, or even dissociative disorders like schizophrenia. These disorders come with common communication issues, which also leads to diminished capacity to give consent, particularly in conditions like autism. The Health and Human Services report “Treatment for pediatric gender dysphoria” provides a robust discussion around the issue of consent for those interested in reading more about this topic.<sup>133</sup>

### *Can WPATH Be Trusted?*

WPATH (World Professional Association for Transgender Health) presents itself as a scientific organization. It claims that it sets evidence-based guidelines and standards of care for treating adolescents with gender dysphoria and that puberty blockers, cross-sex hormones, and surgeries are safe and effective.

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<sup>133</sup> U.S. Department of Health and Human Services, “Treatment for Pediatric Gender Dysphoria: Review of Evidence and Best Practices,” Nov. 2025, [opa.hhs.gov/gender-dysphoria-report/](https://opa.hhs.gov/gender-dysphoria-report/).

However, behind closed doors, these claims have been contradicted by WPATH's own members. An extensive report by journalist Mia Hughes revealed that members have been fully aware that such practices are highly experimental and full of long-term health complications.<sup>134</sup>

WPATH's healthcare professionals admitted that, in reality, its practices were little more than improvisation. It also admitted that children cannot comprehend the various potential complications and effects of the hormones and procedures, and that there is no informed consent. Through attending presentations by researchers on the issues of efficacy and regret, WPATH members were also aware of the extensive documentation of regret once adolescents become adults, especially after fertility has been lost through sterilization.

Furthermore, internal messages from WPATH members showed that even some adolescents with developmental delays and intellectual disabilities have been put on puberty blockers. Members argued that even these children with neurological disabilities have an "intimate understanding of their own gender subjectivity" and thus can consent to medical transition. WPATH's activism comes at a real human cost. A multitude of parents have been deceived into thinking that "gender affirming care" is medically beneficial, and insurance companies covering the costs of these experimental procedures. In fact, the previous standards of care guidelines from WPATH were rated so low quality on a scientific level, that a 2021 systematic review labeled them as "do not recommend."<sup>135</sup> Those who claim WPATH implements safe and effective care that follows scientific standards are contradicting both the evidence of their practices and the statements from WPATH's own members.

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<sup>134</sup> Hughes, M. (2024). The WPATH Files: Pseudoscientific Surgical and Hormonal Experiments on Children, Adolescents, and Vulnerable Adults.

<sup>135</sup> Dahlen, S., Connolly, D., Arif, I., Junejo, M. H., Bewley, S., & Meads, C. (2021). International clinical practice guidelines for gender minority/trans people: systematic review and quality assessment. *BMJ Open*, 11(4).

### *Do Trans-Identified People Have Opposite Sex Brains?*

Males and females have, on average, differences in the brain that persist even after controlling for height and weight.<sup>136</sup> These regions are called sexually dimorphic. Though they have relatively small to moderate differences, they do exist. Like all sex differences, some males can have some traits similar to typical females, and some females can have some traits more similar to males, such as a short male or a tall female. The same concept applies to sex differences in the brain anatomy.

Some trans individuals have been shown to have sexually dimorphic regions more like the opposite sex, providing evidence for sex spectrum proponents that trans individuals are the sex they claim to be. However, it has been repeatedly shown that the differences disappear after accounting for sexual orientation. In other words, the differences in sexually dimorphic brain regions found in some trans individuals are not due to the person's trans identity, but rather due to the cohort's homosexuality.<sup>137</sup>

Of the studies that showed differences in sexually dimorphic regions of the brain in trans individuals, most of the trans subjects were homosexual or bisexual.<sup>138</sup> Failure to account for this reality confounds the results.<sup>139</sup> Some authors even noted this in their own studies, saying that because they did not account for sexual orientation, their results could be due to sexual

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<sup>136</sup> DeCasien, A., et al. (2022). Sex differences in the human brain: a roadmap for more careful analysis and interpretation of a biological reality. *Biology of Sex Differences*, 13(43).

<sup>137</sup> Manzouri, A., Savic, I. (2019). Possible neurobiological underpinnings of homosexuality and gender dysphoria. *Cerebral Cortex*, 29

<sup>138</sup> Kurth, F., et al. (2022). Brain sex in transgender women is shifted towards gender identity. *Journal of Clinical Medicine*, 11(6).

