Finland Looks Reasonable on Gender Transition for Minors

July 26, 2021

Jennifer Bauwens

Reason on the subject of gender transition for minors is increasingly prevailing on the international scene. With Finland's recent move to cut back on the practice, multiple countries in Europe, including Great Britain and Sweden, now recognize that performing potentially irreversible procedures on children that transform their endocrine systems and remove healthy sexual organs should not be the go-to intervention for treating psychological dissonance over one's biological sex.

In taking this positive step toward protecting the physical integrity of children suffering from gender dysphoria, Finland last year amended their national health care policy and issued new guidelines to end the wide-spread availability of interventions on those who are under 18 (a translation of the guidelines was just finished earlier this month). After reviewing the research on pediatric transgender medicine, Finnish authorities determined that the scientific evidence did not support medical intervention, and rather, psychotherapy should be the first treatment used with minors.

These Finnish guidelines elicit caution towards using any "gender affirming" procedures to treat gender dysphoria in someone under 25. This was stated in recognition that minors, and even those in their 20's, have not completed the developmental strides necessary to understand the potentially irreversible nature of the "treatments" offered in the gender dysphoria clinics.

These recent Finnish guidelines coincide with a large-scale study from the National Institute for Mental Health (NIMH) in the U.S. on mapping the brain over the human lifespan. The NIMH study confirmed what we already know by intuition, that the brain is not fully developed until most people are in their 20's. Many societies have long recognized that children and adolescents are not capable of understanding the long-term ramifications of their decisions and have made social and policy provisions with this fact in mind.

When we add to this the fact that some of these practices are irreversible and can result in the sterilization of children, and it becomes clear that responsible adults need to put the brakes on them -- now.

This news from Finland also comes to us just as a federal judge has blocked Arkansas' Save Children from Experimentation Act (which would protect children from these types of procedures) from taking effect. Hopefully, U.S. medical and judicial authorities will take seriously the positions like those adopted by the Finns.

When it comes to the transgender-identifying population and questions of medicine, U.S. authorities should contextualize the research performed in their own backyard and shun any policies that disregard simple observation and scientific evidence about human development. We should take the lessons learned from our international counterparts and ban destructive, unscientific, and incomprehensible practices on our most vulnerable.

Suicide Risk and Gender Transition: The Facts

July 23, 2021

Jennifer Bauwens

As a graduate student in my early twenties, I volunteered on a suicide hotline. The calls I received while working on the hotline certainly included the suicidal person, but they also came from concerned family members, friends, and coworkers. When advising people who wanted to keep someone safe, it was essential to give them tools not only to speak with the person of concern, but to also underscore that the person they seek to help has a choice in the matter. Of course, the goal was to save lives, but we wanted to communicate to the helping party that, ultimately, they are not responsible for another person's decision should their loved one choose to follow through with their threat of suicide.

While suicide is a very serious issue, it doesn't mean that the helper should be controlled by the threat. For example, after years of counseling with domestic violence survivors, I can recall countless stories of women who were told by an abusive spouse or partner, "if you leave me, I'll commit suicide." Again, suicidal thoughts and gestures should be assessed and evaluated, and underlying causes need to be properly addressed. However, tying such requests to expressions of suicide can prove to be, in some cases, controlling. That's what I communicated to domestic violence survivors who felt demands placed on them to sacrifice their safety, and in some instances, their lives, because of the threats expressed by the person abusing them.

Unfortunately, the "threat" of suicide is what is being used against responsible leaders trying to protect children from harmful and often unknown risks associated with gender transition procedures. In the wake of the news that a federal judge in Arkansas blocked that state's Save Children from Experimentation Act (which would protect children from receiving unnecessary and invasive medical interventions aimed at treating a psychological condition characterized by confusion over one's biological sex) from going into effect, we've seen a resurgence in claims of the risk of suicide, without reference or examination to a range of likely underlying and co-occurring conditions.

When appealing to the judge several days ago to temporarily enjoin Arkansas' law, Chase Strangio of the ACLU claimed: "These families, like hundreds of others across the state, are terrified . . . There has already been a spike in suicide attempts since this legislation was passed." Court filings read: "For some transgender youth, the prospect of losing this critical medical care, even before the legislation is in effect, is unbearable . . . In the weeks after the bill passed, at least six transgender adolescents in Arkansas attempted suicide."

