

**Introducing the International Federation
for Therapeutic and Counselling Choice (IFTCC) and
The Highlights of the IFTCC Report on Gender to the Bulgarian Constitutional Court**
TRANSGENDER IDENTITY
Is Not Inborn, Changes, and
May Have (Treatable) Psychological Causes



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Dr. Haynes reviews research, writes, and speaks internationally on sexuality and gender as they relate to the legal right to therapy. 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.

INTERNATIONAL FEDERATION FOR THERAPEUTIC AND COUNSELLING CHOICE

INTRODUCING THE IFTCC

A multi-disciplinary group founded in 2015, registered as a charity in Great Britain in 2017.

Led by an executive board, a range of advisory councils, and country representatives in different world regions.

INTERNATIONAL FEDERATION FOR THERAPEUTIC AND COUNSELLING CHOICE

WE TRAIN:

- **Psychotherapists** to provide care for individuals who choose to explore options to unwanted same sex attraction or behavior or an unwanted incongruent gender identity—using non aversive, evidence based methods and well established practices used by therapists around the world.
- **Pastoral care workers** to provide ethical and effective support.
- **Advocates** to defend the legal right to such care.

We have trained psychotherapists, physicians, priests and pastors, pastoral care workers, journalists, attorneys, lawmakers and ex-LGBTs from many nations.

INTERNATIONAL FEDERATION FOR THERAPEUTIC AND COUNSELLING CHOICE

Our members respond to legal challenges to such professional therapy or pastoral counseling, for example submit interviews, open letters, and expert reports to the press, members of parliaments, courts, the European Union, and the United Nations.

Website Resources: Helpful information and testimonies of change.

IFTCC.org

TRANSGENDER

Highlights From the IFTCC Expert Opinion on Gender to the Bulgarian Constitutional Court

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.

INCONGRUENT GENDER IDENTITY: umbrella term.

NON CONGRUENT GENDER IDENTITY: umbrella term.

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

TRANSGENDER

- ***Is transgender identity inborn ?***
- ***Is it normal?***
- ***Do social affirmation and gender affirming medical treatments decrease suicides and mental disorders?***

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.

Consensus Statement: Global DSD Consortium 2016 Update:

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

TRANSGENDER

Not Caused by Having the Brain of the Opposite Sex:

Global DSD Consortium Consensus Statement Update 2016

- No “biological marker” for transgender identity.
- 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 Endocrinología 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):

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“Overall, current evidence is insufficient to label gender dysphoria...as a form of intersexuality limited to the central nervous system.” (DSM-5, p. 457)

(American Psychiatric Association, DSM-5 Task Force (2013). *Diagnostic and statistical manual of mental disorders: DSM-5™* (5th ed.). American Psychiatric Publishing, Inc.

<https://doi.org/10.1176/appi.books.9780890425596>)

TRANSGENDER

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

Is it normal?

TRANSGENDER

**THESE *PROFESSIONAL ORGANIZATIONS* SAY
GENDER DYSPHORIA OR INCONGRUENCE
MAY BE CAUSED BY TRAUMA OR 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%2Fs10508-012-9975-x>)

TRANSGENDER

Gender Incongruence is Associated With High Rates of Psychiatric Disorders in the U.S., 6 European countries, Canada, Australia, and Iran

(US: Becerra-Culqui 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/>; Lipson et al., 2019, <https://pubmed.ncbi.nlm.nih.gov/31427032/> ; Hanna et al., 2019, <https://www.sciencedirect.com/science/article/abs/pii/S1047279719302832?via%3Dihub> ; Rider et al., 2018, <https://pediatrics.aappublications.org/content/pediatrics/141/3/e20171683.full.pdf> ; Littman, 2018, <https://doi.org/10.1371/journal.pone.0202330> ;

Netherlands, Belgium, Germany Norway: 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