<sup>139</sup> Luders, E., et al. (2009). Regional gray matter variation in male-to-female transsexualism. *NeuroImage*, 46(4), 904-907; Nawata, H., et al. (2010). Regional cerebral blood flow changes in female to male gender identity disorder. *Psychiatry and Clinical Neurosciences*, 64; be, C., et al. (2020). Brain network interactions in transgender individuals with gender incongruence. *NeuroImage*, 211.

orientation or gender identity.<sup>140</sup>

However, of those studies that did control for sexual orientation, the differences in sexually dimorphic regions in the homosexual trans subjects aligned closely with those of other same sex attracted individuals. And these differences did not show up in trans subjects who were heterosexual.<sup>141</sup> For example, one study of heterosexual male-to-female transsexuals revealed their brains aligned more closely with that of heterosexual male controls, showing no signs of feminization.<sup>142</sup> Another showed the sex-atypical findings in trans individuals became sex-typical once sexual orientation was accounted for.<sup>143</sup>

Controlling for sexual orientation seems to eliminate the relationship between atypical sexually dimorphic regions and trans identity. Sexually dimorphic differences in some trans individuals, once thought to be evidence of the “opposite sex brain” hypothesis, seem to be evidence of the subject’s homosexuality. As the authors of one study exploring brain network connectivity differences concluded: “The present data do not support the hypothesis that sexual differentiation of the brain in individuals with [gender dysphoria] is in the opposite direction as their sex.”<sup>144</sup>

Knowing that differences in sexually dimorphic regions of the brain seem unrelated to having gender dysphoria or having a trans identity, we are left with a question: Can any of the

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<sup>140</sup> Kranz, G., et al. (2012). Cerebral serotonin transporter asymmetry in females, males, and male- to-female transsexuals measured by PET in vivo. *Brain Struct Funct*, 219(1).

<sup>141</sup> Manzouri, A., Savic, I. (2019). Possible neurobiological underpinnings of homosexuality and gender dysphoria. *Cerebral Cortex*, 29; Savic, I., Arver, S. (2011). Sex dimorphism of the brain in male-to-female transsexuals. *Cerebral Cortex*, 21

<sup>142</sup> Savic and Arver, 2011.

<sup>143</sup> Burke, S., et al. (2017). Structural connections in the brain in relation to gender identity and sexual orientation. *Scientific Reports*, 7.

<sup>144</sup> Feusner, J., et al. (2017). Intrinsic network connectivity and own body perception in gender dysphoria. *Brain Imaging Behavior*, 11(4).

experiences of gender dysphoric trans people be explained through neuroscience? Tentatively, it seems like they can.

Some areas of the brain that are non-sexually dimorphic do show differences that are unique to having gender dysphoria and trans identity, such as the default mode network.<sup>145</sup> This extensive and interconnected group of brain structures is involved in the perception of self and the body.<sup>146</sup> Differences in these areas can be neurological markers for conditions involving self-body perception, such as eating disorders, body integrity disorders, and even gender dysphoria.<sup>147</sup>

One 2019 study by neuroscientists Manzouri and Savic showed that in both female-to-male and male-to-female transsexuals with gender dysphoria, the functional connections within the default mode network were less pronounced than in both male and female controls.<sup>148</sup> And these differences persisted even after controlling for sexual orientation. While this provides insight into what may be happening in the brains of those with gender dysphoria, it does not mean such people are the opposite sex. In fact, it reveals that challenging their false assumptions about themselves, helping them see themselves and their bodies more accurately, may help strengthen the weakened neural networks involved in self-perception.

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<sup>145</sup> Khorashad, B., et al. (2021). Cross-sex hormone treatment and own-body perception: behavioral and brain connectivity profiles. *Scientific Reports*, 11, 2799

<sup>146</sup> Simon, R., Engström, M. (2015). The default mode network as a biomarker for monitoring the therapeutic effects of meditation. *Frontiers in Psychology*, 6.

<sup>147</sup> McFadden, K., et al. (2014). Reduced salience and default mode network activity in women with anorexia nervosa. *Journal of Psychiatry & Neuroscience*, 39(3), 178-188; Fang, A., et al. (2022). Maladaptive self-focused attention and default mode network connectivity: a transdiagnostic investigation across social anxiety and body dysmorphic disorders. *Social Cognitive and Affective Neuroscience*, 17(7), 645-654.

<sup>148</sup> Manzouri, A., Savic, I. (2019). Possible neurobiological underpinnings of homosexuality and gender dysphoria. *Cerebral Cortex*, 29.

Despite this evidence, many continue to claim that trans-identified people are somehow “intersex.” However, “intersex” refers to rare disorders that impact the development of the reproductive system, not development of the brain.

### *What Is “Intersex”?*

The term intersex is an outdated term used to describe what are now called disorders of sex development (DSD). DSD is an umbrella term that refers to any disorder that impacts the development of the reproductive system from birth.<sup>149</sup>

Depending on the condition, DSDs can impact the number of sex chromosomes one has, the development of the gonads, the internal genitalia, the external genitalia, or the production or reception of sex hormones. There are as many as 60 different conditions all with different genetic causes and development paths. Most people with DSDs are unambiguously male or female. A very small minority, less than 0.02%, can appear ambiguous at birth because of underdeveloped genitalia, but their sex can be identified by understanding the type of gonads and internal genitalia they develop.<sup>150</sup>

### *Is Trans a Form of Intersex?*

Trans identity is not a form of intersex. The originator of gender affirming care, Harry Benjamin, wrote in his 1966 book, *The Transsexual Phenomenon*, that he found therapy was ineffective in trying to “cure” someone of being transgender. He also switched from using the word “transvestite” to “transsexual,” making the point that the condition is not simply wearing the clothes of the opposite sex, but the distress that accompanies the condition. He believed that the reason hormones and surgery seemed to help where therapy seemed to fail was that

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<sup>149</sup> Witchel, S. (2018). Disorders of sex development. *Best Practice and Research in Clinical Obstetrics and Gynecology*, 48.