Within the ACLU's claims, there is no reference to the other factors that might affect these adolescents' decisions to attempt suicide. We are simply led to believe that legislative decisions *alone* are prompting suicidal thoughts in these teenagers.

Similar assertions implying that this legislation will only increase the risk of suicide were sprinkled throughout other's reports on the issue. Some involved in the case went on to argue that these medical practices "save lives" and are necessary for the transgender population that tends to be vulnerable to depression and suicide.

The high suicide rate in the transgender identifying population, in fact, has been repeatedly given as the reason to support treatments that stop puberty in developing children, to start kids on a lifetime supply of the opposite-sex's hormones, and to allow surgeries that remove healthy sexual organs. These claims are misplaced, and frankly, dangerous.

That said, suicide is a real threat, and it should be addressed. The underlying causes that are leading to this threat should also be investigated so that this population can be properly treated. But, at this time, there is no evidence that suicidality abates after transgender medical procedures are performed. To the contrary, the available evidence shows a rise in completed suicides following medical interventions. Why? Clearly, the real psychological pain behind the suicidality is not being addressed by medical interventions.

The problem here is that suicide should never be used as a tool, by any group, to strong-arm policymakers and the psychological and medical communities into both allowing and providing questionable practices that have somehow gained a monopoly on "standards of care" for gender dysphoria. Especially when those practices involve onboarding children, who have not fully developed physiologically, psychologically, and neurologically, to potentially irreversible and sterilizing treatments.

In response, public policy makers should focus on protecting citizens, particularly vulnerable children. **Further, policies that inform public health and safety should be firmly grounded in solid empirical research, such as:**

- There is no evidence that transgender medical treatments reduce the psychological distress and mental health issues associated with gender dysphoria.
- There is no long-term investigation into the psychological and physiological consequences of transgender medicine performed on children.

The credible and available evidence indicates:

- There are significant health risks to transgender medicine. Some of these include cardiovascular disease, high blood pressure, diabetes, & blood clots.
- In a 30-year longitudinal study, gender reassignment surgery patients had a 19 times higher rate of completed suicide than the general population.

A few known underlying conditions that are not addressed by transgender medicine:

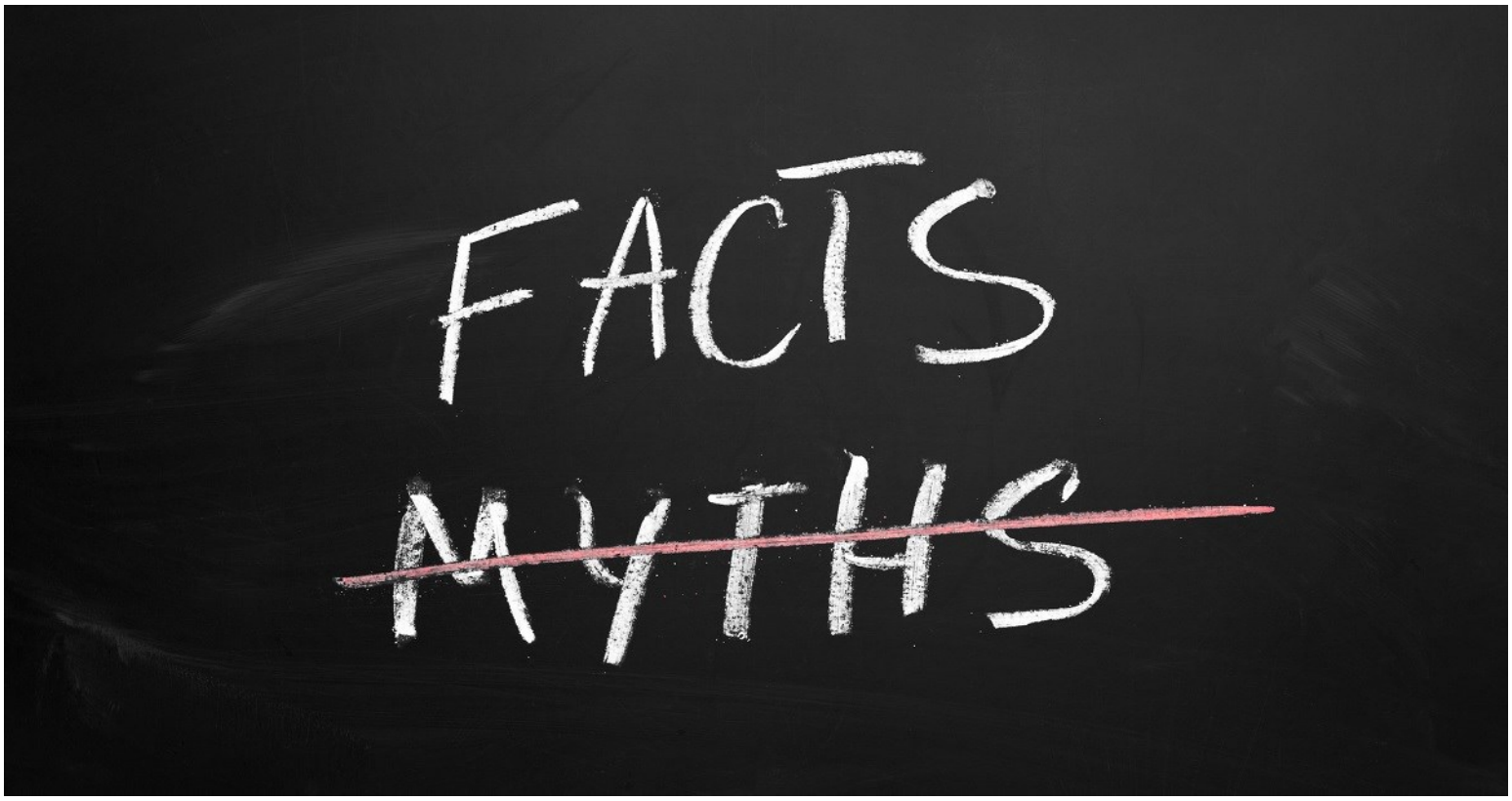
- A recent study showed 45 percent of transgender identifying persons experienced childhood sexual abuse.
- Higher rates of substance abuse have been found in this population by comparison to the general population.

