



## Answers4Seekers, Session #4

### Topics Covered: Intersex, Dysphoria, & Orientation Genes

- A) What is Intersex (and what it isn't)?
- B) What is Rapid Onset Gender Dysphoria?
- C) Is Sexual Orientation fixed by Our Genes?
- D) Dysphoria Persistence, Suicide Rates, and the Nuclear Family

#### Session's Bonus Video Links:

- Dr. Leonard Sax on "Truth About Gender Differences, Danger of "Affirm Only" Care  
(link: <https://www.youtube.com/watch?v=gmTX2T44UDs>) 1hr:37min
- Dr. Leonard Sax on "How Today's Trans Activism Actually Emboldens Gender Stereotypes"  
(link: [https://www.youtube.com/watch?v=Qk1hT\\_Uuuko](https://www.youtube.com/watch?v=Qk1hT_Uuuko)) 8min.
- Dr. Debra Soh How Parents Can Find a Rational Therapist on Gender Identity and Sexuality"  
Link: <https://www.youtube.com/watch?v=19jhYKEKZ00> 13min.



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### A) What is Intersex (and what it isn't)?

#### a. Why Discuss Intersex First?

Before we can embark properly on the topic of gender-dysphoria, it is helpful to first address the topic of what is “Intersex” (and what it isn’t), since some organizations will use sexual birth disorders in an erroneous attempt to promote transgenderism.

b. Like many other human birth defects and disorders, “intersex” does occur, but is rare (as we shall see below). Jesus appears to be mentioning this rare birth disorder in Matthew 19:12 when He said, “*eunuchs (those without testes or genitals), who were born so from their mother’s womb.*” Jesus also confirmed that “... *from the beginning of creation, God made them male and female ...*” (Matthew 19:4). Birth defects do occur in a fallen world.



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c. What is the clinical definition of “Intersex”?

- i. The clinical definition of Intersex is a birth disorder of sex development that would include one of these conditions:
  1. (a) the phenotype (physical characteristics) of individual’s genitals are not classifiable as either male or female, or
  2. (b) individual’s chromosomal sex (XX or XY) is inconsistent with their phenotypic sex (physical characteristics).
- ii. Clinical Intersex births occur about 1 in 5500, and are pretty rare; compared to the frequencies of other birth defects or disorders (see below). The prevalence of severe intersex conditions occur at a rate less than 1 in 10000 (see table below), yet all of these can live full lives and many are able to perform sexually in their phenotype, but are almost always infertile.



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- iii. Functional gonads (ovaries or testicles) clearly help identify an individual as to whether they are male or female. Functional ovaries (with viable eggs) equals you are a female, functional testes (with viable sperm) equals you are male. In practice, karyotype chromosomes (whether normal, mosaic, or aneuploidy) typically submit to functional phenotype (genitals, gonads, and germ cells) as to how that person lives as either female or male.
- iv. No documented case exists of a human having both fully functional ovaries and testes that produce viable gametes, eggs and sperm, at the same time (therefore no true Hermaphrodites exists).
- v. Gonads defined: Gonads are human reproductive sex glands that produce sex (germ) cells: Male gonads are Testes (whether descended or undescended) and produce sperm cells, and Female gonads are Ovaries which produce egg cells.
- vi. [The SRY Gene](#): Sex-determining Region Y, is the primary gene producing the male sex of the child and their phenotype. The SRY gene is what codes for the



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development of testicles (male gonads) and through the testicles the production of testosterone which produces the masculinization of the brain and genitals (penis) and at puberty the secondary male features: muscle mass, height, hair, lower voice, growth in penis and testicles, and gamete production (sperm). Without the presence of the SRY gene the development of the embryo is a female phenotype.

- vii. [Masculinization of the Brain](#): The SRY gene initiates testes development in XY embryos, leading to testosterone production that shapes neural development during critical prenatal windows. Testosterone (and its conversion to estradiol in the brain) promotes [masculinization](#), influencing structures and connectivity patterns. Research using diffusion tensor imaging suggests that, on average, male brains show stronger intra-lobar (within-hemisphere) connectivity, supporting localized, modular processing often associated with spatial and motor problem-solving. Female brains, by contrast, tend to show more inter-lobar and interhemispheric connectivity, facilitating integration across regions, which is



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linked to language fluency and multitasking. Both sexes are capable of high performance in language and complex problem-solving.

- d. For Comparison and Perspective: Sampling of Non-Sex Development Birth Disorders that occur at a higher rate than “clinical intersex”:
- i. Clubfoot (a birth defect where one or both feet are rotated inward and downward): **1 in every 593 births**
  - ii. Down syndrome, Trisomy 21 (Down syndrome babies have an extra copy of chromosome #21 is a genetic condition where this person has three copies of chromosome 21 instead of the usual two and so instead of 46 chromosomes total (23 pairs), this person with Trisomy 21 has 47 chromosomes total (an extra chromosome): **1 in every 707 births**
  - iii. Atrioventricular septal defect (a heart defect affecting the valves between the heart’s upper and lower chambers): **1 in every 1,859 births**



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- iv. Spina bifida (condition that affects the spine and is a type of neural tube defect). **1 in every 2,857 births.**
  - v. Cleft lip without cleft palate (a birth defects that occur when a baby's lip or mouth do not form properly): **1 in every 2,807 births**
  - vi. Anencephaly (baby is born without parts of the brain and skull; nearly always fatal): **1 in every 4,762 births**
- e. Individuals born with completely missing or undefinable gonads are extremely rare:
- i. Hermaphrodite/Ovotestes: Is where the gonadal tissue is mixture of ovarian tissue [female] and testes tissue [male]), and is almost always completely non-functional; this has a rare occurrence of around "1 in 83000 births."
  - ii. Swyer Syndrome (Complete Gonadal Dysgenesis): Is where a "XY-46 chromosome baby" lacked the SRY gene (and therefore testosterone) and therefore never



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developed testes or a penis, but since they have the XY karyotype, they can never develop ovaries either. They are born with the female phenotype and the normal feminized brain, and after puberty they typically experience full female sexual function (having a vagina, clitoris, and uterus) yet are completely sterile having no ovaries or eggs. These present and are considered female. This occurrence has a frequency of 1 in 80000 human births.

