

TRANSGENDER IDENTITY Is Not Inborn, Changes, and May Have (Treatable) Psychological Causes



St. Luke Society—Catholic Medical Association—Diocese of Orange Chapter
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Dr. Haynes reviews research, writes, and speaks internationally on sexuality and gender as they relate to therapy and law. She has testified before legislative hearing committees in several states in the U.S., trained therapists from 27 nations, provided expert opinion for courts, and presented to U. N. diplomats and high level government officials. She serves on the General Board of the International Federation for Therapeutic and Counselling Choice and is its U.S.A. Representative. She also serves on task forces on sexuality and gender for several professional organizations. She retired from clinical psychology practice in 2018 after more than 40 years experience. Her education includes 3 masters degrees and a Ph.D.

TRANSGENDER

A Few Terms

GENDER: a person's subjectively perceived sex.

TRANSGENDER: (1) a perception that one's sex is the opposite of one's body sex, or (2) an umbrella term for any subjectively perceived sex that does not match one's body sex.

GENDER INCONGRUENT IDENTITY: umbrella term.

GENDER DYSPHORIA: subjective feeling of distress because one's body sex does not match one's perceived sex.

TRANSGENDER

ACTIVISTS' CLAIMS—TRUE OR FALSE?

Transgender identity is inborn and normal?

Gender affirming medical treatment heals mental health disorders?

Gender affirming medical treatment is safe and prevents suicides?

Psychotherapy to help people feel comfortable with their sex is harmful and ineffective?

TRANSGENDER

***Is transgender
identity inborn ?***

TRANSGENDER

**AT LEAST 14 PROFESSIONAL ORGANIZATIONS AGREE:
TRANSGENDER IDENTITY HAS SOCIAL ENVIRONMENT CAUSES.
It's not just biologically caused by genes, hormones, or brain structures.**

Quotes:

Endocrine Society “Guideline” with 6 co-sponsoring organizations:

“Results of studies from a variety of biomedical disciplines—genetic, endocrine, and neuroanatomic—support the concept that gender identity and/or gender expression likely reflect a complex interplay of biological, environmental, and cultural factors.”

Endocrine Society Guideline (2017), pp. 6-7.

Global DSD Update Consortium:

Lee, P.A., et al. (2016). Consensus Statement: Global disorders of sex development update since 2006: <https://doi.org/10.1159/000442975>

The American Psychological Association’s *Handbook of Sexuality and Psychology* says transgender identity is not simply biologically determined, has psychological causes, and may be pathological. Affirmative treatment may neglect individual problems gender dysphoric minors are experiencing.

APA Handbook of Sexuality and Psychology (2014), 1: 743-744, 750.

American Psychiatric Association’s DSM-5: “[I]n contrast to certain social constructionist theories, biological factors are seen as contributing, in interaction with social and psychological factors, to gender development.” (DSM-5, p. 451) “Overall, current evidence is insufficient to label gender dysphoria without a disorder of sex development as a form of intersexuality limited to the central nervous system.” (DSM-5, p. 457).

American Association of Pediatricians: Gender identity “results from a multifaceted interaction of biological traits, developmental influences, and environmental conditions.”

Rafferty J, AAP Committee on Psychosocial Aspects of Child and Family Health, AAP Committee on Adolescence, AAP Section on Lesbian, Gay, Bisexual, and Transgender Health and Wellness (2018), Ensuring Comprehensive Care and Support for Transgender and Gender Diverse Children and Adolescents. *Pediatrics* 142(4): pp. 2, see also p. 4, e20182162

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Not Caused by Having the Brain of the Opposite Sex:

Global DSD Consensus Update Statement (2016)

- **No consistent evidence that brain structures are different for gender *incongruent* people and gender *congruent* people.**
- **Masculine or feminine aspects of the brain largely develop gradually (after birth),**
- **In interaction with psychological, social, and cultural experiences in the environment.**
- **European Society for Paediatric Endocrinology, Paediatric Endocrine Society, Asian Pacific Paediatric Endocrine Society, Japanese Society of Paediatric Endocrinology, Sociedad Latino-Americana de Endocrinologia Paediatrica, Chinese Society of Paediatric Endocrinology and Metabolism. (Lee et al., 2016).**

TRANSGENDER

Not Caused by Having the Brain of the Opposite Sex:

American Psychiatric Association, DSM-5:

“[I]n contrast to certain social constructionist theories, biological factors are seen as contributing, in interaction with social and psychological factors, to gender development.” (DSM-5, p. 451) “Overall, current evidence is insufficient to label gender dysphoria without a disorder of sex development as a form of intersexuality limited to the central nervous system.” (DSM-5, p. 457).

TRANSGENDER

**BIOLOGICAL FACTORS INFLUENCE
BUT
DO NOT DETERMINE**

**Identical Twins:
28% concordance for
living as the opposite sex or intending to do so.**

(Diamond, M. (2013). Transsexuality among twins: Identity concordance, transition, rearing, and orientation, International Journal of Transgenderism, 14:1, 24-38,(Print) 1434-4599, <http://dx.doi.org/10.1080/15532739.2013.750222>, (Online) Journal homepage: <https://www.tandfonline.com/doi/abs/10.1080/15532739.2013.750222> Abstract erroneously says 20%; correct figure of 28% is in Table 5.)