For more information on this topic, see FRC's issue analysis.

Jennifer Bauwens is Director of the Center for Family Studies at Family Research Council.

Transgenderism Has a Science Problem

by Jennifer Bauwens, Ph.D.
March 22, 2022



Laws protecting children from harmful gender transition procedures are supported by basic scientific facts. Yet such laws are routinely opposed by cultural, corporate, and political figures, who claim they are the ones in alignment with science. The White House recently called efforts in Texas to protect children from gender transition an "attack on loving parents who seek medical care" that is "dangerous to the health" of these children. Is this really true?

Sadly, when it comes to this issue, ideology is driving science more than science is driving itself. Statements like that of the White House avoid the facts about gender transition for children and instead employ a communications campaign fraught with hyperbole, misinformation, and inadequate research that is more emblematic of a bait-and-switch tactic rather than the gold standard of scientific inquiry. What are we to think of all this?

In the midst of the confusion, it's appropriate to recall a few basic facts about the scientific method:

1. The scientific method is just one way of learning about the world around us. It is not an infallible approach to knowledge, and there are always errors associated with any study. The

question, then, is not whether error is present, but how loosely do we hold the findings because of the amount of error in the study.

2. Confidence is gained in the study's outcome when error has been reduced. One way error is easily identified is by looking at how the study was designed. This means assessing the methods (*e.g.*, web-survey, experimental study), how the sample was gathered (do the people in the study have the same characteristics as those the researchers are trying to apply the findings to), the financial associations of the researchers, and any vested interests the researchers have in a certain outcome.

3. A particular finding is also strengthened when multiple studies draw the same conclusion. It is normal for a research agenda to start with a wide scope and ask a question such as, "What are the experiences of youth who identify as transgender?" As this information solidifies, the research questions narrow, and the methods typically become more rigorous and directive. For example, the methods and question might move to the commonly known clinical trial phase and ask, "What interventions reduce gender dysphoria?"

4. As a research agenda grows, knowledge on a subject matter strengthens. In this way, a fuller picture might emerge, giving insight into the conditions that create an outcome. In this case, it's clear that the transgender-identifying population has higher rates of childhood trauma, mental health distress, and increased suicidality. When there is clear knowledge about the factors that create a ripe environment for an outcome, it would be remiss to leave those concepts out of research study without a very clear logic for doing so.