<sup>150</sup> Sax, L. (2002). How common is intersex, A response to Anne Fausto-Sterling. *Journal of Sex Research*, 39(3).



transgender individuals were a form of “intersex.” In *The Transsexual Phenomenon*, he writes:

"Similarly the term ‘transsexualism’ answers a practical purpose and is appropriate in our present state of knowledge. If future research should show that male sex organs are compatible with (genetic) female sex or female sex organs with (genetic) male sex the term would be wrong because the male ‘transsexualist’ is actually female and merely requires a transformation of genitals.”<sup>151</sup>

Many within the transgender community follow this theory that transgender individuals are a type of “intersex,” claiming that their brains developed as the opposite sex compared to their genitalia. However, numerous brain studies have shown this is false.

### *Are DSDs a Third Sex?*

No. All individuals with DSDs are either male or female, since they each develop reproductive systems involved in producing and releasing either sperm or eggs, respectively. More often than not, these conditions are sex-specific and accurately determining their sex is vital for addressing their specific health concerns. There are three examples.

#### *Klinefelter Syndrome*

Klinefelter Syndrome occurs when a baby is conceived with XXY chromosomes. While the baby develops down the male pathway (developing testes and a penis), the second X chromosome can result in lower testosterone production, decreased sperm production, compromised bone and muscle growth, gynecomastia (breast tissue growth), and impaired cognitive development. Knowing that their sex is male tells doctors how to best treat him,

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<sup>151</sup> Benjamin, H. (1966). *The Transsexual Phenomenon*.

providing him with the sex-specific hormones he needs to have a healthier body (such as male levels of testosterone).<sup>152</sup>

### *Swyer Syndrome*

Swyer Syndrome occurs when an XY baby experiences a failure in the development of their gonads, called Complete Gonadal Dysgenesis. In Swyer Syndrome, the individual has undifferentiated gonadal tissue called “streak gonads.” The rest of their reproductive system develops like a typical female, with fallopian tubes, a uterus, cervix, and vagina. At puberty, because they do not have any differentiated ovaries, they do not begin menstruation or breast development typical of female puberty. Accurately determining their sex as female, despite having chromosomes associated with males, allows for doctors to prescribe estrogen and progesterone therapy. This type of hormone therapy allows for females with Swyer syndrome to have a more typical pubertal development.<sup>153</sup>

### *Congenital Adrenal Hyperplasia*

Congenital Adrenal Hyperplasia in an XX baby occurs when the adrenal glands overproduce testosterone and underproduce other hormones, often causing a typical female with ovaries to develop a defect in their external genitalia, resulting in a fused labia or enlarged clitoris. The imbalance in the adrenal glands can cause severe salt-wasting, leading to an electrolyte imbalance, severe dehydration, and potential death. Appropriate sex-specific hormone levels are essential for the XX female to live a healthy life.<sup>154</sup>

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<sup>152</sup> Bonomi, M., et al. "Klinefelter Syndrome (KS): Genetics, Clinical Phenotype and Hypogonadism." *Journal of Endocrinological Investigation*, vol. 40, no. 2, Feb. 2017, pp. 123-34. PubMed, <https://pubmed.ncbi.nlm.nih.gov/27644703/>.

<sup>153</sup> “Swyer Syndrome.” MedlinePlus Genetics, U.S. National Library of Medicine, [medlineplus.gov/genetics/condition/swyer-syndrome/](https://medlineplus.gov/genetics/condition/swyer-syndrome/).

<sup>154</sup> Bachelot, Anne, et al. "Long-term Outcome of Ovarian Function in Women with Intermittent Premature Ovarian

### *Can DSDs Cause Gender Dysphoria?*

While some DSDs seem to cause a higher rate of gender dysphoria compared to the general population, such as 5-ARD,<sup>155</sup> most DSDs do not seem to result in gender dysphoria at all, such as Complete Androgen Insensitivity Syndrome.<sup>156</sup> The specific rate of gender dysphoria in patients with a DSD depends on the specific condition. This is largely because having a DSD and having gender dysphoria are two completely different types of conditions: the first is purely physical, while the other is more psychological. Furthermore, almost every person with gender dysphoria develops a completely typical and healthy reproductive system. Thus, it is very rare for a person with gender dysphoria to have a DSD.

