

# I'm a Pediatrician. Here's What You Should Know About a New Study on Transgender Suicide.

A new study is out that examines the risk of suicide among transgender teens. The results confirm a long pattern of data: Transgender teens attempt suicide more frequently than adolescents generally.

Unfortunately, this data may be used to pressure parents to put their children through radical transition-affirming therapies.

This would be a serious mistake.

The new study assumes the unproven belief that all gender identities are equally healthy and fixed in all children and teens. This is an ideological premise touted by professional medical and psychiatric guilds, not scientific fact.

The study also offers no proof that these radical therapies—puberty-blocking drugs, double mastectomies for girls, and so on—will prevent adolescents from attempting suicide.

If anything, the findings of the survey reinforce the dire need for serious scientific research into the potential environmental causes of gender dysphoria and the risks—both physical and psychological—of medical transition.

## The Study's Findings

The study, titled "[Transgender Adolescent Suicide Behavior](#)," made national headlines upon its release on Sept. 11 in the journal *Pediatrics*. It revealed that among adolescents who

identify as transgender, female to male youth have the highest suicide risk.

The researchers examined data collected between 2012 and 2015 from the “Profiles of Student Life: Attitudes and Behaviors” survey. The survey was administered to 120,617 adolescents across the nation between the ages of 11 and 19 years old and focused on 40 developmental strengths known to predict healthy development, as well as risk behaviors, such as depression and suicide.

The survey also asked students to indicate which of the following best described them: female; male; transgender, female to male; transgender, male to female; transgender, non-binary (neither male nor female); or questioning. It also asked them whether they had ever attempted suicide.

The team found that adolescent girls who identified as male had the highest rate of ever having attempted suicide: 50.8 percent. Adolescents who identified as non-binary were next at 41.8 percent. Among male adolescents who identified as female, 29.9 percent had attempted suicide at least once. Those who were questioning their gender identity were next with a rate of 27.9 percent.

These stand in stark contrast to significantly lower rates of attempted suicide among the girls in the sample without gender dysphoria (17.6 percent) and the boys without gender dysphoria (9.8 percent).

The authors state that further research into this risk differentiation may help to develop strategies for preventing suicide among trans-identifying adolescents. Ideally, this would include an analysis of suicide attempts based upon adolescents’ biological sex, not just their gender identity. This is important because overall, biological girls are more likely than boys to attempt suicide—a fact demonstrated by data from the Centers for Disease Control. Given the current

data, my hypothesis is that such a survey would reveal that the majority of non-binary and questioning teens are in fact biological girls.

In other words, it is possible that the much higher rate of attempted suicide among female to male, non-binary, and questioning transgender youth has more to do with factors relating to their biological sex (i.e. being a girl) than it does with anything related to gender identity.

If confirmed, this may help explain the causes, since it is possible that common underlying psychological and environmental factors may be at play triggering both gender dysphoria and suicidal tendencies in a subset of these adolescents.

Unfortunately, the authors of the latest study assume that these disparities primarily (if not exclusively) are owing to adverse treatment of trans-identifying youth by society and by their families—a theory called minority stress theory.

They say more research needs to be done to “comprehensively examine the factors (e.g. gender minority stress) that explain why transgender adolescents experience higher odds of suicide behavior.” Thus, they rule out from the start the possibility that the actual transition from female to male might play a role in aggravating stress and provoking one to suicide.

To support this, they cite a seriously flawed [study](#) that alleges trans-identifying youth receive mental health benefits when affirmed by their families. That study’s sample size was very small, it was short-term, and—critically—relied solely upon parent assessment to rate the children’s mental health.

### **What’s Ultimately at Stake**

It looks as though this study, and the future research the authors seem to encourage, will be used to continue pressuring families to affirm their children’s gender identity in lieu of

their biological sex, lest they drive their children to commit suicide. Parents will be sent a clear message: Help your child transition, or you may lose them to suicide—and it will likely be your fault.

The [result](#) of this will be scores more children needlessly sterilized, placed on toxic cross-sex hormones, and maimed by a double mastectomy as young as the age of 13, and potentially given other mutilating surgeries—none of which have been proven to prevent suicide in the long term.

In fact, evidence suggests that sex reassignment surgery does not improve rates of attempted suicide.

The largest and most rigorous [study](#) to examine the rates of suicide for adults following their medical gender transition was conducted in Sweden, an LGBT-affirming country. The study followed participants for 30 years after their transition and found that the suicide rate was 19 times higher among transgender adults than among the non-transgender population.

Clearly, these results do not support the alleged curative effects of transition.

There is another possible explanation for the high suicide rates that has received little attention. As Ray Blanchard and J. Michael Bailey, two LGBT affirming psychologists, [have pointed out](#), it is quite possible that underlying traumas, mental health, and personality issues combine to cause both gender dysphoria and suicidality in vulnerable youth.

And there is reason to suspect this may be especially true for girls. [Multiple studies](#) document a dramatic rise in adolescent gender dysphoria throughout the Western world that is particularly prominent among young women. Many of these young women have a history of severe psychopathology or a neurodevelopmental disability that predates the onset of their gender dysphoria.

A recent peer reviewed [study](#) of rapid onset gender dysphoria, in which nearly 83 percent of the youth were female, lends further credence to this possibility. Yet that study was quickly silenced by activists and by Brown University, the university of the author—despite the author’s own liberal leanings and her emphasis on the need for more research. After transgender activists called for censorship, Brown University disconnected its link to the study and [issued an apology](#). The journal that published the study, Plos One, is now submitting it to further scrutiny.

The Brown study pointed to a possibility that challenged the assumptions of transition-affirming ideology. While that study was silenced, the most recent study is being embraced as evidence in favor of transition-affirming therapy, even though it offers no scientific support for it.

### **More Research Needed**

In brief, the new study does not suggest that transition will reduce suicide risk in adolescents suffering from gender dysphoria. It does suggest further research is necessary regarding potential causal factors for gender dysphoria among adolescents.

If anything, the survey reinforces the urgent need for scientists to take a sober look at possible environmental factors that contribute to gender dysphoria among youth, how these may influence the suicide rate within this population, and conduct an honest inquiry into how medicine can help.

Physicians take an oath to first do no harm. Based on this principle alone, all of us should demand a halt to the medical transition of minors until rigorous non-agenda driven, long-term research is completed.

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