1. The cause of Swyer is when a male sperm Chromosome-Y develops but loses its SRY Gene, and then joins with the Female egg at conception. The result is a female, who unfortunately is sterile having no ovaries (unable to reproduce).
- f. For clarification, the following five (5) types of sex-development disorders do not meet the clinical definition of “Intersex”:
- i. Late Onset (non-classical) Congenital Adrenal Hyperplasia [LOCAH]: A group of genetic disorders that affect the adrenal glands. Non-classic [late onset] CAH is



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milder and more common. It may not be identified until childhood or early adulthood. Affects females, but they still have ovaries and can become pregnant.

- ii. Vaginal Agenesis: A rare disorder in which the vagina doesn't fully develop, and the womb (uterus) may only develop partially or not at all; The genitals look like a typical female; The ovaries typically are fully developed and functional.
- iii. Turner's Syndrome (45,X): A condition that affects only females, results when one of the X chromosomes (sex chromosomes) is missing or partially missing. Turner syndrome can cause a variety of medical and developmental problems, including short height, failure of the ovaries to develop and heart defects. Turner's Syndrome and 45,X refer to the same genetic condition, often used interchangeably. Turner's Syndrome is the clinical diagnosis, while 45,X (or 45,XO) is the specific chromosomal karyotype where an individual is missing all or part of one X chromosome. It affects approximately **1 in 2,000 to 2,500**.



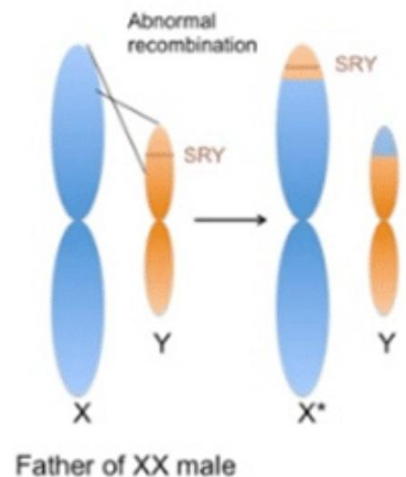
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- iv. 4) Klinefelter's Syndrome: A genetic condition that results when a boy is born with an extra copy of the X chromosome. Klinefelter syndrome is a genetic condition affecting males, affect testicular growth, reduced muscle mass, reduced body and facial hair, and enlarged breast tissue, but assisted reproductive procedures may make it possible for some men with Klinefelter syndrome to father children. They are fully male, having the Y chromosomes, the SRY gene, testes, and can produce sperm.
  
- v. 5) Non-XX and Non-XY Aneuploidies (chromosomes that don't equal 46). Many of these cases have clearly identifiable gonads that are as either Female (ovaries) or Male (testes). Testes equal male, ovaries equal female.
  
- g. XX, MALE: Is an XX individual, where one of the X's contains the SRY gene that was abnormally translocated from the Y chromosome onto one of the X chromosomes during paternal meiosis; this condition is often called XX male syndrome. In most cases, the presence of SRY initiates testis development, leading to production of testosterone and anti-Müllerian hormone, so affected individuals typically develop male external



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genitalia (penis) and a masculinized brain. However, their testes are usually small and nonfunctional (no sperm production), and some individuals may have ambiguous genitalia depending on how fully downstream genes are activated. They do have the SRY gene, but lack other gene parts that would be contributed by the full Y-chromosome. Thus, SRY-positive XX individuals are generally phenotypically male with varying degrees of masculinization, but they are infertile due to the absence of other critical Y-linked genes needed for normal spermatogenesis. They are essentially a sterile male. **1 in 20,000.**





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- h. Chromosome Mosaics: Chromosomal mosaicism is a condition where a single individual has two or more genetically different cell lines that originated from the same fertilized egg (zygote). A chromosome mosaic is when not all cells in the body have the same chromosomes. Chromosome mosaics (45,X/46,XX), or (46,XY/46,XX), or (46,XY/47,XXY) occur in roughly <1% of births overall. Most have reduced or absent reproductive capacity. Overall fertility is uncommon. Again, sex can be determined by the presence of testes for males, ovaries for females.
- i. Sex Chromosome Aneuploidies: Sex chromosome aneuploidies occurs where an individual has an atypical number of sex chromosomes. **47,XXY** (Klinefelter syndrome) occurs in approximately **1 in 650 males**, while **47,XYY** (Jacobs syndrome) occurs in roughly **1 in 1,000 males**. Both conditions often remain underdiagnosed and are caused by random errors in cell division rather than inheritance. Anytime a sex chromosome contains the SRY Gene (normally by the Y-Chromosome), the phenotype is male, their brain has been masculinized, and are true males.



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- j. The birth of a clinical intersex child, far from being “a fairly common phenomenon,” is a rare event, occurring in fewer than **1 out of every 5500** births (for severe intersex, **less than 1 in 10000**). The available data supports the conclusion that human sexuality is a dichotomy, not a continuum, since more than 99.99% of all humans are clearly either male or female.
- k. Based on the above data, the birth of a child with complete sexual ambiguity (no gonads or having streak gonads – i.e., Swyer & Ovotestes) is **less than 1 in 40000**.
- l. The term “Intersex” can never describe people who have matching chromosomes, gonads, and genitalia. Therefore, a transgender person who has sex matching chromosomes, gonads, and genitalia can never be classified as Intersex.



