

Sexuality and Gender

Findings from the Biological, Psychological, and Social Sciences

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Editor's Note: Questions related to sexuality and gender bear on some of the most intimate and personal aspects of human life. In recent years they have also vexed American politics. We offer this report — written by Dr. Lawrence S. Mayer, an epidemiologist trained in psychiatry, and Dr. Paul R. McHugh, arguably the most important American psychiatrist of the last half-century — in the hope of improving public understanding of these questions. Examining research from the biological, psychological, and social sciences, this report shows that some of the most frequently heard claims about sexuality and gender are not supported by scientific evidence. The report has a special focus on the higher rates of mental health problems among LGBT populations, and it questions the scientific basis of trends in the treatment of children who do not identify with their biological sex. More effort is called for to provide these people with the understanding, care, and support they need to lead healthy, flourishing lives.

編者按：與性向和性別相關的問題往往涉及到人類生活中某些最私密而且個人的方面。近年來，這些問題也給美國政治帶來了各種紛擾。我們提供的這份報告由兩位專家撰寫，一位是受過專業精神病學訓練的流行病學家 Lawrence S. Mayer 博士，另一位則可能是過去半個世紀以來美國最重要的精神科醫生 Paul R. McHugh 博士。我們希望能藉由這份報告提高公眾對於性向及性別相關問題的認識。本報告通過仔細分析生物學、心理學以及社會科學的相關研究，指出某些最常聽到的有關性向和性別的主張並沒有得到科學證據的支持。該報告還有一個特別關注點，那就是在 LGBT 群體中，心理健康有問題的人占較高比例。與此同時，關於治療無法認同自身生理性別的兒童，報告也針對當前治療趨勢的科學基礎提出了質疑。因此我們仍須更多努力來為這些人提供他們所需的理解、關心和 support，使之能過上健康、繁榮的生活。

Executive Summary 執行摘要

Lawrence S. Mayer, Paul R. McHugh

This report presents a careful summary and an up-to-date explanation of research — from the biological, psychological, and social sciences — related to sexual orientation and gender identity. It is offered in the hope that such an exposition can contribute to our capacity as physicians, scientists, and citizens to address health issues faced by LGBT populations within our society.

本報告將來自生物學、心理學和社會科學領域並且針對性傾向和性別認同的相關研究做了一個周密的總結，並提供了最新的說明。在我們的社會當中，不論你是醫生、科學家還是普通公民，在面對 LGBT 群體時，希望這樣的論述能夠幫助我們，提升我們探討解決健康問題的能力。

Some key findings:

一些主要發現：

Part One: Sexual Orientation

第一部分：性傾向

● The understanding of sexual orientation as an innate, biologically fixed property of human beings — the idea that people are “born that way” — is not supported by scientific evidence.

▪認為性傾向是人類一種先天的、生物固有的屬性，即人們「生來如此」的想法，並沒有科學證據的支持。

● While there is evidence that biological factors such as genes and hormones are associated with sexual behaviors and attractions, there are no compelling causal biological explanations for human sexual orientation. While minor differences in the brain structures and brain activity between homosexual and heterosexual individuals

have been identified by researchers, such neurobiological findings do not demonstrate whether these differences are innate or are the result of environmental and psychological factors.

- 雖然有證據表明生物因素，例如基因和荷爾蒙，與性行為和性吸引力有關，但目前針對人類性傾向並沒有具說服力的基於生物學的因果解釋。儘管研究人員已經識別出同性戀和異性戀個體之間大腦結構以及大腦活動的微小差異，然而這些神經生物學上的發現並不能證明這些差異究竟是先天的還是後天環境和心理因素影響所帶來的結果。

- Longitudinal studies of adolescents suggest that sexual orientation may be quite fluid over the life course for some people, with one study estimating that as many as 80% of male adolescents who report same-sex attractions no longer do so as adults (although the extent to which this figure reflects actual changes in same-sex attractions and not just artifacts of the survey process has been contested by some researchers).

- 針對青少年的追蹤研究表明，對於某些人來說，性傾向在整个人生過程中可能是會變化的。有一項研究估計，那些曾報告受到同性吸引的男性青少年當中，多達 80% 的人成年以後不再受到此種性吸引（儘管一些研究者曾提出異議，質疑這個數據到底在多大程度上能夠反映出同性吸引力的真實改變，而不僅僅是調查過程中的人為產物）。

- Compared to heterosexuals, non-heterosexuals are about two to three times as likely to have experienced childhood sexual abuse.