TRANSGENDER

***Transgender identity
is not inborn.***

Is it normal?

Sexual Orientation: Psychological Causes

LGBTQ Identity and Gender Nonconformity Are Associated With Adverse Childhood Experiences in Adolescents

Example: Baams (2018) studied nearly 82,000 high school students in Minnesota.

LGBTQ adolescents averaged 1.56 ACEs (highest in bisexuals, close second in transgenders):

- **Psychological (emotional) abuse: swears at you, insults you, or puts you down**
- **Parent or guardian in prison. (also longitudinal study: Fergusson, D., Horwood, L., Beautrais, A., 1999)**
- **Physical abuse: hit, beat, kicked in any way**
- ***Living with a problem drinker***
- **Sexual abuse by non-family**
- ***Witnessing domestic abuse: parents or other adults in the home slapped, hit, kicked or punched each other***
- ***Living with a drug abuser***
- **Sexual abuse by a family member**

Polyvictimization was the most common pattern.

Effects were nearly moderate to nearly large.

Baams L. (2018). Disparities for LGBTQ and gender nonconforming adolescents. *Pediatrics*, 141(5): e20173004. Table 5.
<http://pediatrics.aappublications.org/content/early/2018/04/12/peds>.

Parent in prison: Fergusson, D., Horwood, L., Beautrais, A., 1999, Is sexual orientation related to mental health problems and suicidality in young people? *Archives of General Psychiatry*, 56:, p. 878)

TRANSGENDER

THESE PROFESSIONAL ORGANIZATIONS SAY GENDER DISTRESS MAY BE CAUSED BY OTHER PSYCHIATRIC DISORDERS

The World Professional Association for Transgender Health (WPATH) :

The “Standards of Care” says **“gender dysphoria” may be “secondary to and better accounted for by other diagnoses.”**

British Psychological Society (BPS):

The “Guideline” says, “In some cases the reported **desire to change sex may be symptomatic of a psychiatric condition** for example psychosis, schizophrenia or a transient obsession such as may occur with Asperger’s syndrome....” (p. 26)

American Psychiatric Association

“The American Psychiatric Association Task Force on the Treatment of Gender Identity Disorder” noted **gender dysphoric adolescents should be “screened for trauma as well as for any disorder (such as schizophrenia, mania, psychotic depression) that may produce gender confusion.”** (Byne et al., 2012)

(WPATH: Coleman et al., (2012). <https://doi.org/10.1080/15532739.2011.700873> ;

BPS, 2012, [https://www.bps.org.uk/sites/beta.bps.org.uk/files/Policy%20-%20Files/Guidelines%20and%20Literature%20Review%20for%20Psychologists%20Working%20Therapeutically%20with%20Sexual%20and%20Gender%20Minority%20Clients%20\(2012\).pdf](https://www.bps.org.uk/sites/beta.bps.org.uk/files/Policy%20-%20Files/Guidelines%20and%20Literature%20Review%20for%20Psychologists%20Working%20Therapeutically%20with%20Sexual%20and%20Gender%20Minority%20Clients%20(2012).pdf)) ;

Amer. Psychiatric Assoc.: Byne, W., et al.. (2012). <https://link.springer.com/article/10.1007%2F510508-012-9975-x>)

TRANSGENDER

Gender Incongruence is Associated With High Rates of Psychiatric Disorders

in the U.S., 6 European countries, Canada, Australia, and Iran

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 & Marital Therapy*, 43:7, 678-688, DOI: 10.1080/0092623X.2016.1232325

Heylens, G., Elaut, E., Kreukels, B., Paap, M., Cerwenka, S., Richter-Appelt, H., Cohen-Kettenis, P., Haraldsen, I., & Cuypere, G. (2014), Psychiatric characteristics in transsexual individuals: Multicentre study in four European countries, *The British Journal of Psychiatry*, 204, 151-156. Doi: 10.1192/bjp.bp.112.121954

Salmi, P. (Feb. 2020). Utvecklingen av diagnosen könsdysfori: Förekomst, samtidiga psykiatriska diagnoser och dödlighet i suicid, National Board of Health and Welfare, Sweden, <http://www.socialstyrelsen.se/>

Meybodi, A.M., Hajebi, A., & Jolfaei, A.G. (2014a). Psychiatric Axis I comorbidities among patients with gender dysphoria, *Hindawi Publishing Corporation Psychiatry Journal*, 14, Article ID 971814 (5 pp). https://www.researchgate.net/publication/265254861_Psychiatric_Axis_I_Comorbidities_among_Patients_with_Gender_Dysphoria

Taken together with:

Meybodi, A.M., Hajebi, A., & Jolfaei, A.G. (2014b). The frequency of personality disorders in patients with gender identity disorder. *Medical Journal of the Islamic Republic of Iran*, 28.90, 6 pp. <https://www.academia.edu/39292966/>

TRANSGENDER

RESEARCH EVIDENCE SHOWS

GENDER DISTRESS MAY BE CAUSED BY OTHER PSYCHIATRIC DISORDERS

Research on the medical records of all 8.8 million members of the Kaiser-Permanente HMO at its sites in northern California, southern California, and Georgia over 8 years supports that **other psychiatric diagnoses may cause gender incongruence.**

