

March 9, 2023.

## IFTCC Principles for Approaches to Transgender Treatments

### Values foundation:

We maintain that a human being consists of both a physical and a spiritual component, inseparable as a “living soul,” and that the body is to be treated with as much respect as the mind/soul. A person will be most at peace through accepting the biological realities of the body and the outside world. Thoughts and feelings, however significant, do not shape material reality.

### Scientific foundation:

1. Gender dysphoria is both a multi-factorial adaptation and a mental health diagnosis.<sup>1 2</sup>
2. The natural course of gender dysphoria is desistance by adulthood, which occurs by conservative estimates in 85% of gender dysphoric minors.<sup>3 4 5 6 7</sup>
3. Minors have developing yet immature brains; their minds change often; they are prone to risk taking behavior; they are vulnerable to peer pressure; and they don't grasp long-term consequences.<sup>8 9 10 11</sup>
4. Gender dysphoria carries the overwhelming likelihood of underlying mental health problems, adverse childhood experiences/traumas, family issues, and impressively higher rates of neurodevelopmental issues like autism spectrum disorder, all of which usually predate the onset of gender dysphoria.<sup>12 13 14 15 16 17</sup>
  - a. In adults with gender dysphoria, personality disorders are often a factor.<sup>18</sup> If male, autogynephilia (sexual arousal from imagining or adopting of female persona) is common.<sup>19 20</sup>
5. Gender/transition “affirming” medical interventions have not been shown to be superior to skilled mental health interventions.<sup>21 22 23</sup>
6. Scientific and legal evidence is driving an international pushback against gender/transition “affirming” medical interventions in favor of intensive psychological evaluation and support.<sup>24 25 26 27 28 29 30</sup>

### Treatment Principles:

7. “The right to align one’s feelings and behaviours to biological sex, in order to live according to the values and beliefs that bring them true happiness, is a human right.” – The International Federation for Therapeutic and Counseling Choice (IFTCC)<sup>31</sup>
8. Mental health interventions pose none of the medical risks of gender/transition “affirming” medical and surgical interventions. A healthy body remains intact and functional.

9. Skilled, thorough, and ongoing mental health evaluation and support are needed by both the gender dysphoric minor and their families, as well as adults with the issue.<sup>32 33 34 35 36</sup> They have the same right to access any commonly available treatment modality as any other person.
10. Social transitioning -- the first of four recognized steps available in gender transition/imitation (social transitioning, puberty blocker use, cross-sex hormone use, and surgery) -- is itself recognized as derailing natural desistance in favor of persistence.<sup>37 38 39 40</sup> It has not been proven beneficial.<sup>41</sup> Subversion of natural desistance and the resultant non-beneficence indicates it is to be avoided in minors.<sup>42 43</sup>
11. For once-transitioned individuals who have regret or simply wish to detransition to their natal/biological sex, the help of both an experienced endocrinologist (to address hormonal needs) and a skilled mental health expert are essential.
12. Client self-direction in choosing to opt for mental health intervention for gender dysphoria should be professionally and legally protected.

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<sup>1</sup> The *Diagnostic and Statistical Manual of Mental Disorders* (5th ed.; *DSM-5*; American Psychiatric Association [APA], 2013).

<sup>2</sup> Tomer Shechner, *Gender Identity Disorder: A Literature Review from a Developmental Perspective*, 47 *Isr. J. of Psychiatry & Related Sci.* 132-38 (2010).

<sup>3</sup> *APA Diagnostic and Statistical Manual*, 5<sup>th</sup> edition, "Gender Dysphoria," p. 455.

<sup>4</sup> *APA Handbook on Sexuality and Psychology* (American Psychological Association, 2014), Bockting, W. Chapter 24: Transgender Identity Development, vol. 1, p. 744.

<sup>5</sup> Cohen-Kettenis PY, et al. "The treatment of adolescent transsexuals: changing insights." *J Sex Med.* 2008 Aug;5(8):1892-7.

<sup>6</sup> "Do Trans- kids stay trans- when they grow up?" *Sexologytoday.org*, 11 Jan. 2016.

<sup>7</sup> Kaltiala-Heino et al. 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* (2015) 9:9.

<sup>8</sup> National Institute of Mental Health (2001). Teenage Brain: A work in progress.

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<sup>9</sup> Antony Latham (2022) Puberty Blockers for Children: Can They Consent?, *The New Bioethics*, 28:3, 268-291, DOI: [10.1080/20502877.2022.2088048](https://doi.org/10.1080/20502877.2022.2088048)

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[doi:10.1177/26344041211010777](https://doi.org/10.1177/26344041211010777)
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<sup>28</sup> Cass Review, Interim Report 2020 <https://cass.independent-review.uk/publications/interim-report/>

<sup>29</sup> NHS Interim Service Specification for Specialist Gender Dysphoria Services for Children and Young People. Oct 20, 2022. [https://www.engage.england.nhs.uk/specialised-commissioning/gender-dysphoria-services/user\\_uploads/b1937-ii-interim-service-specification-for-specialist-gender-dysphoria-services-for-children-and-young-people-22.pdf](https://www.engage.england.nhs.uk/specialised-commissioning/gender-dysphoria-services/user_uploads/b1937-ii-interim-service-specification-for-specialist-gender-dysphoria-services-for-children-and-young-people-22.pdf)

<sup>30</sup> French National Academy of Medicine press release. <https://www.academie-medecine.fr/la-medecine-face-a-la-transidentite-de-genre-chez-les-enfants-et-les-adolescents/>

<sup>31</sup> IFTCC International Declaration on “Conversion Therapy” and Therapeutic Choice <https://iftcc.org/the-declaration/>

<sup>32</sup> Riittakerttu Kaltiala, Elias Heino, Marja Työläljärvi & Laura Suomalainen (2020) Adolescent development and psychosocial functioning after starting cross-sex hormones for gender dysphoria, *Nordic Journal of Psychiatry*, 74:3, 213-219, DOI: [10.1080/08039488.2019.1691260](https://doi.org/10.1080/08039488.2019.1691260)

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<sup>39</sup> W. Bockting, *Ch. 24: Transgender Identity Development*, in 1 American Psychological Association Handbook on Sexuality and Psychology, 744 (D. Tolman & L. Diamond eds., 2014).

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