



INTERNATIONAL FOUNDATION FOR
THERAPEUTIC & COUNSELLING CHOICE

February 25, 2024

Testimony of the IFTCC to West Virginia Legislators:
Gender Medical Interventions Do Not Prevent Suicides in Adolescents

Re: Vote YES on HB 5297 Gender Transition

Dear Members of the West Virginia Legislature,

I am Dr. Laura Haynes, psychologist, U.S.A. Country Representative, and Chair of the Science and Research Council representing the International Foundation for Therapeutic and Counselling Choice that serves professionals in about 34 nations (iftcc.org).

I urge you to protect gender dysphoric minors from gender medical interventions. They do not prevent suicides and do worsen suicidality.

1. The definitive study published February 17, 2024, found that psychiatric treatment, and not gender medical interventions, effectively prevented suicides in gender discordant adolescents. This is the *only* study that meets scientific standards for answering the question on what prevents suicides in gender dysphoric adolescents. Research on suicidality (ideas, plan, intent, attempts) does not answer the question, because suicidality is not suicide. Many more people experience suicidality than commit suicide.

The study looked at all gender discordant adolescents in Finland over 23 years (1996-2019) who received a gender diagnosis¹ at Finland's two centralized university medical center gender clinics. It found that suicides in gender discordant adolescents were rare, but suicides were about 3 times higher in gender discordant adolescents (0.03%) in comparison to adolescents representing the general population (0.01%). There was no difference in the rate of suicides between gender discordant adolescents who received gender medical interventions and those who did not receive gender medical interventions. Gender medical interventions made no difference in suicides. By contrast, psychiatric treatment effectively prevented

Trustees: Dr Mike Davidson (Chairman, UK); Dr Elene Haralambous (GB) Dr Peter May (GB); Professor Carolyn Pela (Vice Chairman, USA); Dr Laura Haynes (USA)

Registered Address: 70 Wimpole Street, London W1G 8AX UK.

Correspondence Address: 102 Kinedale Park, Ballynahinch, BT24 8YS.

Web: | <https://iftcc.org/> | <https://learning.iftcc.org/>

Phone: +44 (0) 7833098998

Mail: | info@iftcc.org | mike.davidson@iftcc.org

suicides. There was no difference in the rate of suicides for gender discordant adolescents who received psychiatric treatment compared to adolescents in the general population. Suicides in gender discordant adolescents were associated with severe psychiatric disorders, and psychiatric treatment prevented suicides.ⁱⁱ

The significance of a registry study is that it studies everyone in a population, not only volunteers who may not represent everyone, and uses government maintained, *complete*, and objective data for every person that is provided by professionals and not only patient self-report or parent self-report.

2. Studies have found internationally that a majority of gender discordant adolescents had psychiatric disorders or suicidality *before* gender discordance or distress that may predispose to gender discordance or distress and cannot be treated by gender drugs and surgeries.

Previous research in Finland found that 75% of adolescents applying to one of Finland's centralized gender clinics had psychiatric disorders, usually severe, that began before thoughts about gender and seldom after.ⁱⁱⁱ High rates of psychiatric conditions or suicidality pre-existing gender incongruence or distress have also been found in the United States,^{iv} Canada,^v and Australia.^{vi}

Finland's health authority says, "In adolescents, psychiatric disorder and developmental difficulties may predispose a young person to the onset of gender dysphoria." "Since reduction of psychiatric symptoms cannot be achieved with hormonal and surgical interventions, it is not a valid justification for gender reassignment."

3. Suicides are associated with unresolved mental disorders. Research has found that, worldwide, 90% of people who committed suicide had mental health disorders. The researchers' recommendation to prevent suicides was to treat mental disorders.^{vii}

5. Registry studies have internationally and unanimously found that medical gender interventions do not improve mental health or may worsen it ^{viii ix x xi} and increase suicidal thoughts and attempts in adolescents.^{xii}

6. A leading researcher from Finland, who was a researcher for 2 of the registry studies, published a warning in the U.S. press, “Gender-Affirming Care is Dangerous. I Know Because I Helped Pioneer it.” She said, “My country and others have found there is no solid evidence supporting the medical transitioning of young people Why aren’t American clinicians paying attention?”^{xiii}

7. The World Health Organization recently said it will not make a guideline recommending medical gender interventions for children or adolescents, because, upon research review, “the evidence base for children and adolescents is limited and variable regarding the longer-term outcomes of gender affirming care for children and adolescents.”^{xiv}

I urge you to vote YES on HB 5927. Registry research for gender dysphoric adolescents has found that gender medical interventions worsened their mental health and suicidality. Gender drugs and surgeries do not prevent their suicides. Psychiatric treatments do.

Sincerely,
Laura Haynes, Ph.D., Executive Board Member, U.S.A. Country Representative, Chair of the Science and Research Council,
International Foundation for Therapeutic and Counselling Choice (iftcc.org)

Endnotes

ⁱ Diagnostic terms have varied over time, but current diagnostic terms are *gender dysphoria* which requires distress about the discordance between gender identity and sex in order to receive this diagnosis (American Psychiatric Association, 2022, *Diagnostic and Statistical Manual, Fifth Edition, Text Revision*) and *gender incongruence*, which does not require distress about discordance in order to receive this diagnosis (World Health Organization, International Classification of Diseases, 11th edition).

ⁱⁱ Finland: Ruuska, S-M., Tuisku, K., Holttinen, T., Kaltiala, R. (2024). All-cause and suicide mortalities among adolescents and young adults who contacted specialised gender identity services in Finland in 1996-2019: A register study. *BMJ Mental Health* open access. <https://pubmed.ncbi.nlm.nih.gov/38367979/>. <https://doi.org/10.1136/bmjment-2023-300940>.