(Becerra-Culqui TA, et al., 2018, <https://pubmed.ncbi.nlm.nih.gov/30476120-letter-to-the-editor-endocrine-treatment-of-gender-dysphoricgender-incongruent-persons-an-endocrine-society-clinical-practice-guideline/>)

TRANSGENDER

PSYCHIATRIC CONDITIONS IN KAISER STUDY:

Anxiety disorder

Attention deficit disorders

Autism spectrum disorders

Bipolar disorders

Conduct and/or disruptive disorders

Depressive disorders

Eating disorders

Psychoses

Personality disorders

Schizophrenia spectrum

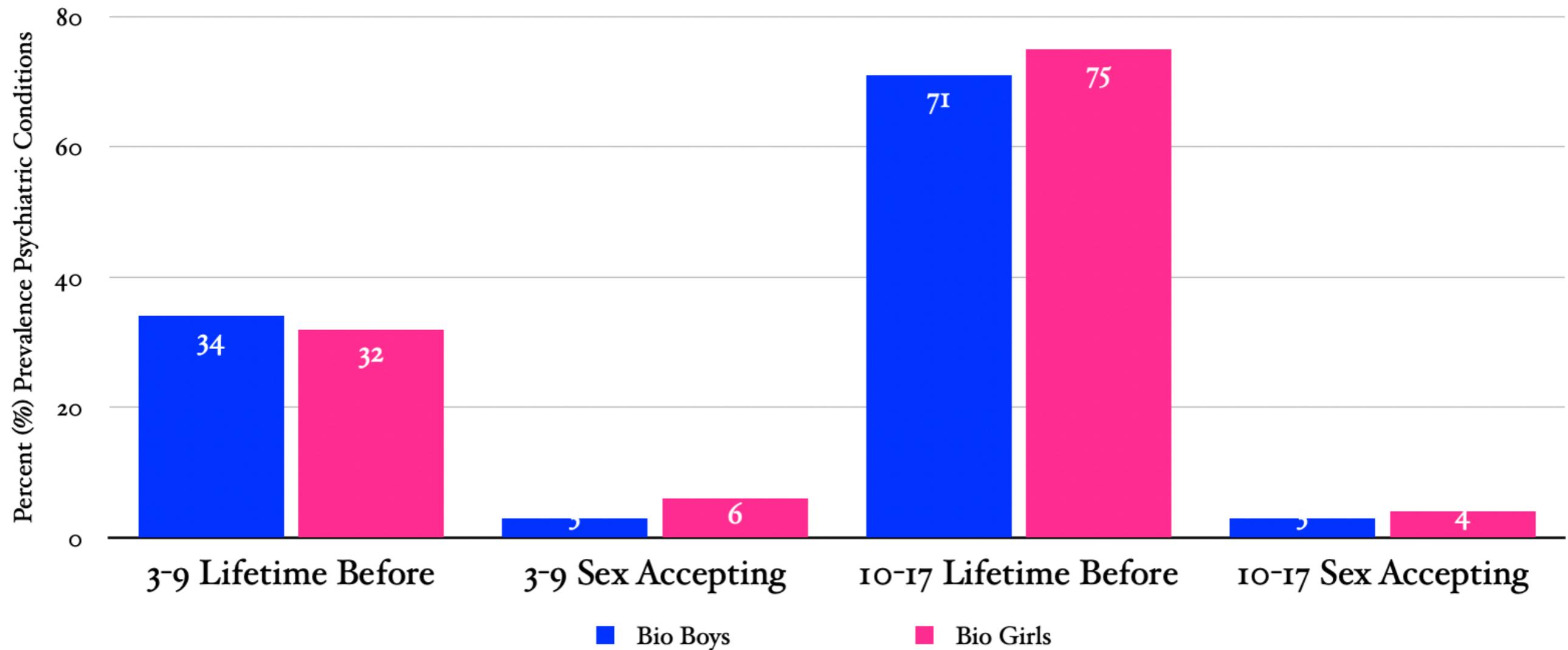
Self-inflicted injuries

Substance use disorders

Suicidal ideation

(Becerra-Culqui, et al. (2018), Table 3.)

Prevalence of Psychiatric Conditions Before Gender Non Conformity Ages 3-9 and 10-17 vs. Sex Accepting Peers



Becerra-Culqui T.A. et al. (2018). Mental health of transgender and gender nonconforming youth compared with their peers. *Pediatrics*, 141(5):e20173845. <https://doi.org/10.1542/peds.2017-3845>

TRANSGENDER

(Kaiser-Permanente Research—continued)

SUICIDALITY BEFORE GENDER DISCORDANCE:

ages 10 to 17 during the 6 months before first medical record evidence of gender discordance:

- **Depression was up to 23 to 24 times higher.**
- **Suicidal ideation was up to 25 to 54 times higher.**
- **Self-inflicted injuries were up to 70 to 144 times higher.**

(Becerra-Culqui et al., 2018, Table 3.)

