Family Development Action Coalition

On the Record

Adolescent Suicide

Does Allowing Transgender Medicine for Children and Adolescents Who Experience Biological Sex Dysphoria Reduce the Risk of Suicide?

As an interested citizen trying to understand and deal with highly controversial issues of children and teens with transgender concerns, you are likely to hear the appeal or argument that gender dysphoric children or teens should be allowed to undergo sex reassignment or more recently termed "gender affirming" transition in order to prevent suicide, prior to reaching their legal age of consent to such medical and surgical procedures.

Some additional background information may be useful:

- This medical transition process typically begins with puberty blockers, followed by opposite gender hormones, and eventually results in surgical revision of healthy tissue, such as the penis, vagina, and breasts, etc. to resemble that of the opposite biological sex, during the developmental years. If this is not permitted, it is argued, the dysphoric teens will be much more likely to commit suicide.
- This claim misrepresents the current scientific knowledge about prediction of suicide as well as the personal experience of professionals working with suicidal people over many years. It also misrepresents the current knowledge about suicide phenomena among transgendered persons.
- While there is some evidence that allowing such processes to proceed can reduce short term depression, long term mental health needs and suicide rates are not improved.
- Speculating about causes of suicide in the press oversimplifies the issue as suicide is extremely complex. Further it can lead to "unhelpful and risky normalizing of suicide as an appropriate response to distress." BBC retracted just such a speculative article, after being criticized.

Following is a list of claims made by transgender activists along with scientifically based responses to the claims:

Activist claim: If gender dysphoric children are not given permission to medically transition (use of puberty blockers, sterilizing cross-sex hormones, breast or/and genital surgery) they will become increasingly despondent and will become much more likely to commit suicide. If allowed to transition they will be able to have a well-adjusted life.

Fact: It is true that people who experience gender dysphoria are at a significantly higher risk of suicide than those that do not. What is not true is that allowing a child to transition will change the rate of suicide for these individuals. **While research is limited, it is clear that the studies conducted do not support the activist's erroneous claim. The research does indicate that this higher rate of suicide is consistent before, during and after medical transitioning**. A study performed in the Netherlands with 8,263 adolescent and adult participants, showed that suicide risk in transgender people is significantly higher than in the general population and occurs during **every stage of transitioning**." The idea that suicide can easily be predicted by or attributed to gender dysphoria simply is not consistent with the known research. Suicidal behavior is very difficult to predict on an individual basis, as it involves multiple personal and environmental issues.

Activist claim: Elevated rates of suicide among gender dysphoric persons are due to the fact that opportunities to develop their true identity by medical transitioning have been denied.

Fact: The data indicates that gender dysphoric individuals bear a heavier burden of mental illness in general, most frequently Major Depressive Disorder, at all stages of transitioning. According to a Transgender Health study reported in November 2019, the rate of **Major Depressive Disorder is 58% transgender/ 13.6% cisgender.**

Further information from a Kaiser-Permanente study of 8.8 million members in northern California, southern California and Georgia over 8 years from 2006 to 2014 found: 71% to 75% of gender sex discordant adolescents ages 10 – 17 had psychiatric disorders in their lifetime **BEFORE** onset of gender sex discordance, often with psychiatric hospitalization. This information corresponds with related rates for adolescents and adults in at least 9 additional countries.

Therefore, suicide ideation in transgender individuals appears primarily rooted in depression and/or other mental health disorders requiring appropriate and competent therapeutic treatment.

Activist claim: Medical Transitioning is the correct treatment to improve mental health and prevent suicide for gender dysphoric children.

Fact: It is clear that well researched and proven treatments for significant mental health disorders should be employed to reduce suicidal morbidity rather than implementation of high risk transitioning procedures in children. Mental health professionals who have worked with adolescents, are concerned that hormone blockers and other modes of transitioning treatment may in fact hamper the ability to treat the depression itself. Medical transitioning is not mental health treatment.

An extensive long-term follow-up of 324 transexual persons undergoing "sex reassignment" surgery in Sweden concluded that, "**even though surgery and hormonal therapy alleviates gender dysphoria, it is apparently not sufficient to remedy the high rates of morbidity and mortality found among transsexual persons.**" Another study of adolescents in Scandinavia also concluded: "**Medical gender reassignment is not enough to improve functioning and relieve psychiatric comorbidities among adolescents with gender medical transitioning did not improve suicidal / mental health risks.**

A reviewer of the data on this issue noted: "**Does the data convincingly show that gender dysphoria is alleviated by "passing" as the opposite gender, and that medical transition lowers suicide rates? It does no such thing.**" What's the scientific bottom line? "There is currently **no scientific support for gender-corrective treatment to reduce the risk of suicide.**" Studies of this type have led Sweden to officially end the practice of prescribing puberty blockers and cross sex hormones for children under age 18. "The 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."

Activist claim: It is unethical to deny a gender dysphoric child the right to medically transition.

Fact: It is unethical to expect children who are depressed, and parents who are in crisis and fearful that their child will act out on their suicide ideation to make life altering decisions which could very well result in permanent sexual dysfunction and infertility. What physician would proceed with an elective procedure (i.e. gastric bypass, plastic surgery, etc.) if the patient were threating to commit suicide if the procedure were refused? In any other comparable medical situation, this would be clearly unethical. Ethics would demand that these individuals be required to demonstrate a resolution of their mental health issues first.

