RIITTAKERTTU KALTIALA INTERVIEW by HELSINGEN SANOMAT 27 Jan 2023

Unofficial translation of Finnish press interview of internationally renowned pediatric gender-medicine specialist Riittakerttu Kaltiala by Helsingin Sanomat news, January 27, 2023.
Original Finnish-language story here: https://www.hs.fi/tiede/art-2000009348478.html
English-language commentary by Post Millennial here: https://thepostmillennial.com/trans-activists-pushing-purposeful-disinformation-with-transition-or-suicide-narrative-about-trans-kids

A professor who treats adolescent gender anxiety says no to minors' legal gender correction

In adolescence, the construction of identity is incomplete.

Adults should not start to strengthen or curb identity experiments that are part of growing up, says Riittakerttu Kaltiala, professor of youth psychiatry.

[PHOTO]
Riittakerttu Kaltiala, professor of youth psychiatry, says that young people need to accept themselves. PHOTO: RAMI MARJAMÄKI

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A law on legal gender confirmation that is being considered by the PARLIAMENT currently applies only to adults.

In statements about the law and in parliamentary debates, demands are now being made that the right to legal gender correction should also be extended to people under 18 years of age.

For example, the human rights and social sector NGO Seta says that the advantages of legal gender reassignment for minors include the fact that children's rights would be fulfilled in accordance with recommendations.

Seta also wants children to receive identity documents corresponding to their gender and be treated according to their gender, strengthening the child's right to self-determination in matters concerning himself, and decreasing misgendering and discrimination against the child while increasing well-being.

Tampere University's professor of youth psychiatry Riittakerttu Kaltiala disagrees. In December, she said in her statement to the parliamentary social and health committee that the age limit should not be lowered.

This is because in adolescence, the construction of identity is only getting underway and the final outcome of development is not known, not even by the young person himself.

KALTIALA has been responsible for evaluating young people experiencing sexual anxiety at Tampere University Hospital (Tays) since the operation began in 2011.

She has encountered hundreds of young people struggling with the experience of gender.

Kaltiala has also met with the vast majority of the young people sent from another similar clinic in Helsinki to get a so-called second opinion.

During ten years, Kaltiala has also published copious research on issues related to gender identity in minors. She has become an internationally respected expert in the field.

"You can be who you are and let's see what happens when you grow up."

KALTIALA explains her position in a telephone interview.

According to her, it has been known for a long time that some children identify strongly with the other gender at some point.

However, four out of five children who identify with the opposite sex feel differently in adolescence.

That's why it's wise to monitor the situation, give the child peace of mind and treat the family's anxiety and possible related problems, says Kaltiala.

In all cultures this kind of child behavior is not a problem, but in others it attracts more attention.

It is IMPORTANT to accept the child as himself, says Kaltiala.

"Acceptance is saying that you are a boy who feels like you are a girl. It's okay and you can be who you are and let's see what happens when you grow up."

But, if either the child’s experience or his physical body is denied, the child is not accepted as whole. If we tell him to do as a boy should, we deny the experience. If we say you are actually a girl, the body is denied, explains Kaltiala.

In both cases, the child gets the message that there is something wrong with him, says Kaltiala.

Also, according to her, changing the legal gender marker in youth is not merely a formality in which a fact is stated, but a strong psychological and social intervention that guides the youth's development.

"It's a message in the direction that this is the right path for you."

According to Kaltiala, in the light of CURRENT research data, the phenomenon of permanent adolescent transgenderism occurs only when the identification with the opposite sex clearly began in childhood and only strengthened in puberty.

Nowadays, the vast majority of minors applying for gender identity studies only began experiencing the sense of being transgender after puberty.

The phenomenon is new, and there is therefore no research data on the permanence of these experiences.

"The young person tries out different identities and is prone to suggestion."

YOUNG people themselves can be unconditional and sure of their own trans identity. In adolescence, identity is still fragmented and situational, says Kaltiala.

"The young person tries out different identities and is prone to suggestion. In one situation he feels he is one and in another another. That's normal in adolescence."

She reminds us that young people have always expressed different identities and group affinities through, for example, clothing, hairstyles and language.