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Finland: Psychiatric Disorders *Preceded* Gender Dysphoria

“Severe psychopathology preceding onset of gender dysphoria was common.” (Abstract)

75% of all adolescent applicants for “sex reassignment” services from 2011-2013 had been or were currently undergoing **child and adolescent psychiatric treatment for reasons other than gender dysphoria. (p. 5)**

(Kaltiala-Heino et al. (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*, 9:9, <https://doi.org/10.1186/s13034-015-0042-y>)

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Finland: SOCIAL INFLUENCE:

BULLYING with Mental Disorders Came *Before* Gender Incongruence for Adolescents Applying for “Sex Reassignment” Services (2015):

- **57%** had been significantly bullied at school.
 - **92%** of these were bullied before gender incongruence.
 - **73%** were bullied for reasons **unrelated** to gender presentation or gender identity.
- **49 %** had been *persistently* bullied *before* gender incongruence.
 - This bullying was associated with **peer isolation, anxiety, depression, self-harm, and suicidal preoccupation, if not attempts.**
 - These adolescents had **“very high expectations”** that gender medical procedures **“would solve their problems in social, academic, occupational and mental health domains.”** (pp. 4-6).

(Kaltiala-Heino et al. (2015), <https://doi.org/10.1186/s13034-015-0042-y>)

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***Transgender identity is not
biologically determined or
invariably normal.***

***Can transgender identity
change?***

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**Children
usually outgrow
gender dysphoria
after puberty,
if allowed to.**

**9 Organizations say
up to 98%**

TRANSGENDER

CHILDREN USUALLY OUTGROW GENDER DYSPHORIA AFTER PUBERTY IF ALLOWED TO 9 ORGANIZATIONS SAY—75% TO 98%

References

70% to 98% of boys and **50% to 88% of girls**—

American Psychiatric Association, *Diagnostic and Statistical Manual, Fifth Edition*, 2013, p. 455 (Desistance rates calculated from persistence rates)

75% of boys and girls at the very least—

American Psychological Association, *APA Handbook of Sexuality and Psychology*, 2014, 1:744 (Desistance rates calculated from persistence rate)

About **85%**—

Endocrine Society plus 6 co-sponsoring organizations including the World Professional Association for Transgender Health (WPATH), “An Endocrine Society Clinical Practice Guideline” (2017, p. 10; full ref at end).

85-90%—

Cohen-Kettenis PT, Delemarre-van de Waal HA, Gooren LJ. *The treatment of adolescent transsexuals: changing insights*. J Sexual Med 2008; 5:1895

88%

Singh D., Bradley S.J., and Zucker K.J. (2021) A Follow-Up Study of Boys With Gender Identity Disorder. *Frontiers in Psychiatry*, 12, 632784. <https://www.frontiersin.org/articles/10.3389/fpsy.2021.632784/full>

An effort to erase the research behind this reality has been well critiqued. Zucker, K. (2018), The myth of persistence: Response to “A critical commentary on follow-up studies and ‘desistance’ theories about transgender and gender non-conforming children” by Temple Newhook et al. (2018), *International Journal of Transgenderism*, pp. 1-14.

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Gender dysphoria can change throughout the lifespan through life experience.

The British Psychological Society Guideline says,

“Gender dysphoria can fluctuate over years, not infrequently increasing or decreasing in mid-life and it is not unusual for people to present for therapeutic discussion and support later in life....” (p. 25)

(British Psychological Society (2012). Guidelines and literature review for psychologists working therapeutically with sexual and gender minority clients. [https://www.bps.org.uk/sites/beta.bps.org.uk/files/Policy%20-%20Files/Guidelines%20and%20Literature%20Review%20for%20Psychologists%20Working%20Therapeutically%20with%20Sexual%20and%20Gender%20Minority%20Clients%20\(2012\).pdf](https://www.bps.org.uk/sites/beta.bps.org.uk/files/Policy%20-%20Files/Guidelines%20and%20Literature%20Review%20for%20Psychologists%20Working%20Therapeutically%20with%20Sexual%20and%20Gender%20Minority%20Clients%20(2012).pdf))

TRANSGENDER

***Transgender identity
may be the result of trauma
or psychopathology and
may change.***

Is gender affirmation safe?

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APA Handbook of Sexuality and Psychology:
CAUTIONS AGAINST AFFIRMING
PREPUBESCENT CHILDREN AS THE
OPPOSITE SEX.

AFFIRMATION MAY
PREVENT NATURAL RESOLUTION
OF THEIR GENDER DYSPHORIA
AND MAY
NEGLECT INDIVIDUAL PROBLEMS
A CHILD IS EXPERIENCING.

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APA Handbook of Sexuality and Psychology:

“Premature labeling of gender identity should be avoided. Early social transition (i.e., change of sex role, such as registering a birth-assigned boy in school as a girl) should be approached with caution to avoid foreclosing this stage of (trans)gender identity development...the stress associated with possible reversal of this decision has been shown to be substantial” (Bockting, 1:744).

The full acceptance approach “runs the risk of neglecting individual problems the child might be experiencing and may involve an early gender role transition that might be challenging to reverse if cross-gender feelings do not persist” (1:750).

The Endocrine Society “Guideline” plus 6 co-sponsoring organizations express this same caution:

“If children have completely socially transitioned, they may have great difficulty in returning to the original gender role upon entering puberty...**social transition** (in addition to GD/gender incongruence) **has been found to contribute to the likelihood of persistence.**” (Endocrine Society with 6 co-sponsoring organizations including WPATH: Hembree, 2017, “Clinical Practice Guideline,” p. 11)

TRANSGENDER

AFFIRMING DISCORDANT GENDER IDENTITY LEADS TO PERSISTENCE AND MEDICAL HARMS.