Puberty blockers, hormone therapies and surgical procedures are strongly advised against being used with children and teens. These practices have a high potential for harm, including consequences which are not reversible. The suffering and confusion these individuals and families experience is real and difficult, but much more likely to be complicated by unnecessarily attacking their bodies with hormone "therapies" and surgeries. Further, advocating taking such extreme steps during child or adolescent years does not account for high rates of desistance (those who later determine they do not wish to undergo sex-reassignment procedures) or the possible "downside" to such procedures (regret, life-long dependence on opposite sex hormones, surgical revisions and difficulties, significant sexual dysfunction, and life-long sterility, etc.) The emergence of scientific data and other perplexities has led countries such as Sweden to reverse course. For the protection of gender dysphoric children, the use of standard medical and psychological treatments for depression and dysphoria, and other mental health issues should be supported as well as the prohibition of medical transitioning until persons reach the age of majority.

Appendix 1

There is no reliable data on the incidence of youth mental health conditions or disorders, prior to 2005." However, the extent of "Children's Mental Health Disorders" (as reported (by the Centers for Disease Control and Prevention, in their 2013 report "Mental health surveillance among children"), "for children (aged 3-17 years), 13-20% of children residing within the United States, experienced a mental disorder" (as reported in data collected, by their agency between the years 2005-2011).

Further, this CDC 2013 report, listed the overlapping, percentages of children for each of the following categories of mental health conditions or disorders: ADHD (6.8%), Behavioral or Conduct problems (3.5%), Anxiety (3.0%), Depression (2.1%). In addition, the 2013 report breaks out the following conditions or disorders for children (aged 12-17 years): Illicit Drug Use Disorder (4.7%), Alcohol Use Disorder (4.2%), Cigarettes Dependence (2.8%), as well as the first available data on the percentage of "Suicide resulting from the interaction of mental disorders and other factors, the second leading cause of death among adolescents aged 12-17 years, collected during 2010".

The most recent figures now available, from the CDC files regarding the extent of youth suicides (as collected from the death certificates submitted to the CDC, between 2015-2018, by the various states throughout the USA) is 10.7% individual suicides per 100,000 population within the USA, during those grouped years.

Even more important to note is, these figures vary widely between different periods of time (including an unexplained period of stability from 2000-2007) and undocumented practices in data-gathering by the different states (all reporting in accordance with their individual "State Department of Health & Human Service Regulations") different, but generally consistent within each state, over the years since 2005.

The national increase in rates of suicide for youth (aged 10-24 years), between the grouped comparison years of 2007-2009 and 2016-2018, was 7.2 % to 10.7% per 100,000 population. The highest increase in youth suicide rates during that period, was in the state of Alaska (31.4% per 100,000 population); the second highest increase was in, South Dakota (23.6%); the lowest increase in youth suicides was in the four Northeastern states of New Jersey, Rode Island, New York, and Massachusetts averaging an increase of (5.98%).

--The most recent information on the total number (and % per 100,000 population) of youth suicide cases per state, (available through Death Certificates submitted to the CDC for 2018), identifies Alaska as the state with the highest percent of youth suicide cases, 45 cases or (30.2%, per 100,000 population); the next highest state is Arizona with 212 youth suicide cases or (14.7% per 100,000 population). Then selected from the CDC 2018 alphabetically listed report, of the number of total youth suicide cases, indicates that California reported 546 youth suicide cases or (7.1 % per 100,000 population); Colorado reported 205 cases (18.5% per 100,000 population); Florida reported 320 cases (8.7%); Idaho 87 (23.5%); Montana 46 (22.8%); Nevada 78 (13.9%); North Dakota 28 (17.7%); Oregon 107 (16.9%); South Dakota 44 (24.7% per 100,000).

FYRG

FamilyDevelopmentAction.org

1. https://www.christian.org.uk/news/bbc-admits-to-bias-and-encouraging-suicide-in-puberty-blockers-rticle/?inf_contact_key=24c32e568b5b-91be0e581f71df413047d18a532c4142cb79caf2b269de1401fa
2. C.M. Wiepjes, et.al.
3. J.W. Wanta, et.al.
4. Kaiser Permanente study from Northern California and Georgia 2006-2014, U.S.A reported in Pediatrics 2018, 141 and a study from Finland
5. Reduction in Mental Health Treatment Utilization Among Transgender Individuals, Bransom & Pachankis
6. https://4thwavenow.com/2015/08/03/the-41-trans-suicide-rate-a-tale-of-flawed-data-and-lazy-journalists/
7. (Nord J Psychiatry. 2020 pr;74(3):213-219. Epub Nov25. Adolescent Development and Psychosocial Functioning after cross-sex hormones for gender dysphoria. Henio, Tyolajarvi & Suomalainen
8. https://genderreport.ca/the -Swedish-U-turn-on gender-transitioning/
9. Zablotsky B, Terlizzi EP. Mental health treatment among children aged 5-17 years. United States, 2019. NCHS Data Brief, no 381. Hyattsville, MD: National Center for Health Statistics. 2020.
10. Centers for Disease Control and Prevention. "Mental health surveillance among children-United States, 2005-2011. MMWR2013; 62(Suppl; May 16, 2013).1-35.
11. US Department of Health & Human Services, Center for Disease Control and Prevention, National Center for Health Statistics (NCHS), National Vital Statistics System (https://www.cdc.gov/nchs/products/index.htm)
12. Ibid and Ibid