

The Transgender Suicide Myth Exposed

Jazz Jennings, star of the TLC reality show "[I Am Jazz](#)," has been sharing her transition story from male to female since she was six years old. Now she is 19, bound for Harvard, and convalescing from last year's "bottom surgery" – removal of the male bits.

The sixth season of "I Am Jazz", which began last month, features her third operation. There has been a [complication](#) and she may have to have a fourth.

But you couldn't say that she wasn't warmly supported by her family. Before the surgery, her mother threw a "[farewell to penis](#)" party for her. Jazz made a short speech. "For 17 and a half years, I have lived with this body part that I have not wanted. And even though I've grown to love my penis for what it is, I'm happy to say goodbye. So let's cut it off!" And then she plunged the knife into the cake.

How does Jazz feel about her medical issues? The trans-friendly [New York Times](#) interviewed her.

Finally undergoing bottom surgery has allowed me to confidently flourish in my new body and dismantle any remaining gender dysphoria. For the first time, my body fully reflected my soul – how I felt on the inside. The surgery didn't solve all of my issues, but it did offer a sense of peace and comfort that wasn't otherwise there.

That phrase, "For the first time, my body fully reflected my soul", captures the rationale for gender-affirming care for young people. Its final stage is transgender surgery. For males, this involves removing the penis and testicles and creating a vagina; for females, a double mastectomy and

sometimes construction of a cosmetic penis.

Only a serious reason could justify this brutal mutilation of an 18-year-old's healthy body. The ghastly and perfectly foreseeable consequences are sterility, possible surgical complications and a lifetime of medication to maintain the appearance of the chosen sex.

That reason is the risk of suicide. "Better a live daughter than a dead son," is the attitude of parents who, like Jazz's mother and father, have supported children who wish to transition. [The Trevor Project](#), the world's largest suicide prevention organization for LGBTQ youth, claims that "more than half of transgender and non-binary youth have seriously considered suicide".

Similarly, in a [New York Times op-ed](#) earlier this month, Jack Turban, a psychiatrist specializing in transgender children at Massachusetts General Hospital, says that it is "dangerous" to forbid "gender affirmative care" for young people.

But what proof is there that trans kids will commit suicide? As it turns out, notwithstanding the importance of this statistic, very little.

As Turban notes in his op-ed, he is a co-author of two recent papers in medical journals which attempt to prove that transgender kids feel less suicidal if they embark on transition from one sex to another.

Neither of them is convincing.

The first was published in [JAMA Psychiatry](#) last September. It claims that there is an association between "gender identity conversion efforts" and "increased odds of lifetime suicide attempts".

However, as [other doctors pointed out](#), Turban's statistics are methodologically flawed.

For one thing, they are based on a convenience sample – a group of people who are easy to contact. In this case it was 27,715 people recruited from LGBT+ organizations who responded to [an on-line survey conducted in 2015](#) by the [National Center for Transgender Equality](#). The authors of the survey were all trans activists and none was a scientist or a doctor.

The study in *JAMA Psychiatry* also failed to control for comorbid psychiatric illness – a key predictor of suicidal tendencies. Suicidal ideas could have been due to other mental health issues, like depression or autism.

Furthermore, it recruited people who identified as transgender, rather than people who suffered from gender dysphoria. As one critic pointed out, “The number of persons who at one point suffered from GD but no longer do far outnumber those who have persistent and consistent GD and thus identify as transgender.”

Turban’s other paper has similar problems. It was published earlier this month in the leading journal [Pediatrics](#). He told readers of [The New York Times](#) that he had found that “access to puberty blockers during adolescence is associated with lower odds of transgender young adults considering suicide”. His message was that doctors who prescribe drugs which suppress the onset of puberty are wiser than doctors who adopt a “wait and see” approach. Delay in satisfying the kids’ demands could end in suicide.

It’s a strong claim and it was greeted as a sensational result in the media. But not only was it based on weak evidence (the same survey and convenience sample he used in the previous article), the evidence undermines his claim.

Let’s take a closer look.

[“Puberty blockers can literally save the lives of transgender teens, new study confirms”](#) was the headline in *Pink News*, and other media were nearly as supportive.

None of the journalists appears to have read the fine print, apart from [Malcolm Clark](#), a Twitter gadfly of trans activism and co-founder of the [LGB Alliance](#). He zeroed in on Table 3, which compares transgenders who had puberty blockers and transgenders who never had them.

These figures are amazing.

The percentage of people who thought about suicide and actually made a plan to do it in the past 12 months is nearly the same for people who had puberty blockers (55.6 percent) and for those who did not (58.2 percent). Nearly the same! So were the blockers really helpful?

It gets worse. The percentage of people who thought about suicide, made a plan and attempted suicide were *higher* for those who had blockers (24.4 percent versus 21.5 percent).

And worse again. The percentage of people who attempted suicide and were hospitalized in the last 12 months was DOUBLE for those who had blockers (45.5 percent versus 22.8 percent).

How could Turban and his colleagues possibly massage their data to conclude that puberty blockers prevent suicide? By focusing on results from *lifetime* thoughts about suicide and suicide attempts. Those are higher for people who did not have puberty blockers. But memories of a whole lifetime are bound to be foggy; memories of the past 12 months will be sharper and more accurate.

Let's sum up the case for the prosecution. Turban takes his data from a survey conducted on-line by trans activists who recruited respondents on LGBT websites. Dodgy.

He finds that the rate of hospitalization after a suicide attempt is *twice as high* among people who had puberty blockers. Gobsmaacking.

And so ... trans kids need puberty blockers to keep them from

committing suicide. Illogical.

For parents, it must be terrifying when trans kids talk about suicide. But most of them eventually break through their emotional confusion and will be happy with their gender identity. In most cases, parents just need to wait out the storm.

What should really terrify them is the reality of transitioning. Like poor Jazz Jennings, their kids could end up mutilated for life – and still they might be at risk of committing suicide.

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