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## m. Comparison of Swyer, CAIS, 46,XX Male, and Ovotesticular DSD

Feature	Swyer syndrome (46,XY gonadal dysgenesis)	CAIS (Complete Androgen Insensitivity Syndrome)	46,XX male (De la Chapelle syndrome)	Ovotesticular DSD (Ovotestes)
Prevalence (live births)	~1 in <b>80,000</b> ( <a href="#">PMC</a> )	~1 in <b>50,000</b> (median of 1:20k–1:99k) ( <a href="#">NCBI</a> )	~1 in <b>20,000</b> males ( <a href="#">NCBI</a> )	Extremely rare (~5% of DSD; overall <<1 in 100,000 births)
Karyotype	46,XY	46,XY	46,XX	46,XX (most), or mosaic XX/XY
Gonads (type)	<b>Streak gonads</b> (nonfunctional) ( <a href="#">NCBI</a> )	<b>Testes (undescended)</b>	<b>Testes (small, dysgenetic)</b>	<b>Both ovarian + testicular tissue</b>
Functional ovaries (viable eggs)	✗ None	✗ None	✗ None	✓ Sometimes (ovarian tissue often functional; pregnancies reported) ( <a href="#">PMC</a> )
Functional testes (viable sperm)	✗ None	✗ No (infertile)	✗ No (azoospermia) ( <a href="#">NCBI</a> )	⚠ Extremely rare (only isolated documented cases) ( <a href="#">PMC</a> )
Typical fertility	Infertile (may carry pregnancy with donor egg)	Infertile (no uterus)	Infertile	Rare fertility (mostly as female)
Primary cause	Failure of testis development (e.g., SRY or downstream gene defects)	Androgen receptor mutation → body cannot respond to testosterone	Usually <b>SRY gene translocation</b> to X chromosome ( <a href="#">NCBI</a> )	Mixed/variable (SRY anomalies, mosaicism, SOX9, etc.) ( <a href="#">NCBI</a> )



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Feature	Swyer syndrome (46,XY gonadal dysgenesis)	CAIS (Complete Androgen Insensitivity Syndrome)	46,XX male (De la Chapelle syndrome)	Ovotesticular DSD (Ovotestes)
<b>Hormonal environment (prenatal)</b>	Low testosterone	Normal testosterone, but ineffective	Testosterone present	Variable (mixed ovarian/testicular output)
<b>Brain masculinization (prenatal testosterone effect)</b>	❌ No (no significant androgen exposure)	❌ No (androgen resistance prevents effect)	✅ Yes (testosterone active)	⚠️ Variable (depends on androgen exposure)
<b>External genital phenotype</b>	Female	Female	Male (usually typical)	Ambiguous or male/female spectrum
<b>Internal reproductive structures</b>	Female (uterus present)	No uterus (AMH from testes suppresses Müllerian structures)	Male internal structures	Mixed/variable
<b>Suitability for intercourse</b>	Yes (typical female anatomy)	Yes (short/blind vagina common but functional)	Yes (typical male anatomy)	Variable (depends on phenotype)
<b>Orgasmic function</b>	Yes (normal female neuroanatomy)	Yes (clitoral/vaginal sensation present)	Yes (male sexual function present, though fertility absent)	Variable but often present
<b>Puberty (without treatment)</b>	Absent (needs hormones)	Spontaneous breast development (from aromatized androgens)	Male puberty (often incomplete)	Variable



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### B) What is Rapid Onset Gender Dysphoria?

- 1) In on-line forums, parents have reported that their children seemed to experience a sudden or rapid onset of gender dysphoria, appearing for the first time during puberty or even after its completion. Parents describe that the onset of gender dysphoria seemed to occur in the context of belonging to a peer group where one, multiple, or even all of the friends have become gender dysphoric and transgender-identified during the same timeframe.

Parents also report that their children exhibited an increase in social media/internet use prior to disclosure of a transgender identity. Recently, clinicians have reported that post-puberty presentations of gender dysphoria in natal females that appear to be rapid in onset is a phenomenon that they are seeing more and more in their clinic.



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Academics have raised questions about the role of social media in the development of gender dysphoria. ([Dr. Lisa Littman, 2018, Signs of a Rapid Onset of Gender Dysphoria](#))

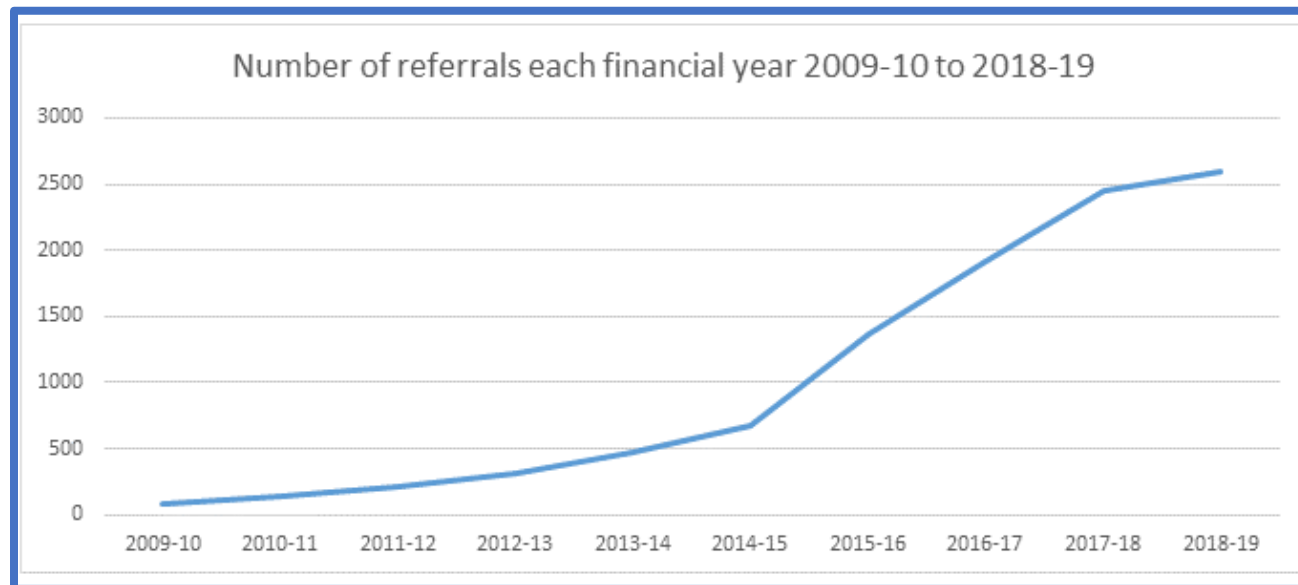
- 2) View the Video Links listed on the first page of this Session #4 for more information.
- 3) [What is Gender Dysphoria \(per American Psychiatric Association, APA's DSM-5\):](#)  
The APA says Gender dysphoria refers to the distress that may accompany the incongruence between one's experienced or expressed gender and one's assigned gender (biological sex) .... previous DSM-IV term [was] "gender identity disorder." ([DSM-5, page 452](#))
- 4) [Prevalence of Gender Dysphoria among Adults \(frequency of occurrence\):](#)  
For natal [born] adult males, prevalence ranges from 0.005% to 0.014%, and for natal [born] adult females, from 0.002% to 0.003%. (DSM-5, page 454). Therefore, it appears once a person reaches adulthood, the occurrence of gender dysphoria is very rare.
- 5) So the [prevalence of gender-dysphoria](#) occurring in adult individuals is less than 1 in 7100 for adult males and less than 1 in 33000 for adult females.