Treatment that affirms gender-confused children is a path that often leads to a protocol of experimental puberty-blockers, risky high dose, toxic, wrong-sex hormones, permanent infertility, potential loss of sexual function and pleasure, medical dependency for life, healthy breasts removal, potentially surgical destruction of reproductive organs, leading long term to a 2-2.5 times higher rate of deaths from heart attacks, strokes, and cancers, a persisting nearly 3 times higher rate of psychiatric hospitalizations, and a 19 times higher rate of *completed* suicides—even in an affirming society (Sweden).

LONG TERM, IT IS NOT SAFE and NOT SUICIDE PREVENTION.

Are children able to consent to this at age 5, 11, 13, 14, or 16? NO, they are not.

A U.S. gov. research review said these harm statistics are from the best available research.

(Bell et al. v. Gender Identity Development Service at the Tavistock and Portman NHS Foundation Trust (Decision 1 Dec. 2020). Neutral Citation Number: [2020] EWHC 3274. Case No: CP/60/2020. <https://www.judiciary.uk/wp-content/uploads/2020/12/Bell-v-Tavistock-Judgment.pdf> et al. v. Gender Identity Development Service at the Tavistock and Portman NHS Foundation Trust (Decision 1 Dec. 2020). Neutral Citation Number: [2020] EWHC 3274. Case No: CP/60/2020. <https://www.judiciary.uk/wp-content/uploads/2020/12/Bell-v-Tavistock-Judgment.pdf> Sprigg, P. (2018), Is Gender Reassignment Surgery “Medically Necessary?” <https://downloads.frc.org/EF/EF17L29.pdf>. Dhejne C, Lichtenstein P, Boman M, J. et al. (2011) Long-term follow-up of transsexual persons undergoing sex reassignment surgery: Cohort study in Sweden. PLoS ONE 6(2): e16885. doi:10.1371/journal.pone.0016885)

TRANSGENDER

Nationally Representative Studies:

Medical Affirmation Does Not Heal Psychiatric Disorders

Sweden: Cross sex hormones and surgeries do not decrease medical services for depression or anxiety or hospitalizations following suicide attempts.

The Netherlands: 45 Years of cultural affirmation and gender affirming treatments have made little to no change in the higher suicide rates.

People committed suicide at every stage of gender affirmation treatment.

(Sweden: Branstrom, R. & Pachankis, J.E. (2020). Reduction in mental health treatment utilization among transgender individuals after gender-affirming surgeries: a total population study. With correction statement at end. American Journal of Psychiatry 177(8):727-734. <https://ajp.psychiatryonline.org/doi/pdf/10.1176/appi.ajp.2019.19010080>

Editor's comment on the correction:

Kalin NH: Reassessing mental health treatment utilization reduction in transgender individuals after gender-affirming surgeries: a comment by the editor on the process (letter). Am J Psychiatry 2020; 177:765 ; <https://ajp.psychiatryonline.org/doi/10.1176/appi.ajp.2020.1778correction>

The Netherlands: Heylens, G., Baudewijntje, E.E., Kreukels, P.C., Paap, M.C.S., Cerwenka, S., Richter-Appelt, H., Cohen-Kettenis, P.T., Haraldsen, I.R., & De Cuypere, G. (2014). Psychiatric characteristics in transsexual individuals: Multicentre study in four European countries. British Journal of Psychiatry, 204, 151-156. <https://doi.org/10.1192/bjp.bp.112.121954>)

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Transgender affirmative therapy generally denies, does not evaluate for, and may neglect underlying pathological causes of transgender feelings or behaviors. Neglecting to treat can lead to ongoing mental health problems, adverse life experiences, and suicide.

Worldwide, 90% of people who completed suicide had mental health disorders. Researchers' #1 recommendation to prevent suicides is to treat mental health disorders.

WHO is causing mental health disparities, again?

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://www.cambridge.org/core/journals/psychological-medicine/article/psychological-autopsy-studies-of-suicide-a-systematic-review/49EEDFiD29B26C270A2788275995FDEE>)

TRANSGENDER

A Cultural Affirmation Is Exploding the Prevalence of Transgender Identity

2013 DSM: 0.002% to 0.014% of adults

2017: 27% of California adolescents gender nonbinary

(UCLA Center for Health Policy Research, 2017; referenced in Clay, 2018, Embracing a gender-affirmative model for transgender youth, *Monitor on Psychology*, pp. 29-34.)