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Insufficiency." *Clinical Endocrinology*, vol. 86, no. 2, Feb. 2017, pp. 223-28. PubMed, <https://pubmed.ncbi.nlm.nih.gov/27177971/>.

<sup>155</sup> Babu, R., Shah, U. (2020). Gender identity disorder (GID) in adolescents and adults with differences of sex development (DSD): A systematic review and meta-analysis. *J Pediatr Urol*, 17(1).

<sup>156</sup> T'Sjoen, G., et al. (2011). Male gender identity in complete androgen insensitivity syndrome. *Archives of Sexual Behavior*, 40(3).

## Part III: Problems and Solutions

*By Ian Kingsbury, PhD*

In the Jewish tradition, education plays a pivotal role in the transmission of values and customs from one generation to the next. In *Chovas HaTalmidim*, Rabbi Kalonymus Kalman Shapira—the Grand Rabbi of Piaseczno, Poland before the Holocaust—wrote, "And that is why Solomon commanded, 'Teach...the lad, etc.' [Proverbs 22:6]- you must delve inside him and reveal the Jewish holiness that is hidden there."<sup>157</sup> Rabbi Shapira continued, "For we are not just seeking the intellect of the student here, but rather the whole student. We seek the spirit, essence and soul...of the Jewish child, in order to connect him to the G-d of Israel, such that he will be a G-d-fearing Jew."<sup>158</sup>

Unfortunately, there are those who seek to corrupt Jewish education by reducing it to a vehicle for their radical political beliefs. In contravention of both scientific knowledge and Talmudic and halachic teachings, several organizations are committed to inserting and normalizing gender ideology—the belief that children can be born in the wrong body—within Jewish families, schools, and congregations.<sup>159</sup> Especially for rabbis involved with schools and/or mental health professionals, it is important to be aware of these organizations and their agendas.

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<sup>157</sup> "Partners in Prayer." 2020. Partnersinprayer.com. 2020. <https://partnersinprayer.com/forums/topic/expanding-the-flaming-coal-within/>.

<sup>158</sup> Shapira, Rabbi Kalonymus Kalman. 1932. *Chovat HaTalmidim*.

<sup>159</sup> Richards, Jay W.. 2023. "What Is Gender Ideology?" The Heritage Foundation. July 7, 2023. <https://www.heritage.org/gender/commentary/what-gender-ideology/>.

### *Keshet*

Keshet purports to stand for “Jewish LGBTQ+ equality in Jewish life.” In reality, the organization advocates for a radical reimagination of Jewish teaching and values that centers gender ideology as a core tenet of Judaism. For Keshet, seemingly no religious text or practice is sacred in its original meaning; instead, every word of scripture, every holiday, and every commandment is twisted as a justification or celebration of gender ideology. Take, for example, its “prayer for Jewish parents as they name, welcome, and make first decisions about gender for their child.”<sup>160</sup>

*“Hashem, whose unknowable essence patterns our own, this day we prayerfully call this child our child. Let the gender choices we make for our child be for the good. Let us seek to learn the truth about this child’s gender from this child over time and let us not force a gender-identity upon this child, based on these eight brief days of our acquaintanceship.*

*Hashem, we have long awaited this child’s arrival in our lives. Let the power of our love and anticipation guide us to teach and nurture our children in humility, to guide and steer them with strength and beneficent authority, and to hold in awareness, that though their naked selves are entrusted to our care, much of their truth has yet to be revealed.*

*Baruch atah [Hashem]/Bruchah at [Hashem]...creator and knower of mysteries.”*

The birth of a child should be a sacred and joyous moment in the lives of Jewish parents. Instead, Keshet invokes Hashem’s name to instill confusion and acrimony, fallaciously asserting that a

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<sup>160</sup> Dunn Bauer, Rabbi David. 2021. “Prayer for Jewish Parents as They Name, Welcome, and Make First Decisions about Gender for Their Child - Keshet.” Keshet. 2021. <https://www.keshetonline.org/resources/prayer-for-jewish-parents-as-they-name-welcome-and-make-first-decisions-about-gender-for-their-child/>.

child can simply pick their own gender while hinting that parents should be maximally deferential to a decision that entails becoming a lifelong medical patient.

Blog commentaries published by Keshet include:

- An argument that the overlap between Yom Kippur and “National Coming Out Day” is serendipitous because the holidays are “similar in practice.”<sup>161</sup>
- To mark International Drag Day, promotion of “Keshet’s youth participants” who perform drag.<sup>162</sup>
- A testimony on “queering” the Mikveh to re-imagine it as part of a ritual to be observed as part of a so-called “gender transition.”<sup>163</sup>
- Insinuation from an anti-Israel activist that the grief associated with the destruction of the First and Second Temples is similar to the grief associated with “anti-LGBT legislation,” referring to bills that prohibit the medical transition of minors or prevent boys from participating in girls sports.<sup>164</sup>
- Declaration that Purim is a holiday of “queer resistance.”<sup>165</sup>

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<sup>161</sup> Gutman, Nuriel. 2024. “To Be Holy: When Yom Kippur and National Coming out Day Fall on the Same Day - Keshet.” Keshet. December 5, 2024. <https://www.keshetonline.org/resources/to-be-holy-when-yom-kippur-and-national-coming-out-day-fall-on-the-same-day/>.