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6) Now Let's compare the rise of Gender Dysphoria among youths to the recent rise in the usage of smartphones and Social-Media among youths:

A) Gender Dysphoria consultations increased **50X** in Britain between 2010 to 2019:  
*Britain's "Tavistock" Gender Clinic*



<https://answers4seekers.org/wp-content/uploads/2024/08/2019-tavistock-referrals-to-the-gender-identity-development-service-gids-level-off-in-2018-19.pdf>



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### News Article: Britain's "Tavistock" Gender Clinic May Be Sued By Parents (8-11-22)

**Daily Mail**  
.com

Home | U.K. | **News** | Sports | U.S. Showbiz | Australia | Femail

[Tavistock transgender clinic is facing mass legal action 'from 1,000 families' | Daily Mail Online](#)

**Tavistock transgender clinic could face mass legal action 'from 1,000 families of children who claim they were rushed into taking life-altering puberty blockers' weeks after NHS shut it down in wake of damning report**

- Thousands of young people were treated by Tavistock centre in north London
- Many of them were prescribed powerful drugs to delay onset of adolescence
- But now the NHS has ordered it to be shut down in the wake of a damning report

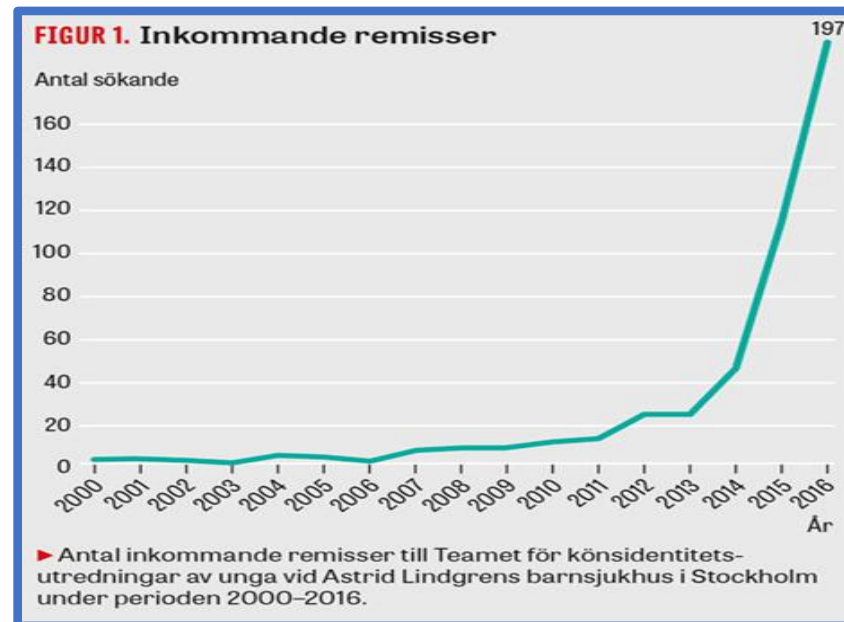
By [MARTIN BECKFORD, POLICY EDITOR FOR THE DAILY MAIL](#)  
PUBLISHED: 04:26 EST, 11 August 2022 | UPDATED: 04:53 EST, 11 August 2022

[uks-tavistock-transgender-clinic-is-facing-mass-legal-action-8-11-22](#)



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B) Sweden's Astrid Lindgren's Children's Hospital, incoming referrals regarding gender dysphoria increased 65X from 2000 to 2016:



[https://translate.google.com/website?sl=sv&tl=en&hl=en&prev=search&u=http://lakartidningen.se/wp-content/uploads/EditorialFiles/MY/%255bEFMY%255d/2016-157\\_001\\_webb.jpghttps://lakartidningen-se.translate.goog/klinik-och-vetenskap-1/artiklar-1/klinisk-oversikt/2017/02/kraftig-okning-av-konsdysfori-bland-barn-och-unga/? x tr sl=sv& x tr tl=en& x tr hl=en& x tr pto=sc](https://translate.google.com/website?sl=sv&tl=en&hl=en&prev=search&u=http://lakartidningen.se/wp-content/uploads/EditorialFiles/MY/%255bEFMY%255d/2016-157_001_webb.jpghttps://lakartidningen-se.translate.goog/klinik-och-vetenskap-1/artiklar-1/klinisk-oversikt/2017/02/kraftig-okning-av-konsdysfori-bland-barn-och-unga/? x tr sl=sv& x tr tl=en& x tr hl=en& x tr pto=sc)



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C) In the US, transgender identification has increased 20X among young adults (Gen-Z) when compared to older adults (Baby Boomers) living in the US today. (Gallup, 2021):

