هوالحق

انجمن روانپزشکی کودک و نوجوان ایران

دانشگاه علوم پزشکی
و خدمات بهداشتی درمانی تهران

جنبه های اجتماعی نارضایتی جنسیتی در کودک و نوجوان

مائده پرویزی
دستیار فوق تخصصی روانپزشکی کودک و نوجوان
دانشگاه علوم پزشکی تهران

Rcent Years…

An Explosion

Legitimacy

Organizations

Oppositions

Gender-affirming Model of Care (GAMC)

Social transitioning

Incorporate therapy

Medical interventions

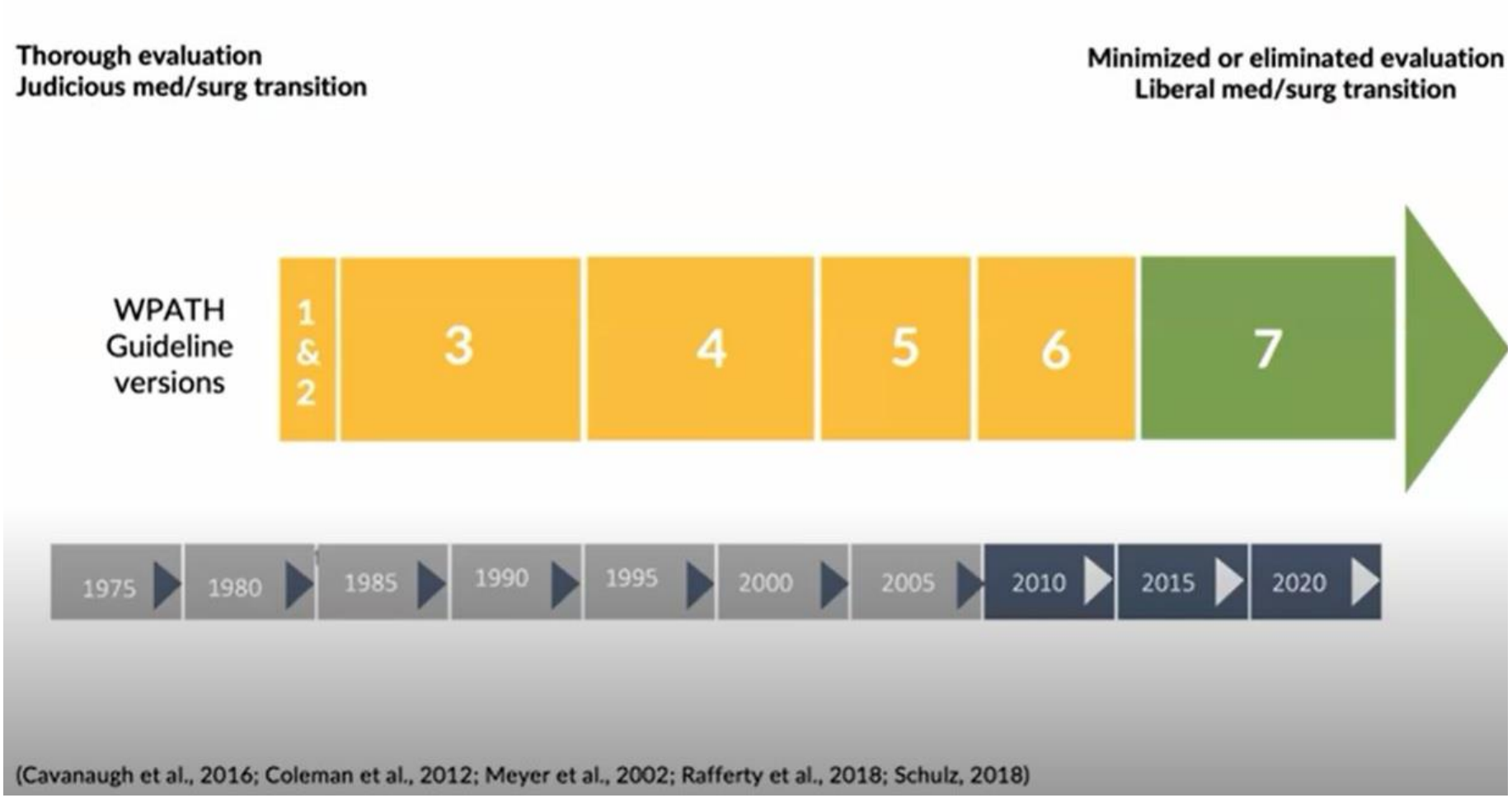
The aim: support and affirm

Is essential and life-saving

Quality of life, relationship satisfaction, self-esteem and self-confidence, reductions in depression, anxiety, substance use, school dropout, incarceration, homelessness, self-harm and suicide.

(Pyne 2016; Riley et al 2011; Russel et al 2018; Snapp et al 2015; Travers et al 2012)

Model of Care, Timeline



(Cavanaugh et al., 2016; Coleman et al., 2012; Meyer et al., 2002; Rafferty et al., 2018; Schulz, 2018)

Gender-affirming Model- the Dutch model 2011-issues

No Psychiatric problems, depression, anxiety and eating disorders.
Late expressed GD (The Dutch Approach, March 2012) (De Vries, et al, 2011)

Reality

Months-long assessments?
Do they truly understand the risk?
Enough therapists and psychologists? adequate training?
May increase later detransition.

Gender-affirming Model of Care (GAMC)- critique

FDA approval?
long-term effects unclear.
2016, FDA warning about psychiatric problems
lack of clarity Satisfied"? regretted transitioning?
issue of detransitioning

"the evidence is limited." (NIH)
"a systematic review regarding outcomes of treatment in adolescents is not possible." (WPATH (SoC8)- 2022)

The Endocrine Society the "low" or "very low" certainty of evidence supporting its recommendations.

