

An Honest Analysis of Suicide and Transitioning

From *Transing Our Children* by Erin Brewer and Maria Keffler

Transgender-rights activists parrot *ad nauseum* the propaganda that if kids are not transed, they will kill themselves:

- If everyone doesn't use a transed child's new name, he will kill himself.
- If everyone doesn't use a transed child's preferred pronouns, she will kill herself.
- If transed children are not allowed to wear the clothes they want, they will kill themselves.
- If transed children are not allowed to get the haircuts they want, they will kill themselves.
- If transed children are not allowed to use the opposite sex's bathroom, they will kill themselves.
- If transed children are not allowed to compete in the opposite sex's sports, they will kill themselves.

And of course, if transed kids are not allowed access to all the medical interventions they want, they will kill themselves. These medical interventions include puberty blockers, cross sex hormones, and surgeries.

Parents of daughters are told, "You can have a dead daughter or a live son."

Parents of sons are told, "You can have a live daughter or a dead son."

Threats of suicide are not only emotional blackmail, they are also potentially incredibly dangerous. Such propaganda communicates to children that if they don't get what they want, the appropriate response is suicide. It trains them to manipulate others to get what they want, and it also puts children in danger of self-harm.

Just as transing is a social contagion, so is suicide. In other words, telling children they will kill themselves is likely to result in children killing themselves.ⁱ

Children should never be taught, told, encouraged, or in any way led to believe that suicide is an appropriate response to any of life's challenges. To do so would be to embrace suicide as an option. If it is an option, the likelihood of children attempting and completing suicide will increase. Instead, children need to be taught that they can handle difficult feelings.

Activists propagate wild lies about transing interventions being "lifesaving medical treatment," when, in fact, the data shows exactly the opposite.

As Dr. Kevin Stuart, executive director of the Austin Institute for the Study of Family & Culture reports, "multiple studies have shown that over the long run, those who transition have increased rates of suicidality, not decreased."ⁱⁱ

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Susie Green, the CEO of Mermaids (an organization that pushes children's transition) and a mother who transed her own teenage son, makes the outrageous statement that transing kids "is literally lifesaving treatment" and that any efforts to regulate it will result in "the inevitable rise in self-harm and suicide."ⁱⁱⁱ

This abusive and untrue narrative launched decades ago via doctors like Stanley Beber^{iv} and Norman Spack,^v who first pushed the absurd notion that something akin to a gender spirit could accidentally be housed in the wrong body. This belief has gained traction over the years as more and more adherents have joined the transgender movement.

The claims from those pushing this narrative are prolific, unsubstantiated, and bizarre.

The ACLU claims, "Gender-affirming care is medically necessary care that can be life-saving for transgender youth."^{vi}

Dr. Elizabeth Miller claims, "My sense is cross-sex hormones, pubertal blockers are absolutely medically necessary."^{vii}

Dr. Colton Wasserman says, "It's vital for trans people, especially young trans people, to access the supportive, affirming health care *they* choose."^{viii}

Dr. Michelle Forcier makes the absurd assertion that, "Puberty blockers are safe and effective and this is totally reversible," and as such, "it is sort of a no-brainer to make these available."^{ix}

Activist Max Mowitz says, "Gender-affirming care is lifesaving and essential."^x

Dr. Keith Hansen testified that medically transing children, "has demonstrated significant reductions in suicidal ideation, suicide, depression, anxiety, and self-harm."^{xi}

In fact, however, the very opposite is true.^{xii, xiii, xiv}

Bev Jackson from the LGB Alliance is alarmed about what amounts to calculated lies by those pushing the medicalization of gender dysphoric kids, saying it is "very unfortunate, false suicide statistics that are bantered about." She goes on to say, "I think this is so irresponsible, and what you want when you have children in distress is to find out what the causes are of their distress."^{xv}

It is horrific that so many medical professionals would rather push children onto a regime of experimental drugs, which come with significant risks and side effects, than to explore the real, underlying issues causing the child's distress.

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Though we don't yet have any valid longitudinal data on children who have been transed, all of the credible and professional research suggests that over the long term, those who transition have poor outcomes.^{xvi}

Dr. Patrick Lappert laments, "Parents are being bullied into believing that the risk of suicide is so great that they must accept all these terrible effects. This is not true. The only solid long-term data in a population study that is not biased by the sampling errors and short follow up, shows us that persons who have completed all of the medical and surgical treatments have a suicide rate that is nineteen times higher than matched controls."^{xvii}

Such numbers are staggering. Based on the longitudinal study Lappert cites, transing actually increases the likelihood that a child will die by suicide.