Kaiser Permanente HMO:

2015-2018: 504% increase adolescents in northern California

2015-2018: 880% increase adolescents in Georgia

(Handler et al., 2019, <https://doi.org/10.1542/peds.2019-1368>)

(Roblin, et al., 2016, <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4772142/pdf/nihms-757451.pdf>)

2009/10-2018/19: 1,460% boys and 5,337% girls increase at the Tavistock Clinic

(Transgender Trend, 2019, <https://www.transgendertrend.com/surge-referral-rates-girls-tavistock-continues-rise/>)

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Countries With Extensive Medical Affirmation Experience Are Increasingly Restricting GAT for Minors

United Kingdom

(Keira Bell High Court: <https://www.transgendertrend.com/keira-bell-high-court-historic-judgment-protect-vulnerable-children/> ; Court decision: <https://www.judiciary.uk/wp-content/uploads/2020/12/Bell-v-Tavistock-Judgment.pdf>)

Sweden

(Karolinska: Unofficial English translation: https://segm.org/sites/default/files/Karolinska%20_Policy_Statement_English.pdf)

The Netherlands

(de Vries et al., 2012, <https://www.sciencedirect.com/science/article/abs/pii/S1743609515336171>)

Finland

(COHERE, 2020, https://palveluvalikoima.fi/documents/1237350/22895008/Summary_minors_en.pdf/aaf9a6e7-b970-9de9-165c-abadfae46f2e/Summary_minors_en.pdf)

TRANSGENDER

A GROWING NUMBER OF ADDITIONAL MEDICAL PROFESSIONAL ORGANIZATIONS OPPOSE CONTROVERSIAL HORMONES AND SURGERIES THAT STERILIZE GENDER CONFUSED CHILDREN

- **Royal College of General Practitioners**
- **Swedish Pediatric Society**
- **Royal Australian College of Physicians**
- **National Association of Practicing Psychiatrists (Australia)**
- **Society for Evidence Based Gender Medicine (International)**
- **Pediatric and Adolescent Gender Dysphoria Working Group (international)**

The Royal College of Psychiatrists has refused to sign a position statement that would oppose psychotherapy or psychiatric treatment to resolve gender dysphoria.

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**All children should be affirmed.
Rejecting their sex should not.
Affirming transgender feelings
and behaviors *harms* children.**

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Catholic Pastoral and Canonical Responses to **Transgenderism**

Prepared by the Ethicists of the

National Catholic Bioethics Center February 2017

“Denying one’s innate sexual identity and engaging in actions that are directly intended to mutilate bodily and functional integrity constitute intrinsic evils.”

(https://static1.squarespace.com/static/5e3ada1a6a2e8d6a131d1dcd/t/5ed9467a5411cb26aab7a06e/1591297659017/2017FAQ_TransgenderResponses_FINAL.pdf)

TRANSGENDER

Q: Are traditional religious beliefs (religious stigma) causing the mental health problems of people who identify as transgender?

A: No. Psychiatric disorders PRECEDE transgender identity and potential stigma.

A: No. Transgender identified individuals who live according to their traditional faith are no less happy than those of liberal faiths or no faith.

Research review at: L. Haynes (Sept. 16, 2019), [ThePublicDiscourse.com](https://www.thepublicdiscourse.com)

Barringer & Gay Barringer, M. & Gay, D. (2017). Happily religious: The surprising sources of happiness among lesbian, gay, bisexual, and transgender adults. *Sociological Inquiry*, 87, 75-96. <https://doi.org/10.1111/soin.12154>

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TREATMENT RECOMMENDATIONS for gender dysphoria:

- **Avoid socially transitioning children.**
- **Support them through puberty.**
- **Allow time for natural resolution by adulthood.**
- **Provide thorough assessment and psychotherapy to treat trauma from bullying or sexual abuse, family experiences, or psychiatric diagnoses that may underlie the gender dysphoria.**

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Medical gender affirming treatment harms. Research on psychotherapy to help gender dysphoric people become comfortable with their sex is in its infancy. At this time, case studies provide the best available guidance and evidence that some people do become able to accept their body through therapy.

(American College of Pediatricians (2021). Psychotherapeutic and behavioral approaches to treating gender dysphoria (including gender identity disorder & transsexualism) in adults and adolescents. <https://acpeds.org/assets/Psych-studies-gender-identity-final-17-June-2021.pdf>)

TRANSGENDER

**Cross sex behaviour can have
psychosocial causes as early as age 2
that rapidly resolve in children
when therapy addresses family
relationships.**

(Kosky RJ. (1987). Gender-disordered children: does inpatient treatment help? *Medical Journal of Australia*, 146, 565-569. <https://pubmed.ncbi.nlm.nih.gov/3614045/>)

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These medical and mental health organizations support a client's right to psychotherapy that is open to a client's goal of change in gender-sex discordant identity or expression.

International Federation for Therapeutic and Counseling Choice (iftcc.org)

International Federation of Catholic Medical Associations (has 62 member organizations)

Alliance for Therapeutic Choice and Scientific Integrity

American Association of Physicians and Surgeons

American College of Pediatricians

American Association of Christian Counselors

Association of Christians in Health and Human Services

Catholic Medical Association (USA)

Christian Medical and Dental Association

Society of Catholic Social Scientists

Democrat Introduces Bill To Ban Minors From Getting Transgender-Reassignment Surgery, Treatments

South Carolina

By **Ryan Saavedra** • Mar 18, 2021 DailyWire.com •



<https://www.dailywire.com/news/democrat-introduces-bill-to-ban-minors-from-getting-transgender-reassignment-surgery-treatments>



TRANSGENDER

CONCLUSION:

Gender identity and gender non-conforming behavior develop from biological, social, and psychological influences that may be pathological, and they change through life experience or therapy—

like other complex traits therapists help people diminish or change every day.