"Desistance researchs"
80 percent (James M. Cantor 2019), 75% (Steensma et al. JAACAP 2013)
Some critics: outdated criteria (Wallien et al. JAACAP. 2008) many as 25 percent and 40 percent of children didn't meet the criteria but were included and later counted as not growing up to be trans. (Olson, JAACAP,2016)

Gender-affirming Model of Care (GAMC)- critique

A sharp increase in the off-label use
“have not been thoroughly investigated in populations with normally timed puberty.” (Carla M. Lopez et al, 2018)

“pubertal suppression may prevent key aspects of development during a sensitive period of brain organization.” “we need high-quality research to understand the impacts of this treatment – impacts which may be positive in some ways and potentially negative in others.”
(John F. Strang, 2020)

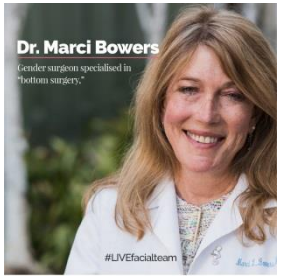
Gender-affirming Model of Care (GAMC)- critique

"I'm afraid what we're getting are false positives and we've subjected them to irreversible physical changes,"
"These errors in judgment are fodder for the naysayers – the people who want to eradicate this care."
"sloppy" care

2021, Anderson, resigned as president of WPATH's U.S.

"Those who basically would have hormones and surgeries available at a vending machine, let's say, versus others who think that you need to go through all sorts of hoops and hurdles." organization is trying to find a middle ground

Marci Bowers WPATH's president



"it seems not only probable but likely there is retention of orgasmic function."

Gender-affirming Model of Care (GAMC)- critique

“No studies of the long-term outcomes without a comprehensive assessment,”

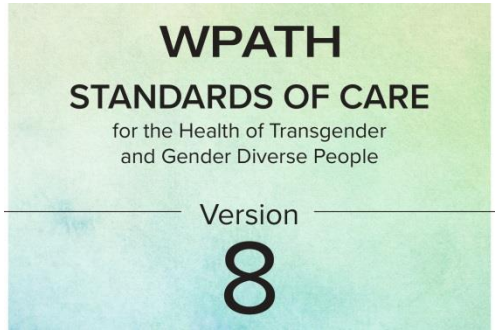
“The decision for medical interventions may not be in the long-term best interest.”
Chest dysphoria, higher anxiety and depression in natal females
testosterone little to alleviate distress.

Without a recommended minimum age, Top surgery, “can be considered in minors when clinically and developmentally appropriate.”

Genital surgery at least 17, (Endocrine Society at 18)

Ultimately no age-related recommendations.

“demonstrated good surgical outcomes, satisfaction with results, and minimal regret during the study monitoring period.” (WPATH (SoC8)- 2022)



Recent statement, Biden administration,:
“typically used in adulthood or case-by-case in adolescence.”

Gender-affirming Model of Care (GAMC)- critique

“pressure to adopt an unquestioning affirmative approach.”

Europe, officials are limiting access to treatments, concerns of risks may outweigh any benefit for adolescents, particularly with mental health problems.

Gender-affirming Model of Care (GAMC)- Finland 2020

Takes Another Look at Youth Gender Medicine

COHERE/PALKO, agreed for new guidelines
A new cautious set of guidelines 2020
Almost entirely abandoned the controversial WPATH SoC.

Medical Treatment Methods for Dysphoria Related to Gender Variance In Minors 2020:
"in light of available evidence, gender reassignment of minors is still an experimental practice."

Psychosocial first-line, Even with Dutch protocol profile,
if needed, psychotherapy.

Medical interventions are possible in Finland on a case-by-case basis if, after psychotherapy, the patient's gender-related anxiety persists, personality development appears stable and no severe mental health disorders would complicate treatment.
Surgery is not offered to under-18s.

Low persistance even in extreme cases.

Gender-affirming Model of Care (GAMC)- Sweden 2022

In February, Sweden's National Board of Health and Welfare

Revised its recommendations
Treatments be given within a clinical trial
Or who fit the original Dutch model (persistent GD- no mental health issues).

Socialstyrelsen
THE NATIONAL BOARD OF HEALTH AND WELFARE

Care of children and adolescents with gender dysphoria

Summary of national guidelines
December 2022

Gender-affirming Model of Care (GAMC)- UK- NHS- 2022

NHS closed Tavistock

Polarized debate in courts: too long / too fast.

“Rushed through” “It was not just the wait,” “a wait for the wrong treatment.”

“Holistic and localized approach”.

“Enrol treatment into a formal research protocol with adequate follow-up”.

Gender-affirming Model of Care (GAMC)- UK- NHS- 2022

Liz Truss and Rishi Sunak, voiced opposition as "irreversible" measures
Sunak: Under-18s should be protected from "life-altering treatments."
Only medical professionals referral
Clinicians meeting before waiting list.
New clinics, led by medical doctors rather than psychologists.
Other origins for Medicines, local authorities
PBs "in the context of a formal research protocol." suggests a trial in future.
Diagnosis from a specialist clinician before their social transition

Criticized by medical groups in GD health around the world.