Not only do activists harm children by encouraging the suicide narrative, there have even been instances of mental health professionals encouraging children to fake a suicide attempt in order to medically transition.

Canadian psychologist Dr. Wallace Wong, who makes a comfortable living by encouraging kids to transition, was captured on tape saying, “Pull a stunt. Suicide every time. They will give you what you need.”^{xxviii}

Dr. Andre Van Mol explains, “Therapists and doctors are being brow-beaten. In fact, bullied, you know that, ‘Hey, you either support transition or it’s suicide.’ And the classic line parents are hearing in counseling is, ‘Look, you want a live son or a dead daughter?’”^{xxix}

Dr. Quentin Van Meter reiterates, “So the suicide is a myth. It’s a total myth.” He continues, “It’s used as a hammer to guilt parents into doing this, and it’s criminal.”^{xxx}

Dr. Susan Bradley reports that parents are put in a terrible position. “A lot of [parents] are faced with messages, some from the trans community, that if you don’t accept your child [medically transitioning], they’re going to go out and commit suicide.” She adds, “And so you have to be accepting of them. And so they’re caught between a rock and a hard place in terms of what, what do I really do now? Because I think this doesn’t make sense, but I don’t want my child to commit suicide.”^{xxxi}

Of course this message is effective. A child’s suicide is one of the worst things a parent could experience.

The 2020 documentary *Transforming Gender* illustrates the effectiveness of this emotional manipulation technique, as a father who transed his child asks, “Do I really want to see my kid attempt suicide? No.” Like so many other parents, this dad didn’t even question the wisdom of transing his child.^{xxii}

The mother of Max, a nine-year-old girl who is being transed, has completely bought into this lie as well. “This literally is a matter of life and death for so many young people who are dealing with these issues of identity, it’s life or death, because the rate of suicide attempts in the trans community is 40% as families try to support their children and lessen the potential for self-harm.”^{xxiii}

The reference Max’s mother makes is most likely from the findings in the 2015 Transgender Survey published by the National Center for Transgender Equality. This survey is based on retrospective self-reports from a self-selected group identifying as transgender specifically recruited from trans activist organizations. The report states “Among the starkest findings is that 40% of respondents have attempted suicide in their lifetime—nearly nine times the attempted suicide rate in the US population (4.6%).”^{xxiv}

Kimberly Shappley admits she suspected that her son was gay but rather than accept her effeminate son, she transed him, telling others, “I am a mom of a little girl who has a 41% suicide rate.”^{xxv}

Activists like Shappley use the 40% cited in the 2015 Transgender Survey or the 41% pulled from *Injustice at Every Turn: A report of the National Transgender Discrimination Survey*, published by the national Center for Transgender Equality and the National Gay and Lesbian Task Force,^{xxvi} to claim that if children who have been transed don’t get what they want (or in cases like Shappley’s, what the parent wants), the child will attempt suicide.

But if these numbers are accurate, they actually suggest that transing dramatically *increases* the rates of suicide, a compelling argument against transitioning as a recommended treatment for gender dysphoria.

What these parents either haven't been told or don't understand, is that kids who are not transed don't actually have these high rates of suicide attempts or completed suicides. Children who do not transition are able to find ways to manage or resolve their difficult feelings.

Dr. Marcus Evans, who used to work at the Tavistock clinic in the U.K., said that there is a belief that transing kids is a “magical cure,” when in fact these are kids who often are struggling with complex issues. Being told that transing will cure any suicidal ideation is not only wrong, but it is harmful to tell children that all their problems will instantly vanish upon transing.^{xxvii}

Lou, a detransitioner, said that she was never given another treatment option. Healthcare professionals told her that if she didn't transition, “You will self-harm and you will kill yourself.’ I became convinced that my options were transition or die.”^{xxviii}

Luca, another detransitioner shared a similar story, “They told me that I have a gender dysphoria, and I said, ‘Well, what is that?’ And they explained it to me and, and I said, ‘What are my options?’ And they said, ‘You can have sex change or you can commit suicide.’”^{xxix}

Ethical doctors are working hard to dispel this dangerous suicide myth using credible research and reliable data.