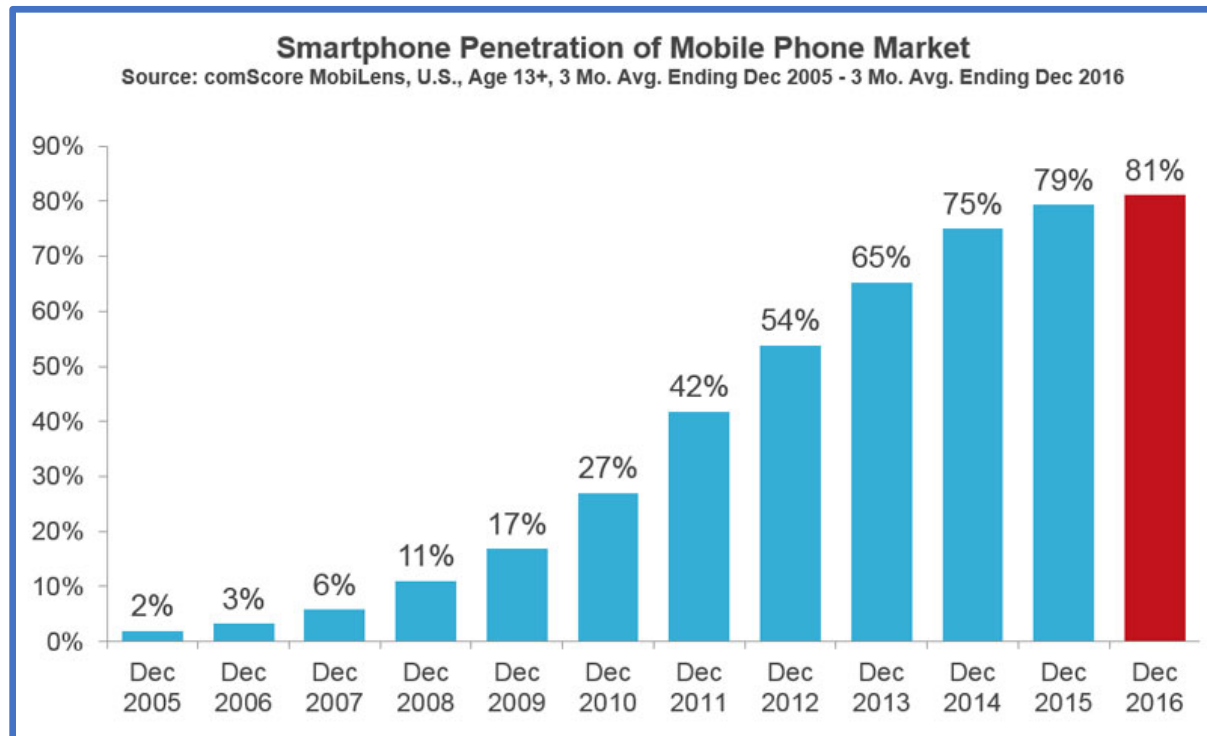
GALLUP, 2021	Transgender %
<b>Generation</b>	
Generation Z	2.1
Millennials	1.0
Generation X	0.6
Baby boomers	0.1

<https://news.gallup.com/poll/389792/lgbt-identification-ticks-up.aspx>



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### D) Smartphone Usage Increased from 2% in 2005 to 81% in 2016

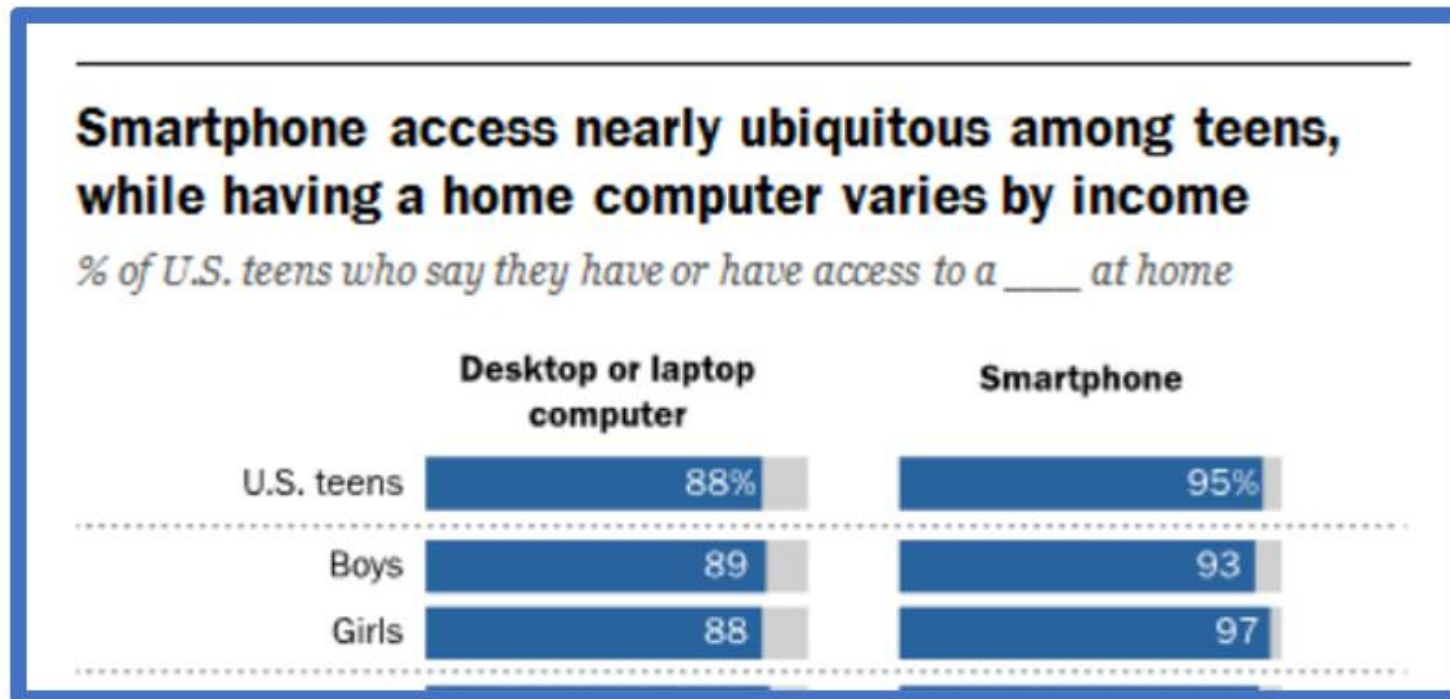


<https://www.comscore.com/Insights/Blog/US-Smartphone-Penetration-Surpassed-80-Percent-in-2016>