"This represents an unconscionable degree of … intrusion into … everyday matters such as clothing, name, pronouns, and school arrangements,"

WPATH & regional and national groups

NHS

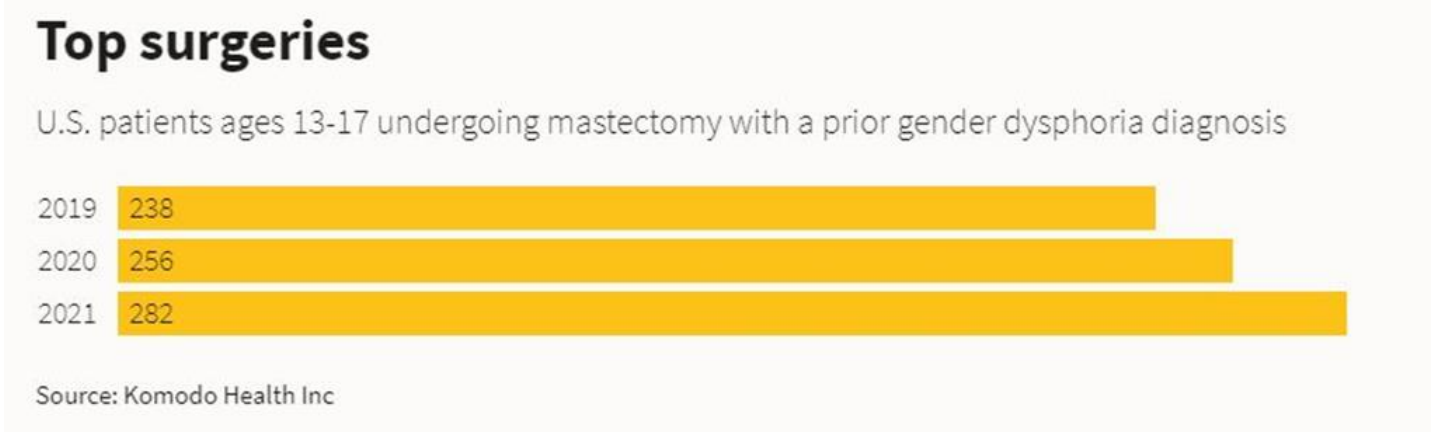
nhs.uk

The debate over social media & top surgeries

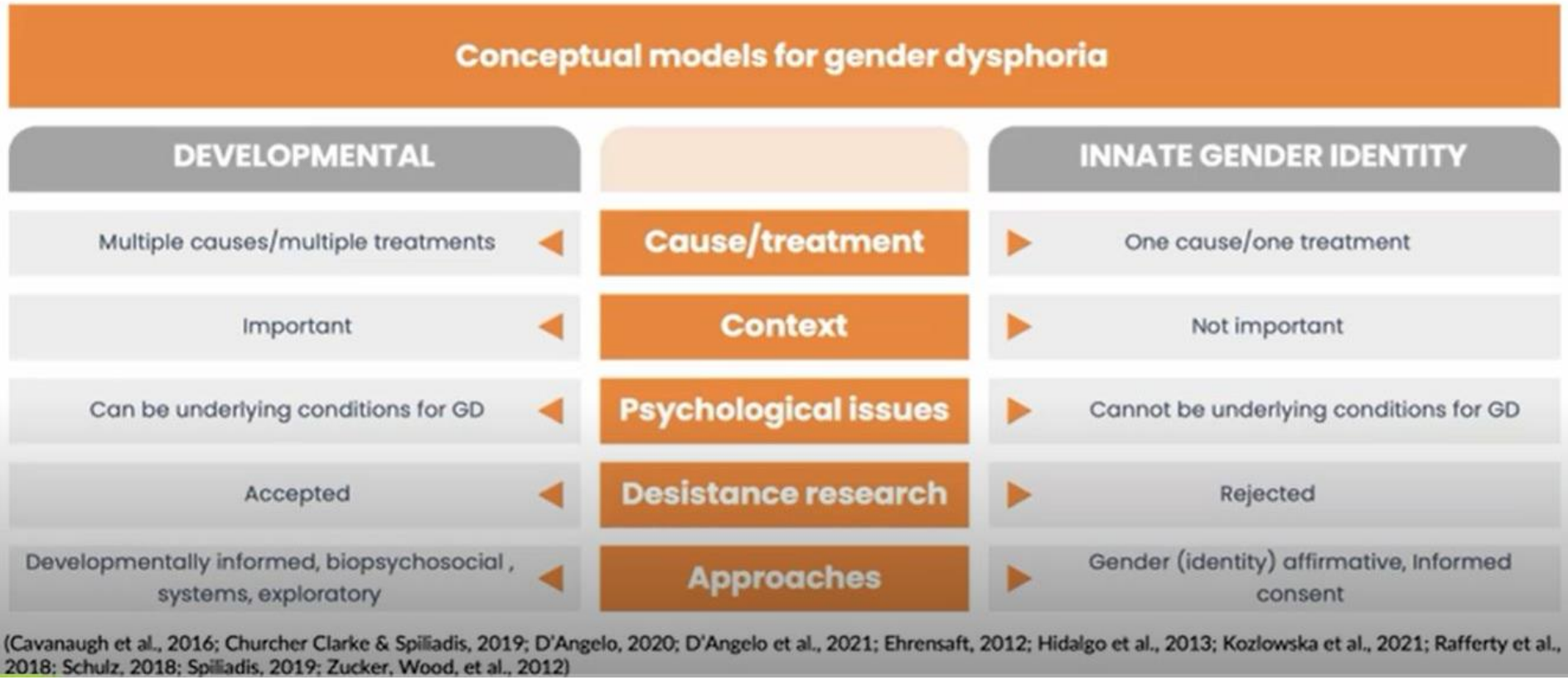
Online platforms for Ads, graphic patient photos, lighthearted videos aimed minors

TikTok
Meta Platforms Inc (Instagram, facebook)

“It seems like they’re almost trying to recruit people based on really flashy videos that minimize the risks,” “For those who are genuinely concerned that people are being swept in by this ‘social contagion,’ these kinds of videos are not helpful,”
“I wish we could police them, but I just don’t know of any good way to do that other than to appeal to good taste.”
Dr Marci Bowers
a transgender woman, a gender surgeon and president of WPATH.



