

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.^{1 2}
2. The natural course of gender dysphoria is desistance by adulthood, which occurs by conservative estimates in 85% of gender dysphoric minors.^{3 4 5 6 7}
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.^{8 9 10 11}
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.^{12 13 14 15 16 17}
 - a. In adults with gender dysphoria, personality disorders are often a factor.¹⁸ If male, autogynephilia (sexual arousal from imagining or adopting of female persona) is common.^{19 20}
5. Gender/transition “affirming” medical interventions have not been shown to be superior to skilled mental health interventions.^{21 22 23}
6. Scientific and legal evidence is driving an international pushback against gender/transition “affirming” medical interventions in favor of intensive psychological evaluation and support.^{24 25 26 27 28 29 30}

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)³¹
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.^{32 33 34 35 36} 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.^{37 38 39 40} It has not been proven beneficial.⁴¹ Subversion of natural desistance and the resultant non-beneficence indicates it is to be avoided in minors.^{42 43}
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.

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

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

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

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

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

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

⁷ 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.

⁸ National Institute of Mental Health (2001). *Teenage Brain: A work in progress*.

http://www2.isu.edu/irh/projects/better_todays/B2T2VirtualPacket/BrainFunction/NIMH-Teenage%20Brain%20-%20A%20Work%20in%20Progress.pdf.

⁹ 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)

¹⁰ Arain M, Haque M, Johal L, Mathur P, Nel W, Rais A, Sandhu R, Sharma S. Maturation of the adolescent brain. *Neuropsychiatr Dis Treat.* 2013;9:449-461

<https://doi.org/10.2147/NDT.S39776>

¹¹ Steinberg L. A Social Neuroscience Perspective on Adolescent Risk-Taking. *Dev Rev.* 2008 Mar;28(1):78-106. doi: 10.1016/j.dr.2007.08.002. PMID: 18509515; PMCID: PMC2396566.

¹² Heylens G, et al. "Psychiatric characteristics in transsexual individuals: multicentre study in four European countries," *The British Journal of Psychiatry* Feb 2014, 204 (2) 151-156; DOI: 10.1192/bjp.bp.112.121954.

¹³ Kaltiala-Heino R, Sumia M, Työlajärvi M, Lindberg N. 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.

¹⁴ Becerra-Culqui TA, Liu Y, Nash R, et al. Mental Health of Transgender and Gender Nonconforming Youth Compared with Their Peers. *Pediatrics.* 2018;141(5):e20173845.

¹⁵ Kozłowska K, McClure G, Chudleigh C, et al. Australian children and adolescents with gender dysphoria: Clinical presentations and challenges experienced by a multidisciplinary team and gender service. *Human Systems.* 2021;1(1):70-95. doi:[10.1177/26344041211010777](https://doi.org/10.1177/26344041211010777)

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<https://journals.plos.org/plosone/article?id=10.1371/journal.pone.0202330>
- ¹⁷ Bechard M et al, Psychosocial and Psychological Vulnerability in Adolescents with Gender Dysphoria: a “proof of Principle” Study, *J Sex and Marital Therapy* 2017;43:678-688.
- ¹⁸ Zucker, KJ, et al. Gender Dysphoria in Adults. *Annu. Rev. Clin. Psychol.* 2016. 12:217–47. (P. 227.)
- ¹⁹ Blanchard, Ray. (2005). Early History of the Concept of Autogynephilia. *Archives of sexual behavior.* 34. 439-46. 10.1007/s10508-005-4343-8.
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<https://doi.org/10.1159/000328921>.
- ²¹ James Cantor’s attachment to the Florida Agency for Healthcare Administration’s (AHCA) Generally Accepted Professional Medical Standards Determination on the Treatment of Gender Dysphoria, June 2022, Attachment D, section II.
https://ahca.myflorida.com/letkidsbekids/docs/AHCA_GAPMS_June_2022_Attachment_D.pdf
- ²² Leor Sapire, “Reason and Compassion on Gender Medicine,” *city-journal.org*, Nov. 4, 2022.
<https://www.city-journal.org/floridas-reason-and-compassion-on-gender-medicine>
- ²³ Swedish National Board of Health and Welfare (NBHW), February 2022, “Care of children and adolescents with gender dysphoria,” <https://www.socialstyrelsen.se/globalassets/sharepoint-dokument/artikelkatalog/kunskapsstod/2022-3-7799.pdf>
- ²⁴ Swedish Agency for Health Technology Assessment and Assessment of Social Services’ 2019 literature review. <https://www.sbu.se/en/publications/sbu-bereder/gender-dysphoria-in-children-and-adolescents-an-inventory-of-the-literature/>
- ²⁵ Finland 2020: “Recommendation of the Council for Choices in Health Care in Finland (PALKO / COHERE Finland). Medical Treatment Methods for Dysphoria Related to Gender Variance In Minors”
https://segm.org/sites/default/files/Finnish_Guidelines_2020_Minors_Unofficial%20Translation.pdf
- ²⁶ 2020. UK’s The National Institute for Health and Care Excellence (NICE) reviews: N.I.C.E. Evidence review: Gonadotrophin releasing hormone analogues for children and adolescents with gender dysphoria.: <https://arms.nice.org.uk/resources/hub/1070871/attachment>
N.I.C.E. Evidence review: Gender-affirming hormones for children and adolescents with gender dysphoria.: <https://arms.nice.org.uk/resources/hub/1070905/attachment>
- ²⁷ Florida AHCA Generally Accepted Professional Medical Standards Determination on the Treatment of Gender Dysphoria, comprehensive literature review (Attachment C), Romina Brignardello-Petersen, DDS, MSc, PhD and Wojtek Wiercioch, MSc, PhD: *Effects of Gender Affirming Therapies in People with Gender Dysphoria: Evaluation of the Best Available Evidence.* 16 May 2022.
https://ahca.myflorida.com/letkidsbekids/docs/AHCA_GAPMS_June_2022_Attachment_C.pdf
- ²⁸ Cass Review, Interim Report 2020 <https://cass.independent-review.uk/publications/interim-report/>
- ²⁹ 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
- ³⁰ 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/>
- ³¹ IFTCC International Declaration on “Conversion Therapy” and Therapeutic Choice <https://iftcc.org/the-declaration/>
- ³² Riittakerttu Kaltiala, Elias Heino, Marja Työlajärvi & 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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<https://www.ranzcp.org/news-policy/policy-and-advocacy/position-statements/gender-dysphoria>
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- ³⁶ 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/>
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