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### E) Smartphone Usage Among Teens is 95% in 2018

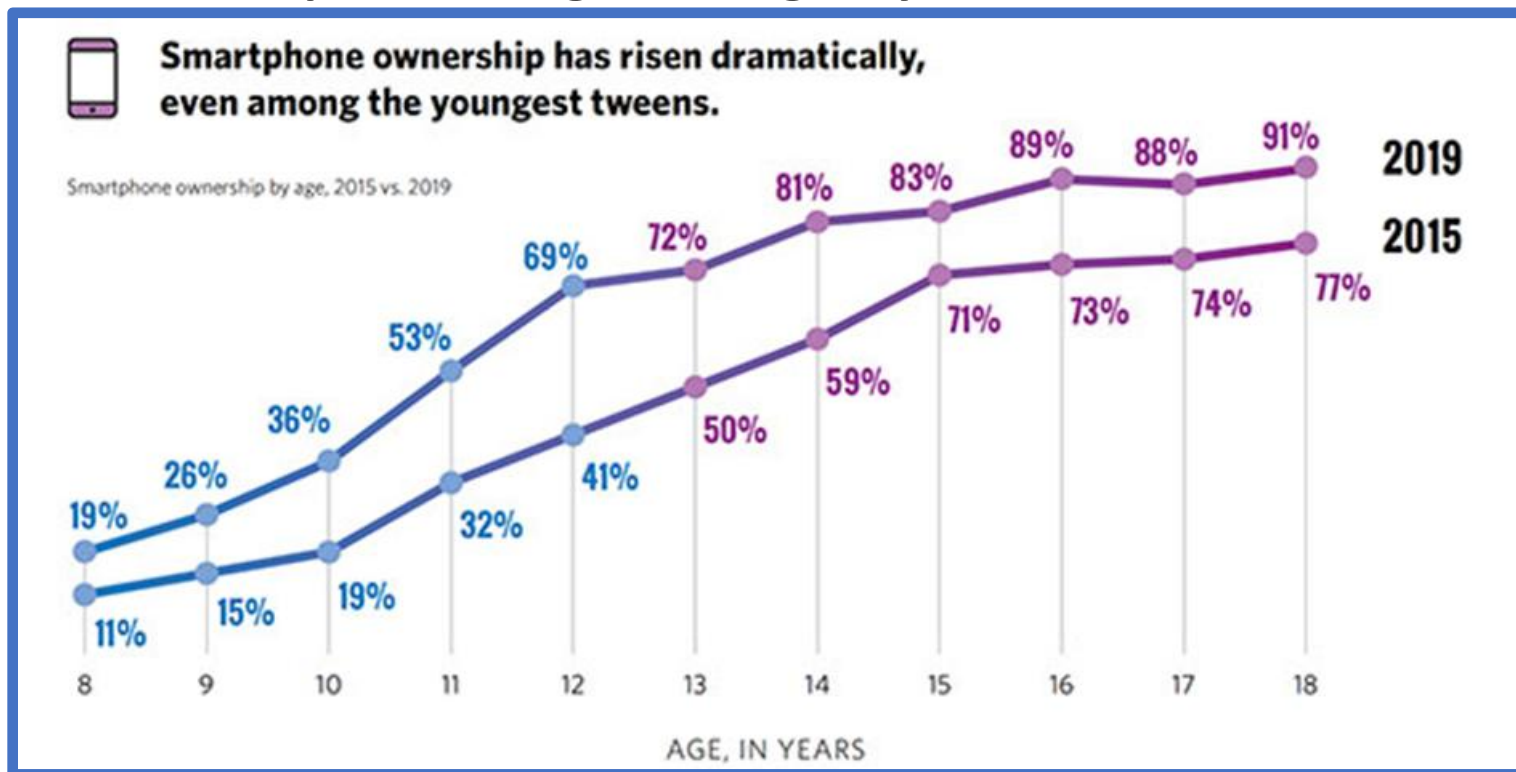


<https://www.pewresearch.org/internet/2018/05/31/teens-social-media-technology-2018/>



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f) Smartphone Usage Among 12 year-olds is 69% in 2019