<sup>162</sup> Makowsky, Talia. 2024. “For the Love of Drag: Celebrating International Drag Day - Keshet.” Keshet. July 5, 2024. <https://www.keshetonline.org/for-the-love-of-drag-celebrating-international-drag-day/>.

<sup>163</sup> Sobel, Eli. 2024. “A Trans Jew in the Mikveh - Keshet.” Keshet. June 27, 2024. <https://www.keshetonline.org/a-trans-jew-in-the-mikveh/>.

<sup>164</sup> Kleinman, Rabbi Lonnie. 2023. “Mourning and Action - Keshet.” Keshet. July 26, 2023. <https://www.keshetonline.org/mourning-and-action/>.

<sup>165</sup> Buck, Rabbi Micah. 2023. “Purim Is Radical Resistance - Keshet.” Keshet. February 22, 2023. <https://www.keshetonline.org/the-keshet-week-purim-is-radical-resistance/>.

Other materials published elsewhere but endorsed by Keshet include a “queer Haggadah”<sup>166</sup> and the “nonbinary Hebrew project,” which seeks “to create a third, gender-expansive grammatical form in Hebrew.”<sup>167</sup>

Keshet pursues several courses of action to disseminate their radical ideology. Training and consultations are available to a variety of organizations, including but not limited to Hebrew Schools, summer camps, Jewish high schools, Jewish youth groups, Hillel, and synagogues.<sup>168</sup> Staff training for summer camp counselors for example is “designed for a wide range of camps (day and/or overnight) seeking to create an LGBTQ+ affirming environment.”<sup>169</sup> It focuses on building shared vocabulary and awareness around LGBTQ+ identities and identifying ways in which staff can build a community of equality and belonging for LGBTQ+ campers and colleagues.” While equality and belonging are noble goals, other materials published by Keshet suggest that the stated mission belies the true intention of indoctrinating children with gender ideology.

Keshet also tracks the activities of Jewish schools and congregations vis-à-vis gender ideology and publishes the results on their website. The “equality directory” is ostensibly published as a resource for individuals seeking schools or synagogues that are ideologically aligned with Keshet.<sup>170</sup> But it is also part of a pressure campaign to induce schools and synagogues to embrace gender ideology under the guise of “equality.” Among other things,

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<sup>166</sup> Spitzer, Gabriella. "The Traditional and Radical Queer Haggadah I Wanted Didn't Exist — So I Wrote It Myself." Keshet, 8 Apr. 2024, [www.keshetonline.org/resources/the-traditional-and-radical-queer-haggadah-i-wanted-didnt-exist-so-i-wrote-it-myself/](http://www.keshetonline.org/resources/the-traditional-and-radical-queer-haggadah-i-wanted-didnt-exist-so-i-wrote-it-myself/).

<sup>167</sup> "Celebrating the Age of Mitzvah: A Guide for All Genders." Keshet, 6 Dec. 2022, [www.keshetonline.org/celebrating-the-age-of-mitzvah-a-guide-for-all-genders/](http://www.keshetonline.org/celebrating-the-age-of-mitzvah-a-guide-for-all-genders/)

<sup>168</sup> Ibid.

<sup>169</sup> Ibid.

<sup>170</sup> Ibid.

schools receive credit for having “all gender/unisex/non-gender” bathrooms, having staff, parents, or students who are “out” as transgender, and participation in advocacy for “transgender civil rights.”

While Keshet is transparent in pushing its ideology, it advocates secrecy in schools that adopt its agenda. The organization insists that “unless a student is at risk of harm, what they share with you should be kept confidential.”<sup>171</sup> In other words, parents do not have the right to know if their child identifies as transgender at school. The guidance not only breaches basic parental rights, but also the wisdom emerging in liberal, Western countries that are going through a reckoning on youth gender transition. The Cass Review in the United Kingdom concluded that social transition is not a “neutral act” because it is an “active intervention [with] significant effects on the child or young person in terms of their psychological functioning.”<sup>172</sup> For that reason, guidance from the UK government to schools regarding youth gender transition clarifies that parents should be informed if a student talks to a teacher about changes in name, pronouns, or attire. Jewish schools—and all schools in the United States— should be emulating that approach.

