

February 7, 2023

Renee McGuinness, Vermont Family Alliance

Response to Trevor Project testimony submitted by Martin LaLonde

The Trevor Project claims, "LGBTQ youth are not inherently prone to suicide risk because of their sexual orientation or gender identity but rather placed at higher risk because of how they are mistreated and stigmatized in society."

1. Please provide evidence and statistics on the number of LGBTQ youth that have been driven to suicide due to mistreatment and stigmatization by society.
2. Please provide long-term studies that present outcomes of gender-affirming care versus psychotherapy only for birth-registered females.
3. Why is the Trevor Project Survey – "a sample of individuals ages 13 to 24 who resided in the United States was recruited via targeted ads on social media" - relevant to H.89 if parental rights, protections for minors, and minors' consent to gender-affirming care without parental consent or knowledge were deemed outside the scope of H.89, according to Jessa Barnard?
4. The Trevor Project's bias is exclusively gender-affirming. This is not an unbiased survey.
5. Section 5, page 56 of the Cass Review Interim Report – an independent, unbiased study - states as follows: <file:///C:/Users/Home/Desktop/Cass-Review-Interim-Report-Final-Web-Accessible.pdf>

"5.7. There is extensive literature discussing the possible aetiology of gender incongruence. Based on the available evidence, many authors would suggest that it is likely that biological, cultural, social and psychological factors all contribute. The examples in Appendix 4 show that this is not an uncommon situation; many conditions do not have a single clear causation – they are in other words 'multifactorial'. 5.8. Regardless of aetiology, the more contentious and important question is how fixed or fluid gender incongruence is at different ages and stages of development, and whether, regardless of aetiology, can be an inherent characteristic of the individual concerned. There is a spectrum of academic, clinical and societal opinion on this. At one end are those who believe that gender identity can fluctuate over time and be highly mutable and that, because gender incongruence or gender-related distress may be a response to many psychosocial factors, identity may sometimes change or the distress may resolve in later adolescence or early adulthood, even in those whose early incongruence or distress was quite marked. At the other end are those who believe that gender incongruence or dysphoria in childhood or adolescence is generally a clear indicator of that child or young person being transgender and question the methodology of some of the desistance studies. Previous literature has indicated that if gender incongruence continues into puberty, desistance is unlikely.^{54,55} However, it should be noted that these older studies were not based on the current changed case-mix or the different sociocultural climate of recent years, which may have led to different outcomes. Having an open discussion about these questions is essential if a shared understanding of how to provide appropriate assessment and treatment is to be reached."