With these basic research concepts in mind, there's no escaping a need to be critical of the transgender literature. Transgender studies have been used to make big claims about the effects of medicalized interventions, but these studies lack solid empirical evidence to back up the assertions that these practices are efficacious. It is critical to keep in mind that these procedures are some of the most intrusive physiological practices used to address any psychological condition listed in the *Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition* (DSM-5; and soon 5-TR) and should demand the most rigorous scientific backing rather than the least. Here are four key things we should be aware of regarding the current transgender literature:

1. First, transgender literature is in its infancy stage of a research agenda. The types of research methods and questions asked in the peer-review literature reveal that these studies are only at the exploratory phase. This means that the approaches used to investigate the experiences of the transgender population cannot establish a causal relationship between claims that are made, such as the claim that the use of cross-sex hormones will reduce suicidal thoughts. The research methods, alone, prohibit such a claim from being made.

2. Much of the research scaffolding the idea that "transgender procedures save lives" is based on web/survey data, which captures people's opinions from one moment in time. These data points do not account for suicidal thoughts or mental distress over time or long-term. By design, these studies cannot establish that hormones/surgery are responsible for a reduction in negative mental health outcomes. The methods themselves give us this answer, regardless of how many advocacy, medical, academic, or professional groups say it's true.

3. The transgender literature has recycled some of the same web survey data from participants who were enlisted from the social media platforms Facebook, Instagram, and Snapchat. Although this isn't necessarily a bad method approach for an exploratory study, in the initial phase of a research agenda, it is unconscionable that this level of inquiry would be explicated to a recommendation for removing healthy organs, particularly for children.

4. This body of literature asserts a causal link between *gender affirmative medical care* and mental health outcomes. This conclusion is erroneous because the research methods don't allow for it and the variables known to affect the transgender-identifying population and suicide rates in general have been omitted from the investigations. That is, no study to date can claim that *gender affirmative medical care* clearly reduces:

- Depression
- Suicidal ideation
- Suicide attempts
- Gender dysphoria

Would you have any of your vital organs, such as a kidney, removed because a few studies by *advocates for kidney removals* launched web surveys and found that some people felt less mental distress at the idea of an organ removal or because some people accessed services to remove their healthy kidney?

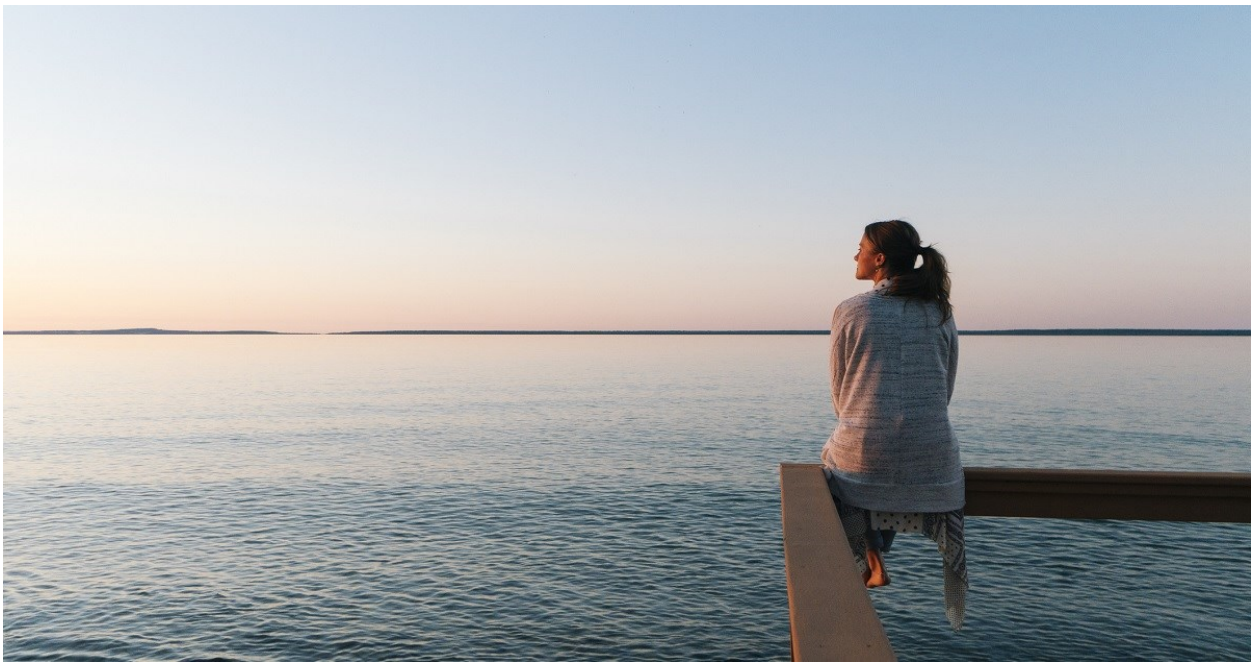
At this point, we must ask: Where are the research methods to establish the conclusion that access to transgender medical interventions bolsters mental health? There are none. But we still hear from our highest political offices that these practices "save lives." Such a claim is both dangerous and patently false, and it is based on a body of data that is immature, to say the least.

