The Myth About Suicide and Gender Dysphoric Children

Why would parents allow a gender-confused child to undergo these dangerous medical interventions? In many cases the answer is untruths and emotional blackmail. "If you don't let me do this, I'll kill myself," they hear from their child. The threat of suicide is then reinforced by members of the transgender industry: "Would you rather have a live son or a dead daughter?"

This latter from health professionals is deeply troubling. In no other medical or psychological condition is a suicidal patient – let alone a child – expected and allowed to dictate treatment. Children are cognitively immature to begin with; their thinking is further impaired when suicidal. This is gross medical negligence.

The suicide of anyone, especially a young person, is a tragedy, and all suicide threats should be taken seriously. However, the occurrence of completed suicide among trans-identified youth is rare and comparable to that of other at-risk groups of youth, such as those with anorexia and autism.[1] More importantly, there is no long-term evidence that puberty blockers, cross-sex hormones or "transition" surgeries prevent suicide. On the contrary, the best long-term research shows that *individuals who do go through medical transition kill themselves at a rate 19 times greater than the general population*.

What's the scientific bottom line?

Swedish child and adolescent psychiatrist Sven Roman (who is no conservative) sums up the research: "***There is currently no scientific support for gender-corrective treatment to reduce the risk of suicide***."[2]

Psychologists Dr. Michael Bailey (Northwestern University) and Dr. Ray Blanchard (University of Toronto) agree: "***[T]he best scientific evidence suggests that gender transition is not necessary to prevent suicide. . . . There is no persuasive evidence that gender transition reduces gender dysphoric children's likelihood of killing themselves***."[3]

LET'S LOOK AT THE EVIDENCE:

1

Suicide risk among trans-identified youth is less than or comparable to that of other at-risk groups of youth.[4]

a. Being trans-identified increases suicide risk by a factor of 13
b. Anorexia increases risk by a factor of 18-31
c. Depression multiplies it by a factor of 20
d. Autism raises the risk by a factor of 8

2

Children with gender dysphoria often also have depression, anorexia, autism, and other psychological conditions predisposing them to suicide.[5] Suicide among trans-identified youth may be due to the dysphoria, but maybe not – it could stem from the other psychological conditions or a combination of both.

3

Prevention of suicide for trans-identified youth is the same as for other youth: talk therapy and FDA-approved psychiatric medications.[6] As reported by the American Foundation for Suicide Prevention, "Ninety percent of people who die by suicide have an underlying — and potentially treatable — mental health condition."[7] One study found that 96% of U.S. adolescents who attempt suicide suffer from at least one mental illness.[8] *There is no evidence trans-identified children who commit suicide are any different*.

4

The most up-to-date research shows the effectiveness of psychotherapy for resolving gender dysphoria in children and adolescents.[9] A 2019 study confirms the findings of 16 studies dated 1969-2012, all showing that psychotherapy can be highly effective in treating underlying causes of gender incongruence such that trans-identifying patients embrace their biological sex.[10]

5

Puberty blockers actually cause depression and other emotional disturbances related to suicide.[11] Discussing an experimental trial of puberty-blockers in the U.K., Oxford University Professor Michael Biggs wrote, "There was no statistically significant difference in psychosocial functioning between the group given blockers and the group given only psychological support. In addition, there is unpublished evidence that after a year on [puberty blockers] children reported greater self-harm, and that girls experienced more behavioral and emotional problems and expressed greater dissatisfaction with their body—so puberty blockers exacerbated gender dysphoria."[12]

6

Cross-sex hormones (testosterone for women; estrogen for men) may disrupt mental health. Women who identify as men are given enough testosterone to raise their levels 10-40 times above the female reference range. Past studies have documented multiple psychiatric problems with similar high doses of anabolic steroids like testosterone such that 23% of subjects met DSM criteria for a major mood syndrome such as mania, hypomania, and major depression, and 3.4-12% developed psychotic symptoms.[13] Estrogen also impacts mood in complex ways. Post menopausal women treated with estrogen often experience severe anxiety despite being placed on physiologic doses of the hormone.[14] Men who identify as women are given supraphysiologic doses of estrogen; theoretically, this has the potential to worsen both depression and anxiety.

7

The most reliable research shows that in the long run, medical transition does not reduce and may even exacerbate the psychological distress that could lead to suicide. "The two largest and most complete studies (one from the Netherlands and one from Sweden), which show significantly elevated rates of completed suicides among gender-dysphoric individuals, both studied adults who had already transitioned to imitation of the opposite sex."[15] These studies thus support the conclusion that transitioning does not reduce the risk of suicide and may even increase it. Transitioning merely masks the underlying psychological problems that are producing the dysphoria – it treats the symptoms rather than the disease.