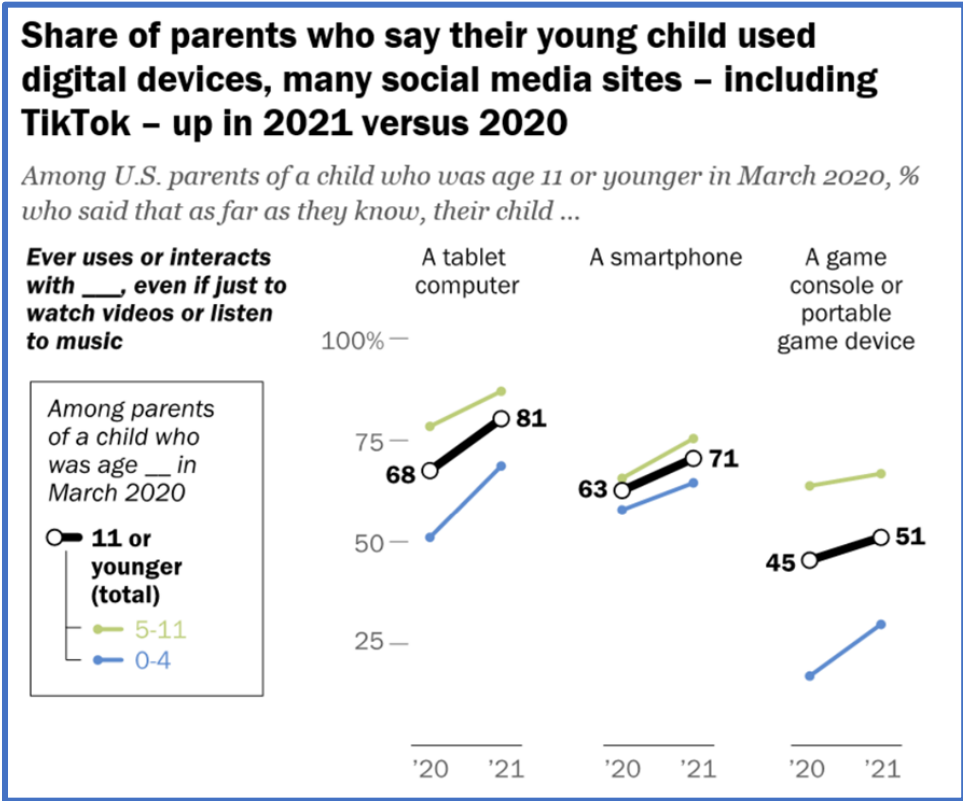


<https://thejournal.com/articles/2019/10/30/how-teens-consume-digital-media.aspx>



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## G) Smartphone Usage Among Children 1-4 years-old in 2021: 64%

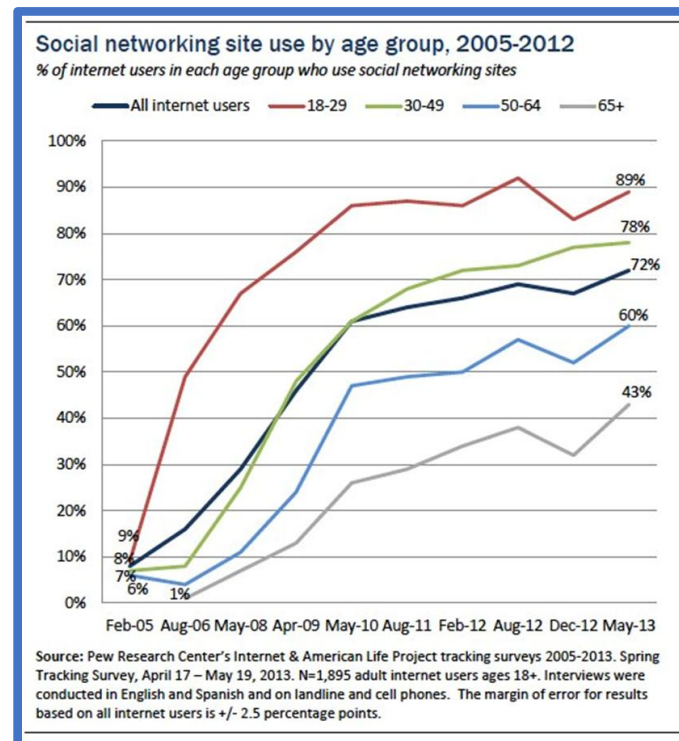


<https://www.pewresearch.org/fact-tank/2022/04/28/how-parents-views-of-their-kids-screen-time-social-media-use-changed-during-covid-19/>



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### H) Social Media Use Grew from 8% in 2005 to 89% in 2013 (for 18+)



<https://kamber.com.au/thinking/2013/11/social-media-trends-2014-part-two>



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### C) Is Sexual Orientation fixed by Our Genes?

#### 1) What are Identical Twins?

Identical twinning is officially described as monozygotic. Monozygotic twins form from a single (mono) fertilized egg (zygote). The zygote splits into two parts after conception, resulting in the development of two individual embryos. Because the two embryos are the result of a single egg/sperm combination, they have the same genetic origins and thus the same DNA.

The odds of having identical twins is about 1 in 333, whereas the birth rate for all twins (identical and fraternal) is about 1 in 30.



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### 2) Identical TWIN's Study on Homosexuality

(Reference: [My Genes Made Me Do It, Chapt-10, Whitehead, 2020](#))

Studies of twins have provided some of the strongest numerical evidence that “Our genes do not make us do it.” In a nutshell, if you take pairs of identical twins in which one twin is homosexual, the identical co-twin (a monozygotic [MZ] twin) is usually not homosexual.

[Jones and Yarhouse](#), examining the important [Australian Bailey et al.](#) (2000) SSA twin study paper, find that for self-declared lesbians and gays the pairwise concordance is 14% and 11% respectively.

**This means that for every nine (9) sets of male identical (MZ) twins (where one of the twins is a homosexual), one (1) twin-set will have both as homosexuals, while the other eight (8) twin-sets will be a mix of one homosexual and one heterosexual. Based on that study, a male identical MZ twin-set where both are homosexuals had an occurrence of only 11%, which is not very much.**



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Homosexuality is not genetically inevitable. If it were, identical twins would show 100% concordance for SSA (Same-Sex Attraction), not 11%. This is a long way from genetic determinism.

That means, given that identical twins are always genetically identical, homosexuality cannot be genetically dictated.

That said, this does not mean that Same-Sex Attraction is never felt, it just means it is not determined by their genes; and since sexual orientation and attraction has evidence of fluidity, there exists the possibility for change, when desired.

Felt sexual attractions can also exist between heterosexual singles or heterosexual married persons, but these don't require an action. For example, a heterosexual sexual attraction of a single person or a married person towards another person (who is not their spouse) can be experienced, but to honor that person or their spouse (and if that person is a Christian, to honor Christ), that person can choose not to act on that sexual attraction.



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### Regarding SSA changes in adults:

About half of those with exclusive SSA move towards heterosexuality over a lifetime. Put another way, 3% of the practicing heterosexual population (both men and women) claim to have once been either bisexual or homosexual.

- These changes are not therapeutically induced, but happen “naturally” in life, some very quickly.
- Most changes in sexual orientation are towards exclusive heterosexuality.
- The Numbers of people who have changed towards exclusive OSA (Opposite Sex Attraction) are greater than current numbers of bisexuals and exclusive SSA people combined. In other words, “Ex-gays outnumber actual gays.”



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- Exclusive OSA is 17 times as stable as exclusive SSA for men, and 30 times as stable as exclusive SSA for women. (Women move about more in their sexual orientation than men.)