***To read more about how the science around transgenderism and other issues is being politicized, see these publications:*

- *Follow the Science: Does Anyone Know Where We Are Going? (Part 1 of 2)*
- *Protecting the Vulnerable: A Call to Uphold Ethical Standards in Treating Gender Confusion*

Bringing Awareness to the Experiences of Detransitioners

by Jennifer Bauwens, Ph.D.
March 10, 2022



As a trauma therapist, I've had the honor of working in a profession that aims to serve children and families during some of the most painful and vulnerable moments of their lives. I considered it a blessing to have a career focused on doing what the Bible directs every believer in Christ to do—that is, to care for the widows and orphans (James 1:27). In our modern vernacular, we might summarize this biblical passage by saying it is our duty to look for ways to advocate and care for those who are without resources and have been ignored by society. This description certainly applies to those who once identified as transgender and have decided to detransition to their biological sex.

These individuals have been repeatedly silenced and ignored, particularly by the medical and psychological professions. Before altering their bodies, many who have struggled with gender dysphoria reported that their peers, as well as their transgender advocacy, medical, and psychological groups, rallied around them and encouraged them to hormonally and surgically change their bodies to appear more like the opposite sex. Over time, many have come to regret their physiological alterations.

Only a few studies have tackled the plight of detransitioners. But one such study found that nearly 40 percent of participants who detransitioned said they felt pressure from health and mental health care professionals to medically transition.

At best, it is bad practice for professionals to pressure patients to receive unscientifically validated practices that carry known risks and permanently change the body. But this social pressure isn't present at the onboarding to medical procedures only. Many report that all the encouragement and affirmation they previously received fades into the background when they decide to detransition. In some cases, hostility emerges from those who once cheered them onward to a course that could permanently alter their lives.

The fact remains that those who have identified as transgender have higher rates of childhood physical, sexual, and emotional abuse than the general population. Sadly, the vast majority of professional groups have not advocated for treatment options that address the issues that are frequently found in tandem with gender dysphoria. For example, in the aforementioned study, 57 percent of detransitioners said their evaluation for gender dysphoria was inadequate. Another 65 percent said that possible contributing factors, such as trauma and other mental health issues, were not considered when assessing their gender distress.

This study's findings also showed that roughly 45 percent of biological females said their mental health did not improve while transitioning, and 41 percent detransitioned because they realized their gender dysphoria was due to something else (*i.e.*, trauma or another mental health diagnosis). It logically follows that 48 percent of these participants experienced a trauma less than a year before experiencing gender dysphoria. No wonder nearly 40 percent of these biological women said that transitioning made their mental health worse—the real issues were never addressed by the gender clinic or therapist.

On Saturday, March 12, advocacy groups and individuals who've suffered the pain of misdiagnosis and the harms of transgender physiological procedures will be gathering around the country to raise awareness about the pain and lack of appropriate treatment options for those who've struggled with their biological sex. We need mental health treatment that is responsible and accountable to the public. Please support those courageously taking a stand and join or host an event in your city.

If you are unable to participate in any events on March 12, encourage your elected representatives to hold these professional organizations and gender clinics accountable for their promotion of harmful practices. Let's call mental health and health practitioners back to their roots of truly helping those without a voice.

***For further reading, please see the following links for more information on ethics and mental health issues related to transgender procedures.*