### *Eshel*

Eshel claims that its mission is to “build LGBTQ+ inclusive Orthodox Jewish communities.”<sup>173</sup> Because of its target audience, Eshel is less extreme than Keshet in its

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<sup>171</sup> Labgold, Tracey, and Rabbi Eliana Kayelle. 2024. “Tips for Teachers: Ten Things You Can Do to Make Your Classroom a Space of Belonging - Keshet.” Keshet. December 5, 2024. <https://www.keshetonline.org/resources/tips-for-teachers-ten-things-you-can-do-to-make-your-classroom-a-space-of-belonging/>

<sup>172</sup> Cass, Hilary. 2022. “The Cass Review Independent Review of Gender Identity Services for Children and Young People: Interim Report.” <https://cass.independent-review.uk/wp-content/uploads/2022/03/Cass-Review-Interim-Report-Final-Web-Accessible.pdf>

<sup>173</sup> “Eshel Online | Creating Inclusive Orthodox Communities for LGBTQ+ Jews and Their Families.” 2025.



rhetorical style. Still, closer inspection reveals that “inclusivity” amounts to uncritical parroting of fictitious ideas promoted by transgender activists. Take, for example, the issue that Jewish trans activist group Eshel calls “conversion therapy.”<sup>174</sup> According to Eshel, “Jewish leaders continue to refer transgender individuals to reparative and conversion therapy programs. These programs can be further damaging to transgender Jews.” In the context of same sex attraction, conversion therapy refers to attempts to change someone’s romantic preferences from the same sex to the opposite sex. These efforts have been largely repudiated due to evidence that they are ineffective and potentially harmful. But in the context of transgender identification, conversion therapy refers to any attempt to “suppress or change an individual’s...gender identity,” including psychotherapy.<sup>175</sup> In other words what Eshel refers to as “conversion therapy” means helping a patient embrace his or her actual, G-d-given biological gender. If a child claims to be transgender, trans activists and Eshel believe that they should instead be automatically affirmed in that belief.

Automatic affirmation of trans identity is a dangerous and radical idea. Studies indicate that about 4 in 5 children who experience gender dysphoria will desist in their dysphoria during or after puberty.<sup>176</sup> **(See Part II: “But What Is the Alternative?”)** Notably, those studies were conducted before a recent and dramatic increase in transgender identity among American youth.<sup>177</sup> Likely, the proportion of young people who will desist in their gender distress is now

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Eshelonline.org. 2025. <https://eshelonline.org/>

<sup>174</sup> Ibid.

<sup>175</sup> Sapir, Leor. 2022. “America, Exporter of the Gender Revolution.” City Journal. August 31, 2022. <https://www.city-journal.org/article/america-exporter-of-the-gender-revolution>

<sup>176</sup> Court, Andrew. 2023. “Four out of Five Kids Who Question Their Gender ‘Grow out of It’: Trans Expert.” New York Post. February 22, 2023. <https://nypost.com/2023/02/22/four-out-of-five-kids-who-question-their-gender-grow-out-of-it-trans-expert/>

<sup>177</sup> Alfonseca, Kiara. 2024. “3% of US High Schoolers Identify as Transgender, CDC Survey Shows.” ABC News.

even higher. Partially for that reason, European countries that have conducted systematic reviews on pediatric gender medicine (i.e. Finland, Sweden, United Kingdom) all recommend that psychotherapy—the very thing that Eshel denounces as conversion therapy—should in fact be the default treatment for kids experiencing gender distress.

Eshel also appears to endorse a trans activist theory known as the “minority stress” model, a framework which posits that the trans-identified community experiences poor mental health outcomes due to social stigmatization. Specifically, the website notes that “The difference between a transgender person’s innate sense of their gender and their external appearance can be a source of internal emotional distress and pain... Abuse and social stigmatization increase a transgender individual’s risk of self-harm.” The minority stress model is cited as a reason for affirming declarations of gender distress.

But scrutiny reveals a different answer. As Abigail Shrier chronicles in the book *Irreversible Damage*, poor mental health among the trans-identified population isn’t the result of marginalization, but the fact that people with mental health or social challenges (i.e. autism) are disproportionately trans-identified because they hope that transgenderism offers an explanation for and solution to their challenges. Unfortunately, but unsurprisingly, so-called “gender affirming care” can compound these challenges. That’s likely why one study found that the prescription of psychotropic medications increases after individuals begin receiving “gender-affirming care.”<sup>178</sup> Indeed, the minority stress model and default affirmation approach that logically follows it are certain to hurt more kids than they help.

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October 8, 2024. <https://abcnews.go.com/US/3-us-high-schoolers-identify-transgender-cdc-survey/story?id=114619209>

<sup>178</sup> Hisle-Gorman, Elizabeth, Natasha A. Schvey, Terry A. Adirim, Anna K. Rayne, Apryl Susi, Timothy A.

Eshel also engages in activism to enforce their ideological agenda. The organization provides consulting services to school leaders, training for educators, and resources for parents and students. Among the “inclusive policies” it endorses are open admission so that “an applicant’s or a parent’s gender identity...will not have a negative impact on the admission process.” Likely, the policy means that parents who proselytize gender ideology—whether on their own or using their children as vessels – are not denied admission for their activism.<sup>179</sup> Eshel also insists that a prohibition on “conversion therapy” is necessary as an inclusive policy. The result, whether intended or not, is likely to be automatic affirmation of declarations of gender distress.