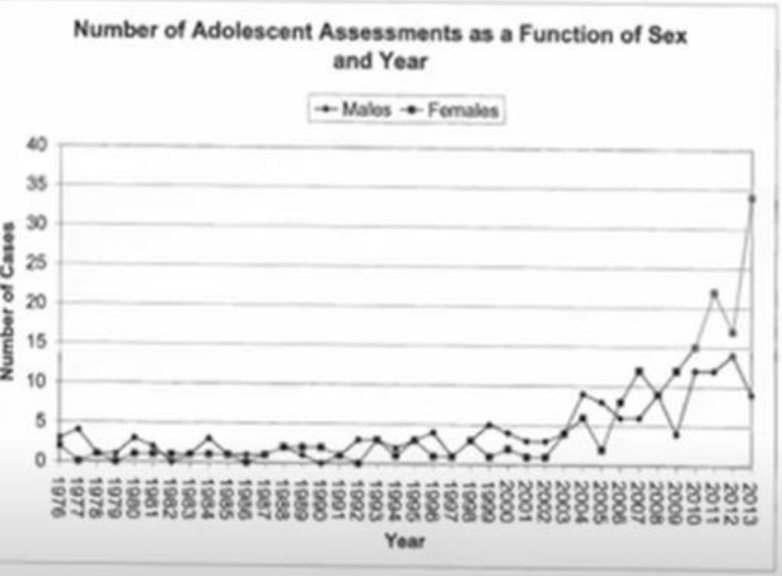
The GD Conceptual Models



(Cavanaugh et al., 2016; Churcher Clarke & Spiliadis, 2019; D'Angelo, 2020; D'Angelo et al., 2021; Ehrensaft, 2012; Hidalgo et al., 2013; Kozlowska et al., 2021; Rafferty et al., 2018; Schulz, 2018; Spiliadis, 2019; Zucker, Wood, et al., 2012)

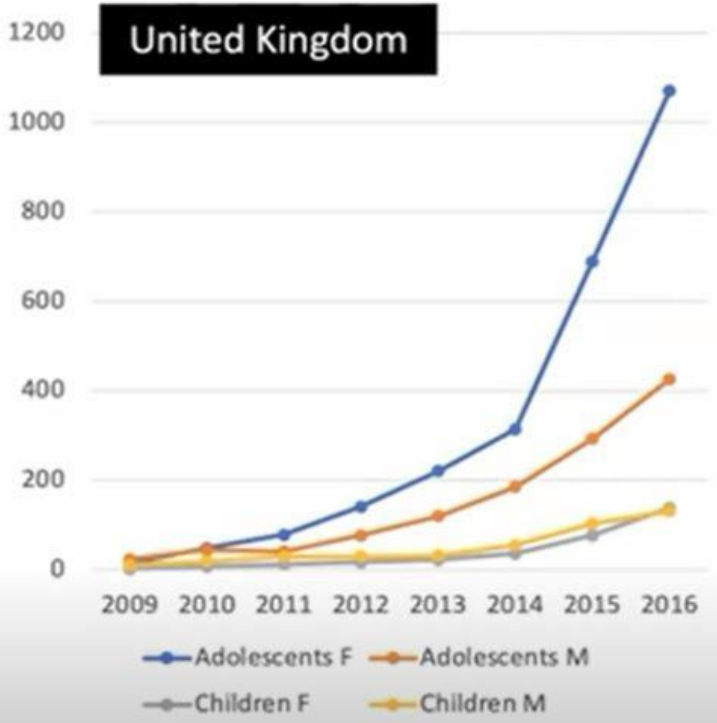
Changes population

Canada



(Aitken et al., 2015a; de Graaf, Giovanardi, et al., 2018a)
Graph (L) with permission from Ken Zucker

United Kingdom



Gender clinics:

- Canada: Center for Addiction and Mental Health (CAMH)
- United Kingdom: the National Gender Identity Development Service (GIDS)