See also: American College of Pediatricians: acpeds.com .
Transgender information for parents, professionals, and activists.




**Family
Policy** ALLIANCE

familypolicyalliance.com


**The
Heritage** Foundation

heritage.org

 **The Kelsey Coalition**

kelseycoalition.org

 **Parents of ROGD Kids**

parentsofrogdkids.com

 **WOLF**
WOMEN'S LIBERATION FRONT

womensliberationfront.org

www.GenderResourceGuide.com

RESPONDING TO THE TRANSGENDER ISSUE

PARENT RESOURCE GUIDE

<https://genderresourceguide.com>

RESOURCES

FIND A THERAPIST

Specialists in Change Allowing Therapy for Sexual Orientation, Possibly for Gender Identity

ReintegrativeTherapy.com

TherapeuticChoice.org

RestoredHopeNetwork.org

EquippedToLove.com

Screened for Orthodox Catholic or Christian Beliefs on Sexual Orientation and Gender Identity. Call and ask if they have expertise in change-allowing therapy for same-sex attraction or incongruent gender identity. They may not post this service publicly on their website, because they can be targeted.

CatholicTherapists.com

Focus on the Family—large national therapist network:
focusonthefamily.com/get-help/counseling-services-and-referrals/

CatholicPsychotherapy.org/directory

RESOURCES

Resources by the author of these slides: Laura Haynes, Ph.D.

- ❖ *****Expert Opinion for the Constitutional Court of Bulgaria** submitted by the International Federation for Therapeutic and Counselling Choice. <https://d3uxejw946d7m5.cloudfront.net/wp-content/uploads/2021/07/IFTCC-Brief-for-Cassian-Constitutional-Courts-in-Bulgaria-on-Gender-2021-6-19-FINAL-Full-edits-English-Post-2021-7-2-.pdf?x2894>
- ❖ ***Dear Legislator/Fact Sheet:** therapyequality.org/harmsoftherapybans. Endnotes have lots of research info. Periodically updated for new research or court decisions.
- ❖ **Discovering Treatable Causes of Same-Sex Attraction and Childhood Gender Dysphoria:** <https://www.cathmed.org/pulse/2020-spring/uncovering-treatable-causes-of-same-sex-attraction-and-childhood-gender-dysphoria/>
- ❖ **International Federation for Therapeutic and Counselling Choice.** IFTCC.org. Various videos and documents.
- ❖ **The American Psychological Association Says Born-That-Way-and-Can't-Change Is Not True of Sexual Orientation and Gender Identity:** https://docs.wixstatic.com/ugd/ec16e9_396244b80efc4a6f9c27b4653a974132.pdf
- ❖ **Are Religious Californians Really Harming the Mental Health of People Who Identify as LGBTQ?** <https://www.thepublicdiscourse.com/2019/09/56790/>

RESOURCES

MORE INFORMATION:

***Article: Laidlaw, M., Cretella, M. & Donovan, K. (2019) The right to best care for children does not include the right to medical transition, *The American Journal of Bioethics*, 19:2, 75-77. <https://pubmed.ncbi.nlm.nih.gov/31543020/>**

***[CMDA.org](https://cmda.org) Christian Medical and Dental Association blogs, especially by Andre Van Mol, MD. Andre Van Mol, MD, (Dec. 2017), “My Child is Transgender. Make Her a Son.” Guidance for the Doctor, CMDA ‘The Point’ Blog, <https://cmda.org/my-child-is-transgender-make-her-a-son-guidance-for-the-doctor/>**

[ACPeds.org](https://acpeds.org) American College of Pediatricians has excellent information about gender identity and against castrating/sterilizing children. Michelle Cretella, MD is the executive director.

[CourageRC.org](https://courage.rc.org) Courage International

[FamilyWatch.org](https://familywatch.org) Family Watch International works at the UN and around the world

[IFTCC.org](https://iftcc.org) The International Federation for Therapeutic and Counseling Choice is the international professional organization of change-allowing therapists. It trains therapists. It is opposing ban efforts in nations and the UN.

RESOURCES

Testimonies of LGBT Change Through Therapy or Faith Journey

Therapy or faith-based change: <https://iftcc.org/stories/>

Therapy change: VoicesOfChange.net

Faith-based change: ChangedMovement.com

Transgender change: tranzformed.org

Transgender change: SexChangeRegret.com

TRANSGENDER

“60 Minutes” CBS

**Failure to evaluate for and treat
trauma and psychopathology
as underlying causes leads to
tragic regret.**

<https://thepostmillennial.com/60-minutes-detransitioners-speak>

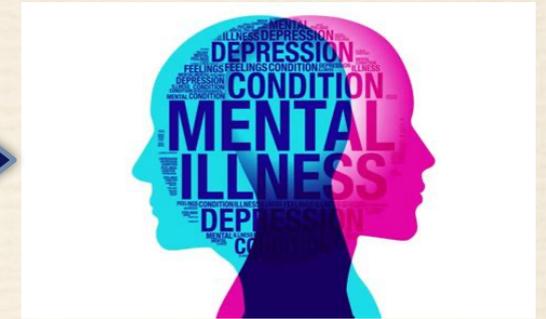
2:53 min

TRANSGENDER

CONCLUSION:

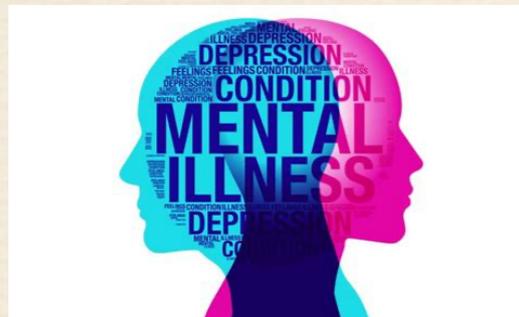
**Gender identity and gender non-conforming behavior develop from biological, social, and psychological influences that may be pathological, and they change—
like other complex traits therapists help people diminish or change every day.**

**Gender Affirmation Ideology:
Gender incongruence is normal.
Stigma and therapy to change it cause mental disorders.
Affirmation heals mental disorders.**



Research:

Mental disorders frequently come first, not last. It's logically impossible for therapy to cause disorders that precede the therapy.



Research:

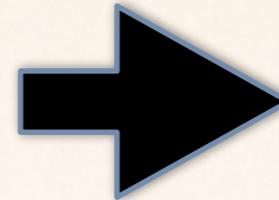
**Mental disorders may cause gender incongruence. It's not normal.
Therapy for both may reduce or resolve both.**

Gender affirmation treatment does not heal mental disorders.

Affirmation does not cure psychiatric conditions: Cecilia Dhejne, et al., "Long-Term Follow-Up of Transsexual Persons Undergoing Sex Reassignment Surgery: Cohort Study in Sweden," PLoS One 6, no. 2 (2011): e16885. <https://doi.org/10.1371/journal.pone.0016885> ; Branstrom, R. & Pachankis, J.E. (2020). Reduction in mental health treatment utilization among transgender individuals after gender-affirming surgeries: a total population study. With correction statement at end. American Journal of Psychiatry 177(8):727-734. <https://ajp.psychiatryonline.org/doi/pdf/10.1176/>

AFFIRMATION STOPS TYPICAL NATURAL RESOLUTION OF GENDER DYSPHORIA

Do nothing or support them through puberty

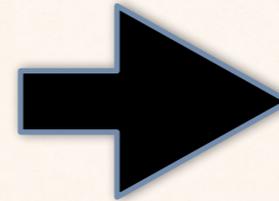


75 to 98%  

**outgrow
gender dysphoria
by adulthood**

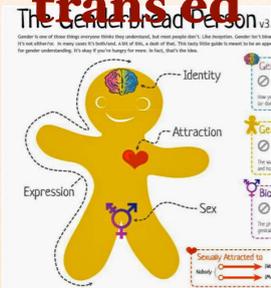
9 professional orgs agree

**Cross dress
& pronouns**



**May stop
natural resolution
or require a painful
transition back**
APA Handbook cautions

**CSE:
Affirmative
trans ed**



**Disorders,
Immature**



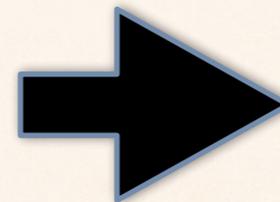
**Cross dress
& pronouns**



**Puberty
blockers**



**May worsen
psychiatric disorders**



**0-2% outgrow.
Cross-sex hormones >
sterilized for life**
Research says

(It's Dangerous." ThePublicDiscourse.com, Jan. 13, 2020. <https://www.thepublicdiscourse.com/2020/01/59422/>)
Object constancy for sexual identity: Siegal, M. & Robinson, J. (1987). Order Effects in Children's Gender-Constancy Responses. *Developmental Psychology*, 23(2), 283-286. <https://psycnet.apa.org/record/1987-18382-001>
Found: 23.3% of children between age 42 and 54 months had not achieved gender constancy, "the stable and constant categorization of the self despite superficial opposite-sex transformations in features such as dress.")

BORN THAT WAY?

At least 14 professional organizations agree transgender identity

- **Is NOT simply biologically caused.**
- **Is also caused by a person's experiences in their environment.**

Example: *APA Handbook of Sexuality and Psychology*:

Etiology

The etiology of a transgender or transsexual identity remains largely unknown (Cohen-Kettenis & Pfäfflin, 2003). It is most likely the result of a complex interaction between biological and environmental factors (Money & Ehrhardt, 1972). Research on the

(Endocrine Society + 6 co-sponsoring organizations (Hembree, et al., 2017, An Endocrine Society Clinical Practice Guideline, pp. 6-7, <https://academic.oup.com/jcem/article/102/11/3869/4157558>) ; **Global DSD Update Consortium & 10 endocrine associations around the world:** Lee et al., 2016, <https://doi.org/10.1159/000442975> ; **American Psychiatric Association** (*Diagnostic and Statistical Manual, Fifth Edition*, pp. 451, 457). **American Association of Pediatricians:** (Rafferty J, et al., 2018, pp. 2, see also p. 4, <https://pediatrics.aappublications.org/content/pediatrics/142/4/e20182162.full.pdf> ; **American Psychological Association** (Tolman & Diamond, eds., 2014, *APA Handbook of Sexuality and Psychology*, 1: 743). **Some organizations are listed more than once in these references.)**