Dr. Paul Hruz says, “The prevention of suicide is driving most of these recommendations. The claim is that if you do not participate in this care, your child will die by suicide. But when we look at the scientific evidence, it doesn't support that assertion.”^{xxx}

These claims of suicide are completely unsubstantiated, in fact the Senior Clinical Neuropsychologist for the state of Texas, Dr. Alan Hopewell testified in early 2021 that he was unable to document a single instance where a child completed a suicide as a result of not being given transing medical interventions.^{xxxi}

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Shappley's suicide claim is nothing less than an attempt to manipulate school officials into allowing her son into the girl's bathroom.

We often hear from activists that since “41%” of those who have transed are suicidal, children should be transed. Or we hear that a “41%” attempted suicide rate proves that society should be coerced into using the pronouns and names of those who claim a transgender identity.

But the numbers don't in any way corroborate activists' claims.

If 41% of those who transition attempt suicide and the rate of completed suicides for those who medically transition is nineteen times higher than those who don't transition, the logical conclusion must be that transitioning dramatically increases both suicide attempts and completions.

Are there any other conditions, which can almost always be resolved on their own or with appropriate talk therapy, where healthcare providers intervene with a “treatment” that results in a dramatic increase in suicidality? Such a situation would be outrageous.

And yet, this is exactly what is happening.

Doctors and therapists are putting children on a treatment path of medicalization and increased rates of suicidality for a condition that is treatable with watchful waiting or talk therapy. Transition interventions damages children's bodies, cause lifelong complications, and profoundly increase their risk of death by suicide.

Unthinkable.

UCLA doctor Dr. Brandon Ito seems to understand this. "Approximately 40 to 50% of transgender adults [report] a prior suicide attempt in their life. When we compare this to the general US population statistic of less than 5%, we can see that this is definitely an increased and serious issue that we want to make sure to address."^{xxxii}

The outcomes for children currently being transed are likely to be even worse than they've been historically, because children today are taught that they can't handle difficult feelings and that transing will cure them. Children are lied to by the very people who should help them.

Dr. William Malone is incredulous as he watches vulnerable children being treated on the basis of an ideology rather than science. "The long-term studies show that in terms of psychological functioning, it doesn't help. It doesn't work. You know, suicidality actually increased."

Describing what should be obvious, Dr. Malone goes on to say, "You're supposed to do the experiments first to show that the treatment works, especially when you're talking about infertility and sexual dysfunction, long-term, and a four-fold, a four times increased risk of heart disease and a two to three times increased rate of development of blood clots and strokes. And the data we have now shows a twenty-fold increase risk of suicide long-term. So if we're going to go down that treatment protocol, there better be very good evidence that it works, and that evidence does not exist."

Such evidence does not exist.

Dr. Malone concludes, "This entire approach runs contrary to how we practice medicine in every other area."^{xxxiii}

Addendum

The American Association of Suicidology, in collaboration with numerous other groups, has important recommendations for how the media should cover stories involving suicide, because studies have shown that suicide can be a social contagion. When children see reports of suicide, they are more likely to consider suicide an option. Studies have found that that suicide attempts go up when media coverage of suicide increases. Dramatic headlines and repeated coverage increase the rate of suicides, and the American Association of Suicidology cautions the media to be careful in how suicide is reported: "The way media cover suicide can influence behavior negatively by contributing to contagion or positively by encouraging help-seeking."^{xxxiv}

When trans-rights activists insist that children will kill themselves if not granted everything they demand, activists generate a self-fulfilling prophesy; their rhetoric increases the likelihood that children will kill themselves.

The National Suicide Prevention Lifeline: 800-273-TALK (8255)