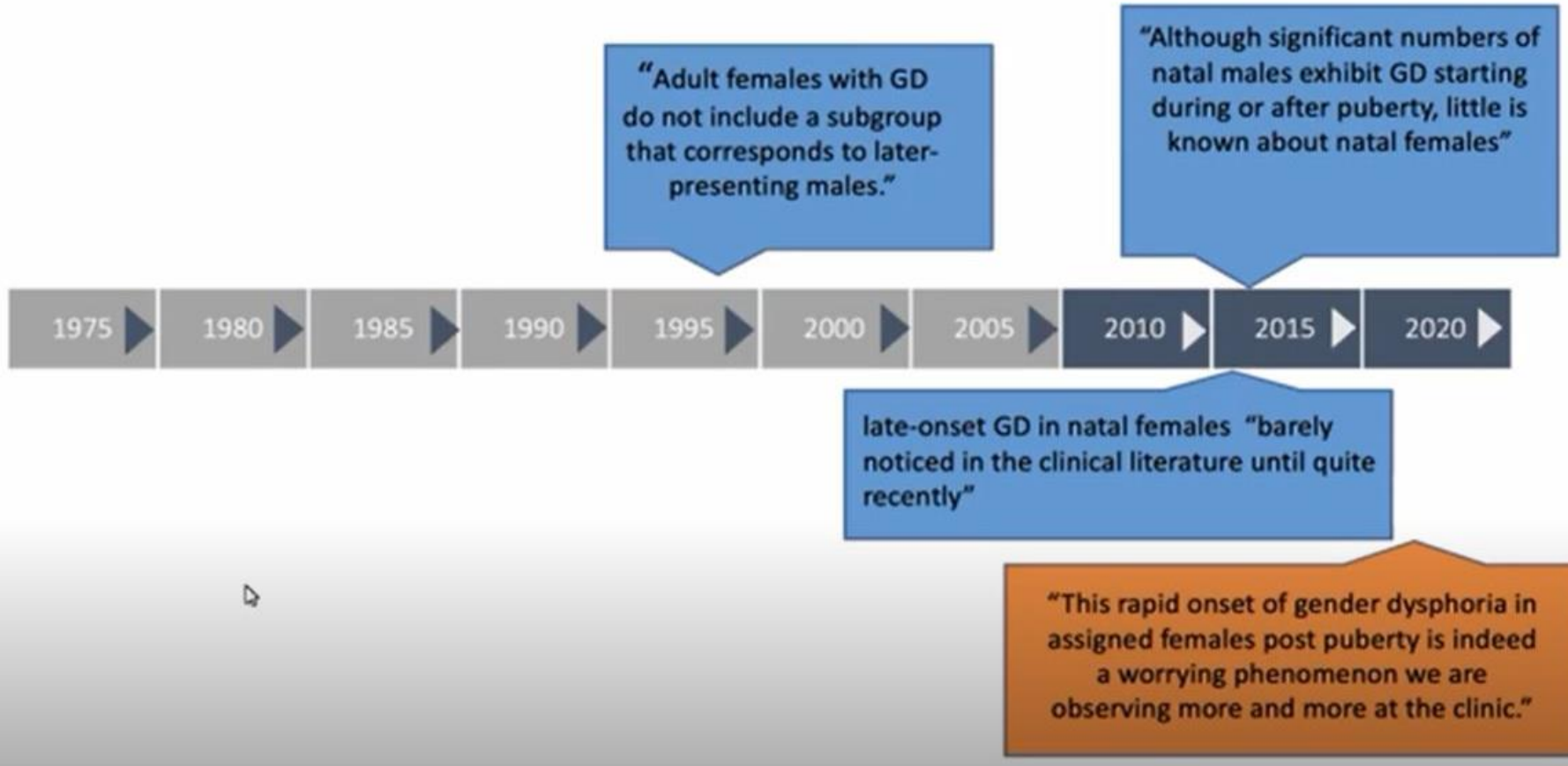
Natal female Adolescents GD- rising issue

The predominance is a reversal from the past. (Amsterdam Cohort – 2023)
2.5 to 7.1 times more than natal male (WPATH) (CDC-2017-2020)
Increased 1,000% natal males and 4,400% natal females. (UK-Ministery for Women & Equalities-2009-2019)
Subset of transgender youth, typically natal females, suddenly dysphoric, shortly after puberty.

Adolescent girls' susceptibility to peer influence?
On social media?
More accessible care?
Increasing social acceptance?
Culture of internalized misogyny
Body hatred and early sexualization of girls.

"Girls have a harder time with the physical and emotional changes that come with the onset of puberty,". "And I think there is an element of truth that males have it better in many quarters of society than females." "Kids do try things on and not everything sticks. They experiment," "I do not believe that we have an obligation to accept at face value everything a young person says to us."
Erica Anderson, former WPATH president

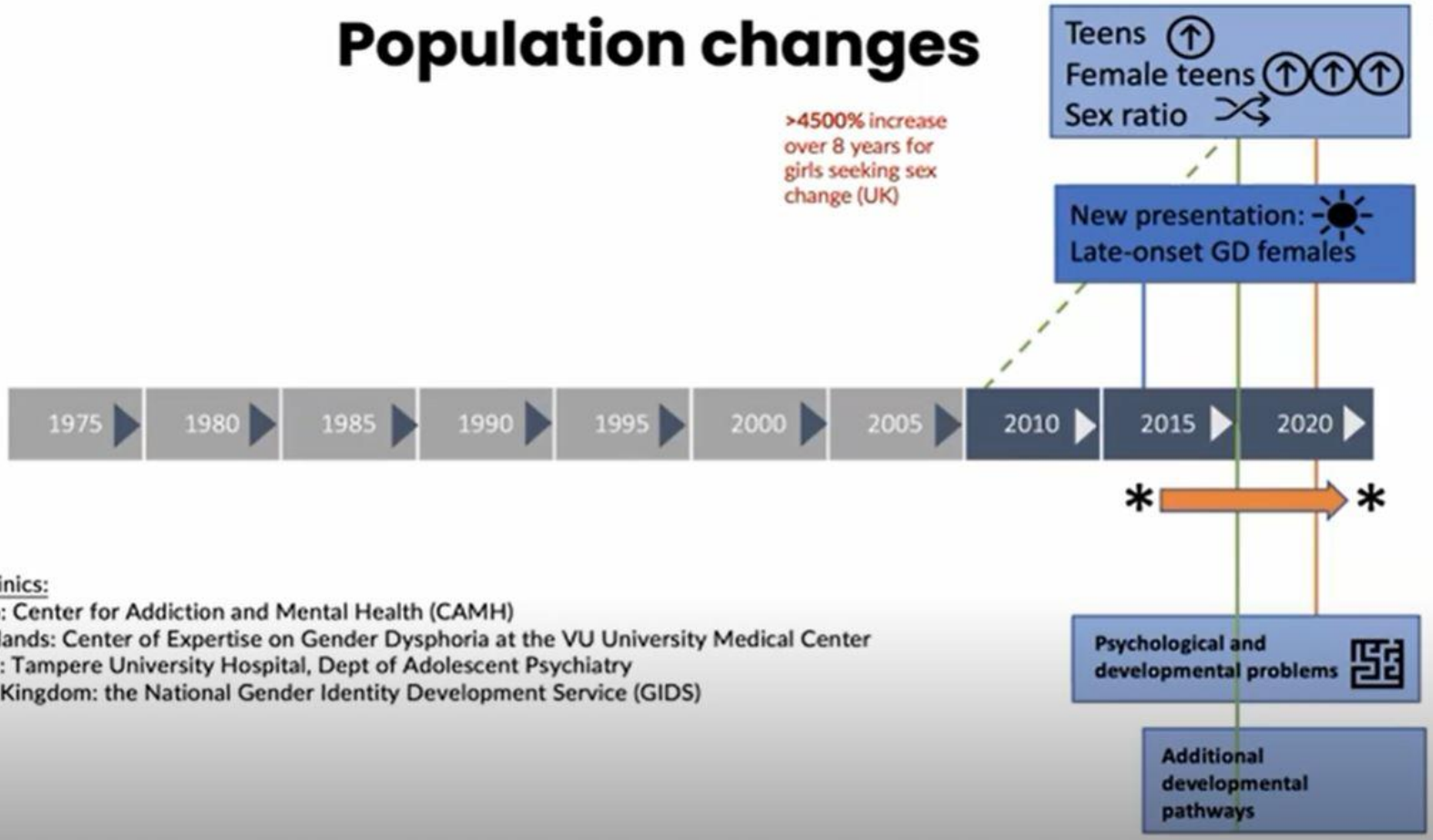
Treatment guidelines issued by WPATH and other medical groups rely heavily on research from the Netherlands (the Dutch model).