- 與異性戀者相比，非異性戀者約有 2 至 3 倍的可能性在童年時期曾遭受性虐待。

Part Two: Sexuality, Mental Health Outcomes, and Social Stress

第二部分：性向、心理健康狀況和社會壓力

● Compared to the general population, non-heterosexual subpopulations are at an elevated risk for a variety of adverse health and mental health outcomes.

▪與一般人群相比，非異性戀亞族群面臨不良身心健康狀況的風險在升高。

● Members of the non-heterosexual population are estimated to have about 1.5 times higher risk of experiencing anxiety disorders than members of the heterosexual population, as well as roughly double the risk of depression, 1.5 times the risk of substance abuse, and nearly 2.5 times the risk of suicide.

▪據估計，非異性戀群體的成員罹患焦慮症的風險比異性戀群體的成員大約高了 1.5 倍，此外還有約兩倍的風險陷入抑鬱症，以及 1.5 倍的風險濫用藥物和近 2.5 倍的風險自殺。

● Members of the transgender population are also at higher risk of a variety of mental health problems compared to members of the non-transgender population. Especially alarmingly, the rate of lifetime suicide attempts across all ages of transgender individuals is estimated at 41%, compared to under 5% in the overall U.S. population.

▪與非跨性別群體的成員相比，跨性別群體的成員在各種心理健康問題上也面臨著更高的風險。尤其讓人擔憂的是，據估計，所有年齡層的跨性別個體一生中曾自殺未遂的比率為 41%，而美國總人口當中這一比率則在 5% 以下。

● There is evidence, albeit limited, that social stressors such as discrimination and stigma contribute to the elevated risk of poor mental health outcomes for non-heterosexual and transgender populations. More high-quality longitudinal studies are necessary for the “social stress model” to be a useful tool for understanding public health concerns.

- 儘管有限但仍有證據表明，造成社會壓力的因素例如歧視和汙名，會使得非異性戀和跨性別人羣心理健康狀況不良的風險增加。而要使「社會壓力模型」成為理解公共衛生之關切議題的有用工具，進行更多高質量的追蹤研究是完全必要的。

Part Three: Gender Identity

第三部分：性別認同

- The hypothesis that gender identity is an innate, fixed property of human beings that is independent of biological sex — that a person might be “a man trapped in a woman’s body” or “a woman trapped in a man’s body” — is not supported by scientific evidence.

- 認為性別認同是先天的、是人類固有的屬性且不受生物性別影響的假設，亦即一個人可能是「被困在一個女人身體裡的男人」或「被困在一個男人身體裡的女人」之類的說法，並無科學證據支持。

- According to a recent estimate, about 0.6% of U.S. adults identify as a gender that does not correspond to their biological sex.

- 根據最新的估算，約 0.6% 的美國成年人的性別認同與其自身生理性別不符。

- Studies comparing the brain structures of transgender and non-transgender individuals have demonstrated weak correlations between brain structure and cross-gender identification. These correlations do not provide any evidence for a neurobiological basis for cross-gender identification.

- 有關跨性別和非跨性別個體之大腦結構的比較研究已經證明大腦結構和跨性別認同之間僅有微弱的關聯。這些關聯並不能為跨性別認同的神經生物學基礎提供任何證據支援。

● Compared to the general population, adults who have undergone sex-reassignment surgery continue to have a higher risk of experiencing poor mental health outcomes. One study found that, compared to controls, sex-reassigned individuals were about 5 times more likely to attempt suicide and about 19 times more likely to die by suicide.

▪ 與一般人群相比，即使已經接受性別重置手術的成年人依然會有較高的風險持續處於心理健康狀況不良的情形中。曾有一項研究發現，與對照組相比，性別重置後的個體約有超過 5 倍的可能性自殺未遂，而自殺身亡的可能性約超過 19 倍。

● Children are a special case when addressing transgender issues. Only a minority of children who experience cross-gender identification will continue to do so into adolescence or adulthood.

▪ 兒童階段是探討跨性別議題時應當考慮的一個特殊時期。只有少數曾有跨性別認同的兒童在進入青春期或成年期之後仍繼續保有這個認同。

● There is little scientific evidence for the therapeutic value of interventions that delay puberty or modify the secondary sex characteristics of adolescents, although some children may have improved psychological well-being if they are encouraged and supported in their cross-gender identification. There is no evidence that all children who express gender-atypical thoughts or behavior should be encouraged to become transgender.

▪ 儘管某些兒童在其跨性別認同得到鼓勵和支持之後，他們的心理健康狀況似乎有所改善，然而幾乎沒有科學證據證明那些推遲青春期或改變青少年第二性征之幹預療法的療效。此外，也並沒有任何證據表明人們應該鼓勵那些表現出非性別典型想法或行為的兒童成為跨性別者。