If they want to use the signs of the other gender, there is no reason to restrain that, but neither should it be affirmed.

"Youth development tasks are not promoted by supporting and directing the youth's self-expression from the outside," says Kaltiala.

Neither should the environment commit to identity experiments in a way that might make a later change of direction oppressive.

WHY, then, has the strengthening of identity experiments related to gender been widely considered desirable and even necessary for the mental health of young people?

Kaltiala says that the services of trans polyclinics were not opened up to young people on the initiative of youth psychiatry, but that the impetus came from politicians, organizations and doctors who work with adults.

When Kaltiala took on the task, gender identity problems for children and young people were still rare. Since 2015, the number of patients has increased tenfold and the group of patients has changed, she says.

In the past, it was most often very young boys who identified with the opposite gender, but now almost all of Kaltiala's patients are biological girls who noticed a gender conflict in their teens.

Three out of four patients also have serious mental health problems.

Kaltiala says that psychiatric and developmental problems, learning difficulties and situations requiring child protection measures must be handled regardless of the young person’s sense of gender.

However, many young people cling to the idea offered in the media and social media that their other problems stem from a gender discrepancy and will be solved if others start seeing them as the right gender. But that is not the case, says Kaltiala.

"Balance of mind does not come from making others do and see what you want."

Media publicity, social media and friends all play their part in this phenomenon.

In youth gender identity research units, it has often been observed that a small town suddenly receives a disproportionate number of referrals compared to the general population.

Research reveals that all patients are from the same school or even from the same circle of friends.

"Especially for girls, sharing things with a circle of friends is really important," says Kaltiala. According to her, it is common for psychiatric symptoms to spread among girls in the same hospital ward.

"It is not justified to tell the parents of young people experiencing transgenderism that without corrective treatment the young person is at risk of suicide."

Activists and organizations, such as Seta, that demand hormone treatments and legal gender confirmation for MINORS often claim that trans youth have an increased risk of suicide and therefore urgently need treatment and support.

"It is purposeful disinformation that is irresponsible to spread," says Kaltiala.

According to her, suicidal thoughts and behavior in young people who are exploring their gender are related to concurrent psychiatric disorders.

"Mentally healthy young people who experience their gender in a way that differs from their biological body are not automatically suicidal."

Suicide was a very rare event in studies of young people who applied for gender identity studies over a ten-year period.

On the other hand, in a large Swedish registry study, suicide mortality clearly increased among adults who received gender reassignment treatments.

"Therefore, it is not justified to tell the parents of young people experiencing transgenderism that the young person is at risk of suicide without corrective treatment and that the danger can be countered with gender reassignment treatment," says Kaltiala.

IN HER STATEMENT to the social and health committee, she recommended that it might be better not to start any physical treatments based on gender identity before adulthood.

In a Finnish study, it was found that the psychological well-being of many minors who received hormonal treatment did not improve, but worsened.

In Sweden and Britain, where hormone treatments for minors have been given at a lower threshold than in Finland, according to Kaltiala, they have started to limit these treatments.

Their plan is to limit these treatments to research projects that acquire reliable information about the treatments' efficacy.

HOW then to help a young person suffering from sexual anxiety?

The task of adults is to calmly receive the feelings of young people, to care and accept them - not to strive for quick solutions to remove all the pain that comes with youth, even without help.

Kaltiala is silent for a moment whenshe is asked who emphasizes suicide in young people and why.

"I would kindly like to think that adults who themselves have received help with gender reassignment have wanted to go and save children and young people. But they lack the understanding that a child is not a small adult."

The Social and Health Committee of the PARLIAMENT decided to propose that the Government prepare legislative amendments promoting self-determination in transgender children and young people.

The Committee made this decision despite the fact that Children's Medical Association, in its statement to the committee, also considered it better for young people's identity development that gender-confirming legal markers not be extended to minors.

The Medical Association also considered age limitations to be the right solution. In its statement, the Psychiatric Association also cautioned on the incompleteness of young people's identity.

Kaltiala says that even adults can make hasty decisions in gender reassignment. But children and young people have a special right to care and protection.

"That's why they also can't immediately get everything they want right now."