(Bonfatto & Crasnow, 2018; Steensma et al., 2013; Zucker, Bradley, et al., 2012; Zucker & Bradley, 1995)

Population changes

>4500% increase over 8 years for girls seeking sex change (UK)



Gender clinics:

- Canada: Center for Addiction and Mental Health (CAMH)
- Netherlands: Center of Expertise on Gender Dysphoria at the VU University Medical Center
- Finland: Tampere University Hospital, Dept of Adolescent Psychiatry
- United Kingdom: the National Gender Identity Development Service (GIDS)

(Aitken et al., 2015b; Bonfatto & Crasnow, 2018; Cohen-Kettenis & Klink, 2015; de Graaf, Giovanardi, et al., 2018b; de Graaf & Carmichael, 2019; Edwards-Leeper & Spack, 2012; Kaltiala-Heino et al., 2015, 2018; McGrath, 2018)

Psychosocial factors?

Psychological

- Higher than expected psychological issues
- Severe psychiatric and developmental issues pre-dating the GD onset

Social

- Social contagion
- Peer contagion
- Adolescents susceptible to peer influence
- Pattern of distribution
- Social media content and dynamics

(Brechwald & Prinstein, 2011, Dishion & Tipsord, 2011)

Emerging theory

Psychosocial factors (such as social influence, maladaptive coping mechanisms, internalized homophobia, trauma, and mental health conditions) can cause or contribute to the development of gender dysphoria in some individuals.

Rapid-onset gender dysphoria- ROGD?

likely exhibits aetiology and epidemiology, distinct from the "classical" GD (Littman L, 2018-2019)
a 90-question survey
250 parents of GD

over 80 percent natal female. 80 percent no early signs
63.5 a marked increase in Internet and social media consumption.
76.5% “believed their child was incorrect in their belief of being transgender.”
>85% “their child had increased their internet use and/or had trans friends before identifying as trans”.

a maladaptive coping mechanism for underlying mental health issues (trauma or social maladjustment, a decline in social adjustment after the announcement (e.g., more isolation, distrust of non-transgender sources, etc.).
increase in distress, conflict with parents,
increases conflict with the "cis" majority voiced antagonism toward heterosexual people and non-transgender people (“cisgender”)
Statement, evil cis-gendered population, phobic and discriminatory ,unenlightened. Parents being derogatorily called “breeders”

Youth described

- Mostly female (82.8%)
- Mean ages (range)
  - Announced a trans-ID: 15.2 years (10-21)
  - Survey completion: 16.4 years (11-27)
- Friend group where one or multiple friends became transgender-identified in a similar timeframe (66.8%), increase in social media use (65.2 %), both (45.3%)
- Based on parent report, none would have met diagnosis for childhood GD.

Prior to onset of GD

- 62.5% one or more diagnosis for a psychiatric disorder or neurodevelopmental disability (range 0-7)
- 48.4% traumatic event (48.4%)
- 45.0% were engaging in non-suicidal self-injury

Youth characteristics

- More than half (55.9%) of the children had very high expectations that transitioning would solve their problems.
- 43.9% were willing to work on their mental health issues and 28.1% were not.
- Several discontinued their psychiatric care/meds after announcing a transgender identification.

Methods

- Descriptive, exploratory
- Online, anonymous survey
- Parent report
- Recruitment
- Eligibility

Information and link appeared on (at least) the following sites during the first week of recruitment: 4thwavenow*, transgender trend*, youth trans critical professionals*, and parents of transgender children (private facebook group)**

Rapid-onset gender dysphoria- ROGD?

“Social contagion” issuse

complex web of social pressures, changing cultural norms, and new modes of distress and coping that warrant further investigation.

females, perhaps, higher sensitivity to social cues
“collective stress responses."

Friendship Group

- Within pre-existing friend groups, the average number of teens becoming transgender-identified was 3.5 (range 2-10).