8

Suicide is prone to social contagion, meaning the more it occurs and is talked about, the more likely vulnerable kids will kill themselves.[16] One medical researcher (an epidemiologist who himself transitioned to feminized male until he detransitioned after 13 years) calls out the manipulative use of the suicide threat to bully parents and legislators:

"The trans industry's insistence and hype that [trans-identified adolescents] are constantly on the brink of transphobia-related suicide at rates that far exceed those of other highly relevant populations is a shameful social engineering strategy to keep society's focus preferentially on transgenderism – perhaps to cast themselves as visionary pioneers in the field. . . . trans activist adults and some clinicians effectively threaten suicide on behalf of the young people. They do this to socially-engineer, manipulate and intimidate non-industry doctors, politicians, community leaders and families of [these adolescents]. They are well aware of the emotional responses they will get with this rhetoric."[17]

9

Trans-identified teens may be encouraged, by social media and members of the transgender industry, to threaten suicide if their parents resist medical transition. Psychotherapist Dr. Wallace Wong offered such advice during a presentation in Canada: ""So what you need is, you know what? Pull a stunt. Suicide, every time, [then] they will give you what you need." Wong added that trans-identified kids "learn that. They learn it very fast."[18]

BUT WHAT ABOUT STUDIES SUPPOSEDLY SHOWING THAT MEDICAL INTERVENTIONS ARE MORE EFFECTIVE THAN PSYCHOTHERAPY IN REDUCING SUICIDE ATTEMPTS?

1

Medical professionals who engage in statistical research have identified multiple problems with studies purporting to reach these conclusions. These problems include unreliable sampling, manipulated numbers, and admitted political intent.[19]

- A report co-authored by the American Foundation for Suicide Prevention (Haas et al. 2004), which claimed that 41% of gender-dysphoric individuals have attempted suicide, was based on flawed data.[20]

- Along with two other studies that found a suicide-attempt rate of around 40%, the Haas study used "convenience sampling," which statisticians agree cannot be used to draw conclusions about the general population.[21]

- The *Haas* authors admitted the 41% number may have been significantly inflated because only one question, without clarifying questions, was asked about the issue.

- The authors further admitted "the survey did not directly explore mental health status and history, which have been identified as important risk factors for both attempted and completed suicide in the general population." In other words, the study provided no reliable information about whether suicide attempts were caused by gender dysphoria or by other mental health issues, which are extremely common among dysphoric individuals.

- The study did not determine if the claimed suicide attempts occurred *before* or *after* seeking medical transition services.

- The study found that for female respondents, "being stealth" or successfully "passing" as male did not alleviate the tendency to self-harm. The study therefore offered no reason to conclude that undergoing medical transition will resolve the distress that leads to suicide attempts.

- As one analyst of the study concluded, "***Given the flawed data available to us, the leap in logic to assume the only viable choice is to medically transition or die ought to shame any provider, researcher, or journalist worth their salt***. The [study] data, if looked at honestly, should instead spur providers to offer effective psychological health evaluation and treatment for both young people and their families, and the least invasive intervention possible."[22]

- The Williams Institute, which also produced and promoted the Haas report, was contracted by the state of California to use appropriate survey methods and found the

trans-identified suicide attempt rate was 22%.[23] That is comparable to rates for people with psychological illness and general LGB-identification.[24]

2

The conclusions of a recent study -- supposedly finding that surgical "gender affirmation treatment" reduces psychological distress—have been shown to be unsupported by the data. Dr. Mark Regnerus observed that these conclusions signal "an abandonment of scientific rigor and reason in favor of ***complicity with activist groups seeking to normalize infertility-inducing and permanently disfiguring surgeries. . . . Clinicians are being bullied into writing a radical prescription based on fear, not on sensible conclusions from empirical data***."[25]

3

Similar studies from the U.K. have been debunked for similar reasons. One widely touted study supposedly found a 48% rate of attempted suicide in young people with "gender issues" – but it turned out that this "study" was based on only 27 patients.[26]

4

Psychologist Dr. James Cantor found that t***he American Academy of Pediatrics (AAP) misrepresented large numbers of studies to justify its claim that medical transition is necessary to prevent suicide***.[27]

AREN'T TRANS-IDENTIFIED TEENS LIKELY TO COMMIT SUICIDE BECAUSE OF THE STIGMA THAT SOCIETY PUTS ON THEM? RESEARCH DOES NOT SUPPORT THAT CLAIM.

- A 2014 Australian study reported that a leading reason for suicide among "LGBTI" individuals was stress from romantic partners rather than societal rejection.[28]

- ***A 2014 study by Hatzenbuehler, et al., claimed an average life expectancy reduction of 12 years for sexual minorities living in areas with suspected prominent anti-gay sentiment.***[29] ***But this study was so thoroughly debunked by the scientific community that the medical journal eventually retracted it***: "Re-analysis confirmed that the original finding was erroneous and the authors wish to fully retract their original study accordingly." Nevertheless, citations of Hatzenbuehler's false conclusions persist, including in Supreme Court briefs.

- An exhaustive review of all the research on this topic by psychiatrist Dr. Paul McHugh and epidemiologist Dr. Lawrence Mayer reached this conclusion: "***[I]t is impossible to prove through these studies that stigma leads to poor mental health, as opposed to, for example, poor mental health leading people to report higher levels of stigma, or a third factor being responsible for both poor mental health and higher levels of stigma***."[30]

- Even without these studies, the argument that "stigma" drives trans-identified youth to suicide simply doesn't make sense. Epidemiologist Hacsi Horvath points out that the suicide rates for such adolescents were significantly lower in 1950, "when gender roles, sex-specific dress codes, laws regulating sexuality and other aspects of social control were much more rigidly 'enforced'" than they are now.[31] If social rejection didn't cause suicide then, why would a much diminished level of social rejection cause suicide now?

State law should encourage the use of psychotherapy to help young people explore and resolve the underlying causes of the psychological rejection of their body and avoid a lifetime of expensive, radical, painful, sterilizing, dangerous, and potentially deadly interventions.

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