### *Other Organizations*

Though Keshet and Eshel are the main culprits behind efforts to normalize gender ideology in Jewish life, they are not alone. Among other organizations that have taken up that mantle are Jewish Queer Youth, which embraces the idea that individuals have a “gender identity” independent of their biological sex, as well as the Jewish LGBTQ Donor Network, which has awarded Keshet and other activist organizations hundreds of thousands of dollars in grants.<sup>180</sup>

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Roberts, and David A. Klein. 2021. “Mental Healthcare Utilization of Transgender Youth before and after Affirming Treatment.” *The Journal of Sexual Medicine* 18 (8): 1444–54. <https://doi.org/10.1016/j.jsxm.2021.05.014>

<sup>179</sup> Cruz, Diogoda. 2025. ““Mother Mouths the Words of “Transgender Child”.”” X (Formerly Twitter). June 23, 2022. <https://x.com/DiogodaCruz12/status/1540053111271788545>

<sup>180</sup> “The Jewish LGBTQ Donor Network.” 2023. The Jewish LGBTQ Donor Network. 2023. <https://jewishlgbtqdonornetwork.org/f/jewish-lgbtq-donor-network-awards-150000-in-inaugural-grants>

Regrettably, organizations dedicated to mainstream Jewish interests have also carried water for gender ideology. The Anti-Defamation League (ADL) partners with GLAAD<sup>181</sup> — a media monitoring organization that attempts to enforce adherence to gender ideology—to identify and combat what it calls “anti-trans” rhetoric. The practical result is activism from the ADL that conforms to extreme positions of transgender ideologues.<sup>182</sup> For example, the ADL publicly opposes legislation that prevents youth from receiving what it calls “gender-affirming medical care,” a regrettable pseudonym for medicalized interventions with uncertain benefits and certain harms. The ADL also maligns legislation that restricts youth access to opposite-sex sports as “anti-trans.”<sup>183</sup>

This is especially troubling because the mission of the ADL has historically been, and should be, to forge bipartisan consensus against Jew-hatred, a phenomenon becoming distressingly more common in society today. Advocacy in favor of unpopular cultural and medical issues undermines the organization’s core mission. Counterproductive advocacy is similarly apparent in the group’s agitation for federal law enforcement officials to treat activists Chris Rufo, Matt Walsh, and Chaya Raichik as “extremists” for bucking progressive orthodoxy on gender ideology.<sup>184</sup> The misapplication of that term will inevitably result in federal officials

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<sup>181</sup> Zipkin, Michele. 2023. “Anti-Defamation League Bolsters Efforts to Address Anti-LGBTQ Hate • Pennsylvania Capital-Star.” Pennsylvania Capital-Star. January 14, 2023. <https://penncapital-star.com/civil-rights-social-justice/anti-defamation-league-bolsters-efforts-to-address-anti-lgbtq-hate/>

<sup>182</sup> Bartosch, Josephine. 2023. “The New York Times Is Finally Standing up to Trans Censorship.” UnHerd. August 25, 2023. <https://unherd.com/newsroom/the-new-york-times-is-finally-standing-up-to-trans-censorship/>

<sup>183</sup> “Anti-Transgender Legislation: Frequently Asked Questions.” ADL, 2 Oct. 2024, [web.archive.org/web/20250121173237/https://www.adl.org/resources/article/anti-transgender-legislation-frequently-asked-questions](https://www.adl.org/resources/article/anti-transgender-legislation-frequently-asked-questions). Archived 21 Jan. 2025.

<sup>184</sup> Olohan, Mary Margaret. 2024. “EXCLUSIVE: ADL Alerts Law Enforcement to Matt Walsh, Chris Rufo, Libs of TikTok.” The Daily Signal. January 24, 2024. <https://www.dailysignal.com/2024/01/24/exclusive-adl-urged-law-enforcement-target-opponents-transgender-ideology/>

and/or the public taking less seriously threats that actually imperil the welfare of American Jews. The ADL should be focused on building broad coalitions to address threats to the Jewish community, rather than engaging in radical activism that alienates would-be members of that coalition.