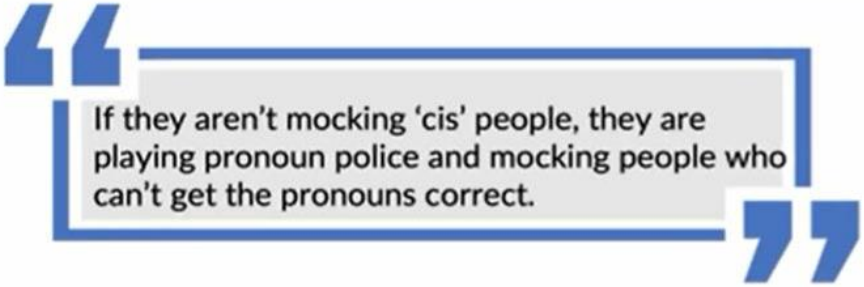
- In more than a third of the described groups (36.8%), the MAJORITY of the friends in the group became trans-identified.*

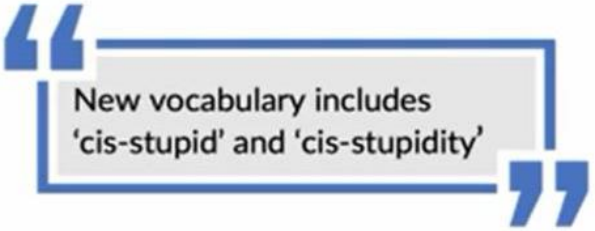
* A 50% + prevalence is more than 70 times the expected prevalence of 0.7%

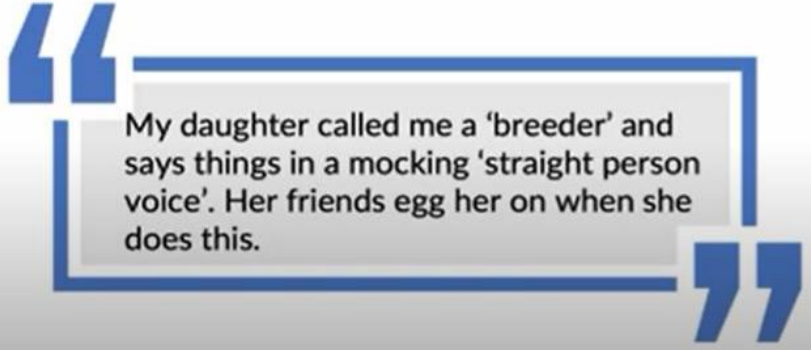
Peer group dynamics

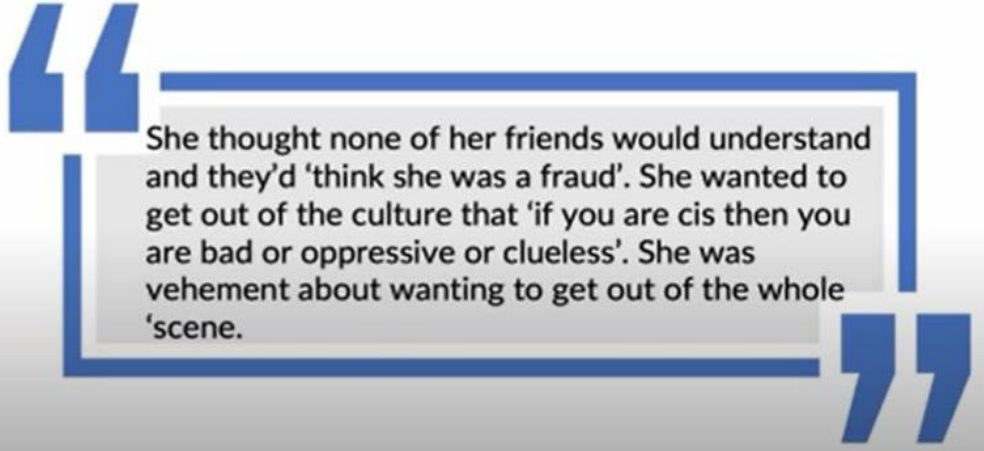
- Where popularity status is known, 60.7% had an increase in their popularity when they announced a transgender-identification.

- Where friend group activities known, 60.0% of friend groups were known to mock people who were not transgender or LGBTIA.


If they aren't mocking 'cis' people, they are playing pronoun police and mocking people who can't get the pronouns correct.


New vocabulary includes 'cis-stupid' and 'cis-stupidity'


My daughter called me a 'breeder' and says things in a mocking 'straight person voice'. Her friends egg her on when she does this.


She thought none of her friends would understand and they'd 'think she was a fraud'. She wanted to get out of the culture that 'if you are cis then you are bad or oppressive or clueless'. She was vehement about wanting to get out of the whole 'scene.

Social Media advice- Littman 2018

Advice	%
How to tell if they are transgender	54.2
Reasons why they should transition right away	34.7
That if parents didn't agree to take them for hormones, the parents are "abusive" and "transphobic"	34.3
That if they waited to transition they would regret it	29.1
What to say to a doctor to get hormones/faster	22.3
If parents are reluctant, kids should use the "suicide narrative" to convince them	20.7
That it's acceptable to lie to doctors to get hormones/faster	17.5

> He has told us recently that he was on a bunch of discussion lists and learned tips there...Like to use the words 'intolerable' or 'unbearable' to the therapist when describing your GD [gender dysphoria] because that is code for potentially suicidal and will get you a diagnosis and Rx for hormones.

Influential sources- Littman 2018

> We believe the biggest influence was the online pro-transition blogs and YouTube videos. We feel she was highly influenced by the 'if you are even questioning your gender-you are probably transgender' philosophy.

> I believe my child experienced what many kids experience on the cusp of puberty—uncomfortableness!—but there was an online world at the ready to tell her that those very normal feelings meant she's in the wrong body.

Sources most influential	%
YouTube transition videos	63.6
Tumblr	61.7
Friends (in-person)	44.5
Online community	42.9
Someone (in-person)	41.7

Subgroups

- 34 AYAs experienced a sex or gender-related trauma shortly before onset of gender dysphoria.
- 30 AYAs had onset of gender dysphoria/trans-ID that seemed to arise in the context of severe psychiatric symptoms.
- 8 AYAs had a decline in mental well-being as they became gender dysphoric/trans-ID and improved mental well-being as they dropped/backed away from trans-id.