Finland: Kaltiala-Heino, 2015, <https://pubmed.ncbi.nlm.nih.gov/25873995/>

Canada: 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

Sweden: 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/>

Iran: 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 Supports

Psychiatric Conditions May Be CauseS

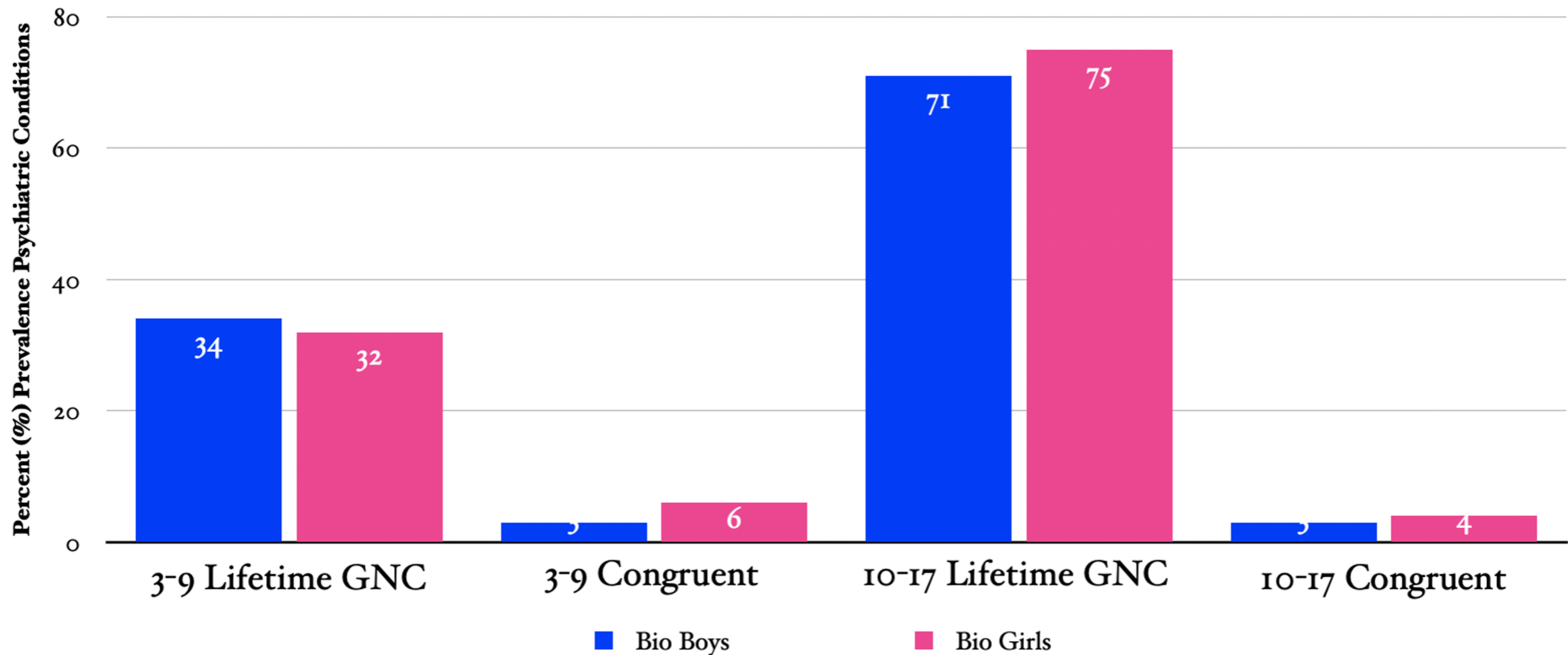
U.S. Multi-State Health Maintenance Organization

Exemplary research on the electronic medical records of all 8.8 million members at its sites in northern California, southern California, and Georgia over 8 years.

Becerra-Culqui T.A., et al., 2018,

<https://doi.org/10.1542/peds.2017-3845>

Prevalence of Psychiatric Conditions Ages 3-9 and 10-17 Lifetime BEFORE Gender Non Congruence (GNC) vs. Gender Congruent 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

PSYCHIATRIC CONDITIONS IN KAISER STUDY:

Anxiety disorder

Attention deficit disorders

Autism spectrum disorders

**Bipolar disorders
and/or disruptive
disorders**

Depressive disorders

Eating disorders

Psychoses

Personality disorders

Schizophrenia spectrum

Self-inflicted injuries Conduct

Substance use disorders

Suicidal ideation

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

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.)

TRANSGENDER

Finland: Psychiatric Disorders *Preceded* Gender Dysphoria

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)

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

(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>)

TRANSGENDER

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>)

TRANSGENDER

Transgender identity is not inborn and may have pathological causes.

Do social affirmation and gender affirming medical treatments decrease suicides and mental disorders?

TRANSGENDER

Nationally Representative Studies Found:

Social and Medical Affirmation Do NOT Decrease Suicides or Psychiatric Disorders

Sweden: Cross sex hormones and surgeries do not decrease medical services for depression or anxiety or hospitalizations following suicide attempts. (Branstrom & Pachankis, 2020)

Over 30 years of social and medical affirmation, psychiatric hospitalizations for reasons other than gender persisted at nearly 3 times higher rate than the general population and completed suicides were 19 times higher. (Dhejne, 2011)

The Netherlands: Nearly half a century, 45 years, of cultural affirmation and gender affirming treatments have made little to no change in the higher suicide rates.

People completed 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>

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

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>)

TRANSGENDER

Countries With Extensive Medical Affirmation Experience Are Increasingly Restricting Gender Affirming Treatment 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 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 to resolve gender dysphoria.

TRANSGENDER

Transgender identity is not inborn and may have pathological causes.

Social affirmation and gender affirming medical treatments do NOT decrease suicides and mental disorders.

TRANSGENDER

Body harming treatments do not help. 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 embrace their body through therapy.

(Chart of case studies: 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

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, emphasis added)

Researchers, therapists, and clients should be able to identify factors that are leading to these changes.

(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

These medical and mental health organizations have supported a client's legal 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 Associations

Society of Catholic Social Scientists

(<https://iftcc.org/resource/medical-and-mental-health-organisation-opposing-bans-on-therapy-for-unwanted-same-sex-attraction-or-gender-identity/>)

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 decrease or
change every day.**

Bulgarian Constitutional Court expert opinion

<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?x28941>