### Regarding SSA changes in adolescence:

- Most teenagers will change from SSA. In fact, in the 16 to 17 year age group, 98% will move from homosexuality and bisexuality towards heterosexuality.
- 16-year-olds saying they are SSA or Bi-attracted are 25 times more likely to say they are opposite sex attracted at the age of 17 than those with a heterosexual orientation are likely to identify themselves as bi-sexual or homosexual.
- 16-year-olds who claim they are opposite sex attracted will overwhelmingly remain that way.



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### D) Dysphoria Persistence, Suicide Rate, and Nuclear Family

- Only 2.5% to 20% [of all cases of GID \[Gender Dysphoria\]](#) in childhood and adolescence result in a persistent gender identity disorder. ([Korte, A; Goecker, D](#) et al, 2008). 80%+ of gender identity disorders resolve in individuals after adolescence.
- [According to APA's DSM-5](#) (pg 454), once a person reaches adulthood, the prevalence (occurrence within the population under review) of gender dysphoria averages only 1 in 5,892 adults (4 Males for every 1 Female).
- [Wikipedia lists a total of 11 Transgender Youths who died by suicide since 1870 \(past 154 years\)](#) in the United States. Every suicide is tragic, but when compared to the total of [57,876](#) (calculated estimate) for all youth-aged suicides (15-24 for year-olds) in the US during past 13 years (2009-2023), it hides the bigger problem – Why are so many youth committing suicide?
- Please see the charts below the inculcated that as the nuclear family dissolved youth suicides doubled.
  - The current annual suicide rate for 15-24 year-olds is 10.6/100K – please see below.
  - The historic annual [Suicide rates among youth \(15-24\) from 1900 thru 1960](#) (pg 225) averaged 4.5/100K.
  - Annual [Suicide rates among youth \(15-24\) from 1970 thru 2016](#) averaged 10.6/100K.
    - That is a 135% increase from the stable past.



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- **The start of the decline of the nuclear family** in the United States can be estimated to be around 1965; it is interesting to note that youth suicide rates quickly doubled starting from the 1970's and have stayed doubled thru today.
- **Adult Transgender people's attempted-suicide rate is 8.9 times more** than that of the average US population (lifetime rate, 40.4% vs 4.6%). (Why, as adults, are their suicide attempt rates still 9X of the US population? Is gender transitioning not the solution that they are really needing?)
- **The Transgender Suicide-attempt rate remains very high throughout their whole adult life**, especially from age 18 thru age 64 (please see page 10).



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Explaining the Rise in Youth Suicide 225

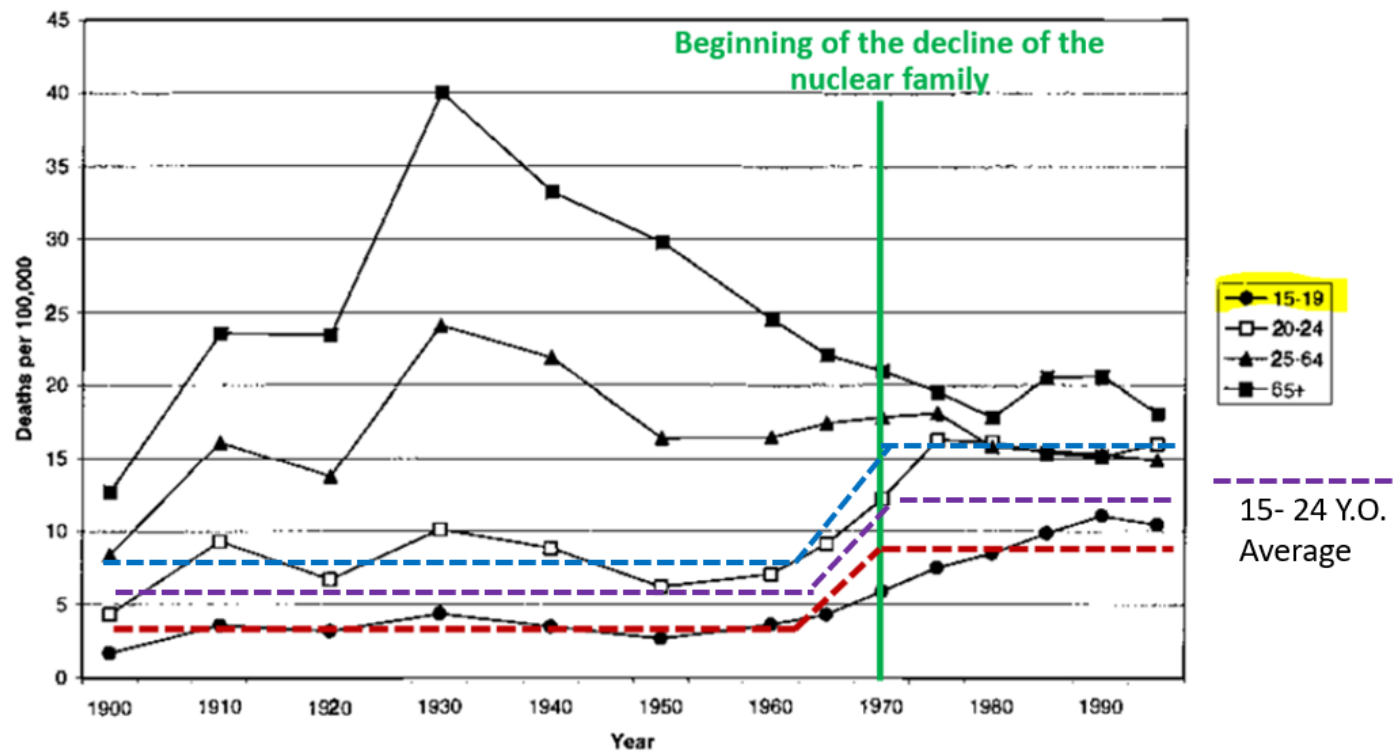


Fig. 5.2 Suicide rates by age over time



# Answers4Seekers, Session #4