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- i <https://www.hhs.gov/answers/mental-health-and-substance-abuse/what-does-suicide-contagion-mean/index.html#:~:text=Suicide%20contagion%20is%20the%20exposure,in%20suicide%20and%20suicidal%20behaviors>
- ii Dr. Kevin Stuart's Testimony on SB 131: <https://youtu.be/zhRW02Sn3Nw>
- iii Puberty blockers: Under-16s "unlikely" to be able to give informed consent, BBC Newsnight Susie green, the CEO of mermaid to charity, <https://youtu.be/0A6dFxAf8wY>
- iv An Evening With Dr Stanley Biber 1997, Dr. Stanley Biber: <https://youtu.be/R4b4U9zjlsk>
- v Gender Dysphoria Treatment, Dr. Norman Spack: <https://youtu.be/0tqil7Audws>
- vi <https://www.aclu.org/news/lgbtq-rights/doctors-agree-gender-affirming-care-is-life-saving-care/>
- vii How Trans Kids And Their Parents Decide When To Start Medical Transition, Dr. Elizabeth Miller: <https://youtu.be/QD720mHFqW0>
- viii <https://www.advocate.com/commentary/2021/5/03/im-doctor-gender-affirming-care-saves-trans-lives>
- ix <https://www.cnn.com/2020/01/23/health/transgender-puberty-blockers-suicide-study/index.html>
- x <https://fearlessbr.com/lgbtq-gender-affirming-care-guest-opinion/>
- xi HB1057 Senate Committee Hearing: Vulnerable Child Protection Act, Dr. Keith Hansen: <https://youtu.be/AHDpZ7SIr78>
- xii The Tavistock's Experiment with Puberty Blockers* Michael Biggs Department of Sociology and St Cross College, University of Oxford (version 1.0.1, 29 July 2019): http://users.ox.ac.uk/~sfos0060/Biggs_ExperimentPubertyBlockers.pdf
- xiii Correction to Bränström and Pachankis. Published Online:1 Aug 2020 <https://doi.org/10.1176/appi.ajp.2020.1778> correction <https://ajp.psychiatryonline.org/doi/10.1176/appi.ajp.2020.1778correction>
- xiv Sweden's Karolinska Ends All Use of Puberty Blockers and Cross-Sex Hormones for Minors Outside of Clinical Studies, https://segm.org/Sweden_ends_use_of_Dutch_protocol
- xv Puberty blockers: "We need facts and evidence, not ideology," Bev Jackson: <https://youtu.be/OEAkU0asJZg>
- xvi Pennsylvania State House, Dr. Stephen Levine: <https://www.tandfonline.com/doi/full/10.1080/0092623X.2017.1309482?scroll=top&needAccess=true>
- xvii VCAP Hearings, Alabama 2020, Dr. Patrick Lappert.
- xviii Wallace Wong, 27 Feb. 2019: <https://vimeo.com/326339802>
- xix Transgender Surgery Provides No Mental Health Benefit, Dr. Andre Van Mol, <https://youtu.be/f4cX1ZdE8PY>
- xx Pediatric Endocrinologist Fights Against Harmful Trans Ideology, Dr. Quentin Van Meter: <https://youtu.be/lcYrDrzV7DY>
- xxi Pediatric Endocrinologist Fights Against Harmful Trans Ideology, Dr. Quentin Van Meter: <https://youtu.be/lcYrDrzV7DY>
- xxii Transforming Gender (Transgender Documentary), Olie's Father: <https://youtu.be/B67OVJTjV0I>
- xxiii How Trans Kids And Their Parents Decide When To Start Medical Transition, Max's Mother: <https://youtu.be/QD720mHFqW0>
- xxiv National Center for Transgender Equality US Transgender Survey, 2015: <https://www.ustranssurvey.org/>
- xxv How Trans Kids And Their Parents Decide When To Start Medical Transition, Kimberly Shapley: <https://youtu.be/QD720mHFqW0>
- xxvi Injustice at Every Turn: A Report of the National Transgender Discrimination Survey https://transequality.org/sites/default/files/docs/resources/NTDS_Report.pdf
- xxvii The Keira Bell Case and A New Therapeutic Model, Marcus Evans: <https://youtu.be/HC3KzgtEW08>

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- xxviii Transgender Kids Who Knows Best, Lou: <https://www.bbc.co.uk/programmes/b088kxbw>
- xxix House Health and Human Services Policy Committee, part 1 2/13/19, Luca Groppoli: <https://youtu.be/2NEK9M-EjIs>
- xxx Transgender Moment Conference: Panel on Medicine, Dr. Paul Hruz: <https://youtu.be/bhHjsvr1AcM>
- xxxi Vulnerable Child Protection Legislation: Texas Hearings Senate Bills 1311 and 64: <https://youtu.be/RxAtDk5wXh4>
- xxxii The Role of Behavioral Health in Gender Affirming Care, UCLA MDChat, Dr. Brandon Ito: <https://youtu.be/XZR5OFdEWI>
- xxxiii The Hormone Health Crisis with Endocrinologist William Malone, MD, Dr. William Malone: <https://youtu.be/z4RYl75zdMY>
- xxxiv Recommendations for Reporting on Suicide: <https://www.datocms-assets.com/12810/1577098761-recommendations.pdf>