ⁱⁱⁱ Finland: Kaltiala-Heino, R., Sumia, M., Työläjäarvi, M., and Lindberg, N. (2015). Two years of gender identity service for minors: Overrepresentation of natal girls with severe problems in adolescent development. *Child and Adolescent Psychiatry and Mental Health*, 9:4-6. <https://pubmed.ncbi.nlm.nih.gov/25873995/>. <https://doi.org/10.1186/s13034-015-0042-y>

^{iv} U.S.: Becerra-Culqui T.A., Liu Y., Nash R., Cromwell, L., Flanders, W.D., Getahun, D., Giammattei, S.V., Hunkeler, E.M., Lash, T.L., Millman, A., Quinn, V.P., Robinson, B., Roblin, D., Sandberg, D.E., Silverberg, M.J., Tangpricha, V., & Goodman, M. (2018). Mental health of transgender and gender nonconforming youth compared with their peers. *Pediatrics*, 141(5), e20173845. <https://pubmed.ncbi.nlm.nih.gov/29661941/>. <https://doi.org/10.1542/peds.2017-3845>

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- ^v Canada: Bechard, M., VanderLaan, D.P., Wood, H., Wasserman, L., & Zucker, K.J. (2017). Psychosocial and psychological vulnerability in adolescents with gender dysphoria: A “Proof of Principle” study. *Journal of Sex and Marital Therapy*, 43(7), 678–688. <https://pubmed.ncbi.nlm.nih.gov/27598940/>. <https://doi.org/10.1080/0092623X.2016.1232325>.
- ^{vi} Australia: Kozłowska, K., Chudleigh, C., McClure, G., Maguire, A.M., & Ambler, G.R. (2021). Attachment patterns in children and adolescents with gender dysphoria. *Frontiers in Psychology*, 11, Article 582688. <https://pubmed.ncbi.nlm.nih.gov/33510668/>. <https://doi.org/10.3389/fpsyg.2020.582688>
With companion article: Kozłowska, K., McClure, G., Chudleigh, C., Maguire, A., Gessler, D., Scher, S., & Ambler, G. (2021). Australian children and adolescents with gender dysphoria: Clinical presentations and challenges experienced by a multidisciplinary team and gender service. *Human Systems: Therapy, Culture and Attachments*, 1(1), 70-95. <https://doi.org/10.1177/26344041211010777>
- ^{vii} 90%: Cavanagh, J., Carson, A., Sharpe, M., & Lawrie, S. (2003). Psychological autopsy studies of suicide: A systematic review. *Psychological Medicine*, 33, 395-405. Cambridge University Press. <https://pubmed.ncbi.nlm.nih.gov/12701661/>. <https://doi.org/10.1017/S0033291702006943>.
- ^{viii} Summary of registry studies through 2023: Haynes, L. (31 January 2024, slightly edited 15 February 2024). Submission of the IFTCC to the World Health Organisation: A Guideline for Adult Hormone Treatment Would Be Scientifically Unfounded and Premature. <https://iftcc.org/submission-of-the-iftcc-to-the-world-health-organisation/>.
- ^{ix} Denmark: Glintborg, D., Møller, J.J.K., Rubin, K.H., Lidegaard, O., T’Sjoen, G., Larsen, M.L.J.O., Hilden, M., & Andersen, M.S. (2023). Gender-affirming treatment and mental health diagnoses in Danish transgender persons: A nationwide register-based cohort study. *European Journal of Endocrinology*, 189, 336-345. <https://pubmed.ncbi.nlm.nih.gov/35900321/>. <https://doi.org/10.1093/ejendo/lvad119>.
- ^x Sweden: Dhejne, C., Lichtenstein, P., Boman, M., Johansson, A., Långström, N., Landén, M. (2011) Long-term follow-up of transsexual persons undergoing sex reassignment surgery: Cohort study in Sweden. *PLoS ONE* 6(2), e16885. <https://pubmed.ncbi.nlm.nih.gov/21364939/>. <https://doi.org/10.1371/journal.pone.0016885>.
- ^{xi} Finland: Kaltiala, R., Holttinen, T., & Tuisku, K. (2023). Have the psychiatric needs of people seeking gender reassignment changed as their numbers increase? A register study in Finland. *European Psychiatry*, 66(1), e93, 1-8. <https://pubmed.ncbi.nlm.nih.gov/37929300/>. <https://doi.org/10.1192/j.eurpsy.2023.2471>
- ^{xii} U.S. Military population: Hisle-Gorman, E., Schvey, N.A., Adirim, T.A., Rayne, A.K., Susi, A., Roberts, T.A., & Klein, D.A. (2021). Mental healthcare utilization of transgender youth before and after affirming treatment. *Journal of Sexual Medicine*, 18, 1444–1454. <https://pubmed.ncbi.nlm.nih.gov/34247956/>. <https://doi.org/10.1016/j.jsxm.2021.05.014>.
- ^{xiii} Pioneer: Kaltiala, R. (30 October, 2023). Gender affirming care is dangerous. I know because I helped pioneer it. My country, and others, found there is no solid evidence supporting the medical transitioning of young people Why aren’t American clinicians paying attention? Free Press. <https://www.thefp.com/p/gender-affirming-care-dangerous-finland-doctor>
- ^{xiv} World Health Organization (WHO) (15 January 2024). Frequently Asked Questions (FAQ); WHO development of a guideline on the health of trans and gender diverse people. https://cdn.who.int/media/docs/default-source/hq-hiv-hepatitis-and-stis-library/tgd_faq_16012024.pdf?sfvrsn=79eaf57f_1