Some organizations pushing gender ideology in Jewish spaces are non-denominational but are nonetheless devoted to evangelizing their ideology within American religious institutions. The Human Rights Campaign (HRC) is perhaps the preeminent player in outreach, “education” and lobbying to advance gender ideology. Those efforts include insistence that boys should be allowed to participate in girls’ sports and that trans-identified children should receive puberty blockers, the effects of which HRC falsely claims to be “fully reversible.”<sup>185</sup>

HRC holds scorn for religious communities that don’t toe the line on gender ideology. For example, it scolds Orthodox Judaism for an emphasis on “binary gender”<sup>186</sup> and spearheaded a \$310,000 advertisement and outreach campaign in Mississippi, which it rues as “the most religious state in the country.”<sup>187</sup> Like Keshet, HRC engages in ideological policing of Jewish organizations vis-à-vis their commitment to gender ideology, which they refer to using the pseudonym “inclusion.”<sup>188</sup> Participating institutions (e.g. college Hillel chapters, camps, Jewish

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<sup>185</sup> “Get the Facts on Gender-Affirming Care.” *Human Rights Campaign*, 31 May 2022, [www.hrc.org/resources/get-the-facts-on-gender-affirming-care](http://www.hrc.org/resources/get-the-facts-on-gender-affirming-care); Sapir, Leor. 2024. “The Reckoning over Puberty Blockers Has Arrived.” *The Hill*. April 4, 2024. <https://thehill.com/opinion/healthcare/4573662-the-reckoning-over-puberty-blockers-has-arrived/>.

<sup>186</sup> “Stances of Faiths on LGBTQ+ Issues: Orthodox Judaism.” *Human Rights Campaign*, [www.hrc.org/resources/stances-of-faiths-on-lgbt-issues-orthodox-judaism](http://www.hrc.org/resources/stances-of-faiths-on-lgbt-issues-orthodox-judaism).

<sup>187</sup> Wolfe, Anna. “HRC Campaign Seeks to Bridge Faith and LGBT Advancement.” *Jackson Free Press*, 10 Nov. 2014, [www.jacksonfreepress.com/news/2014/nov/10/hrc-campaign-seeks-bridge-faith-and-lgbt-advanceme/](http://www.jacksonfreepress.com/news/2014/nov/10/hrc-campaign-seeks-bridge-faith-and-lgbt-advanceme/).

<sup>188</sup> “Stances of Faiths on LGBTQ+ Issues: Orthodox Judaism.” *Human Rights Campaign*, [www.hrc.org/resources/stances-of-faiths-on-lgbt-issues-orthodox-judaism](http://www.hrc.org/resources/stances-of-faiths-on-lgbt-issues-orthodox-judaism).

Community Centers, temples) earn points for practices including using the term “gender identity” and allowing individuals to dress as a member of the opposite sex.

### *Fighting Back*

Groups that seek to distort Jewish customs and teachings to serve a radical political agenda should have no role in Jewish life and Jewish thought. Guidance from organizations like Eshel and Keshet should be ignored, both in the interest of safeguarding child welfare and in the interest of protecting Jewish traditions. Parents should actively lobby against recommendations from these groups taking hold in Jewish youth institutions and should request that those institutions disengage from the surveys that those organizations dispense. Donors to the ADL should demand reforms within the organization, that rightly has no role to play regarding debates about gender ideology or what GLAAD calls “anti-trans” rhetoric. The threats facing the American Jewish community are too real and too urgent for the ADL to ignore its mission.

Finally, parents must be vigilant about exposure to gender ideology through television,<sup>189</sup> books,<sup>190</sup> and social media.<sup>191</sup> Caution is also warranted when it comes to health care providers and particularly therapists.<sup>192</sup> Too often, they pathologize non-conformity with traditional gender

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<sup>189</sup> Parks, Kristine. 2023. “Netflix Show for Pre-Schoolers Draws Backlash over Non-Binary Character ‘Coming Out’ with They/Them Pronouns.” Fox News. March 15, 2023. <https://www.foxnews.com/media/netflix-show-pre-schoolers-draws-backlash-non-binary-character-coming-they-them-pronouns>

<sup>190</sup> “Trans Picture Books for Little Children - Transgender Trend.” 2023. Transgender Trend. February 18, 2023. <https://www.transgendertrend.com/trans-picture-books-little-children/>

<sup>191</sup> Eckert, Jared. 2022. “How Big Tech Turns Kids Trans.” The Heritage Foundation. September 15, 2022. <https://www.heritage.org/gender/commentary/how-big-tech-turns-kids-trans>

<sup>192</sup> Stepman, Inez. “James Esses – On Gender Ideology in Psychology, Pathologizing the Normal, and Why the Anglosphere Has Gone So Woke.” Independent Women's Forum, 1 June 2022, [www.independentwomen.com/2022/06/01/james-esses-on-gender-ideology-in-psychology/](http://www.independentwomen.com/2022/06/01/james-esses-on-gender-ideology-in-psychology/).

roles (e.g. boys playing with dolls) as an indication of gender dysphoria or identify dysphoria as a root cause of mental health distress.

Public opinion has soured on gender ideology, and countless parents have woken up to the threat that it poses to their children. Still, activists will continue their campaign to embed gender ideology within our congregations, schools, camps, and community centers. Armed with the knowledge provided in this guide, parents must actively resist the encroachment of this heretical and dangerous belief system.

## About the Authors

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