Rapid-onset gender dysphoria- critique

No controls- youths had no say in the study

Stormy parent-teen dynamics something specific to dysphoric adolescents?
“friction between parent and child”- tendency to LGBTQ- not surprising skepticism and Hostility at home, flock together (as known to do), CPI might be frayed.
Age- and gender-matched controls helps
spoke with no trans, conclusions solely on parents’ suppositions and beliefs. (GD-Affirmative Working Group- 2018)

Online resources

Favorable mental health outcomes among those who are allowed to socially transition.
No families from more supportive forums (Olson, 2022)
Hostile websites to GD deliberately skewing the results. anti-trans or trans-skeptical websites and forums
(GD-Affirmative Working Group- 2018)

Rapid-onset gender dysphoria- critique

Sampling- Contagion

a cherry-picked selection, “cluster outbreaks” of dysphoria, mirroring the language of the community she surveyed, “this awful epidemic.”
phrases like cluster outbreak sound as contracting a disease.

“social contagion” is toxic? It aids the cutting off trans and questioning youth from sources of information and support, while mental health professionals may be inadequately equipped to help them. (Ashley, 2020)
“contagion” invalidate marginalised identities are not new.
The same happened : Youth were misled by the “gay agenda”
shares common with f Blanchard’s theory
anti-transgender bias, term “contagion” implies “tantamount to an infectious disease”. (Restar, 2020)

“Social contagion” is not driving an increasing number of adolescents to come out as transgender. (Turban et al Pediatrics, 2022) (n>10000, 2017 vs 2019- US schools)

Rapid-onset gender dysphoria- critique

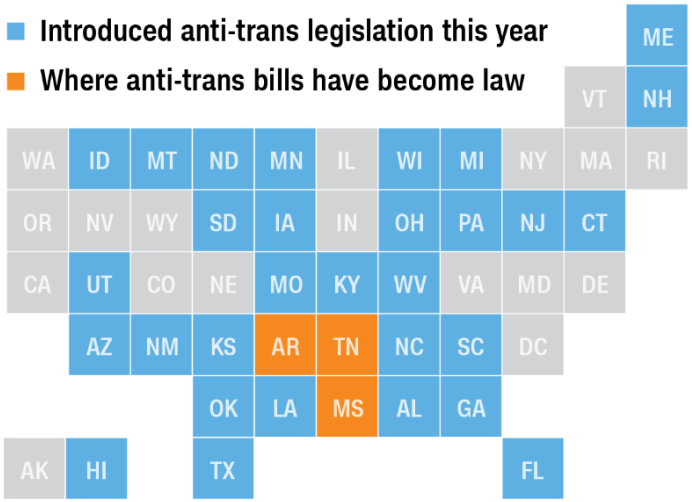
Politics

Justifications for anti-trans bills (Florida's 2022 report, 2019 Equality Act, cited Littman's paper) fuel to anti-trans rhetoric
pushing back against acceptance (Sports, Bathrooms, custody battle)

An increasing number of states to ban or restrict trans youths' access GAMC

The number of bills seeking to restrict GAMC for transgender youths has grown from one in 2018 to 36 this year. > 100

Alabama, Arkansas and Tennessee successfully signed, judges prevented in Alabama and Arkansas.



Rapid-onset gender dysphoria- critique GAMC

Common among GD strongly correlated to social stigma, untreated GD, and lack of perceived parental support for gender.
Co-morbidity we would expect in a sample of youth with GD. (Serano, 2019)

The disaffirming approaches suggested likely worsening mental health outcomes and a deterioration of the PCI . such "Rapid Onset", cause harm.
Depression, anxiety, substance abuse, poor school performance, manifest primarily (Roberts et al 2012).

Staggering 41% have attempted suicide, and that 26.3% report misusing drugs or alcohol to cope with stigma related to their GD. The negative consequences of substance misuse and suicidal ideation and gestures "increased significantly with increasing levels of family rejection." (Klein and Golub, 2016)

Youths of GAMC had 60% lower depression and 73% lower suicidality over 1year follow-up. (Tordoff 2022-Cohort- US)

Simultaneously, youth from environments where they are provided the freedom and validation to explore and determine their gender for themselves show no higher rates of these issues than their cisgender (non-trans) peers.
(Durwood, et al 2017; Olson, et al 2016).
(GD-Affirmative Working Group- 2018)

Rapid-onset gender dysphoria- critique

Methodologically flawed and unethical
Runs counter to the evidence-based affirmative standard of care
(Pyne 2016; Riley et al 2011; Russel et al 2018; Snapp et al 2015; Travers et al 2012).

"scientifically specious" 48.4%, experienced a traumatic or stressful event! a middle school break-up? "sex or gender related trauma" ? (Serano, 2019, Restar, 2020)

No evidence for ROGD's existence (Bauer, Pediatrics 2021, n = 173)

Numerous critiques (Ashley, 2018; Ashley & Baril, 2018; Barasch, 2018; Borg, 2018; Serano, 2018; Tannehill, 2018):

The 'rapid onset' not a new phenomenon.
No telling if they kept parents in dark before coming out. (Ashley, 2018)
Commonly: hostile environments, afraid to disclose due to minority stress factors, social stigma, internal stress, fears of rejection by others, legitimate concerns about violence.
These parents from hostile websites, the fears seem justified!!
(GD-Affirmative Working Group- 2018)
"Sudden onset" only sudden for parents? "What's 'rapid' about ROGD is the parents' sudden awareness. (Serano,2018, Medium)
distinguishes "good," true from "bad," fake trans people (Ashley, 2018)

Rapid-onset gender dysphoria- critique

The Journal:

Apologized
Persuaded auther to revise the paper and post a "Correction.“
Conduct a review
“Only indirect evidence of the role of the influence of social and media contagion on young people’s gender identity” (Angelo Brandelli Costa - Peer review- 2019)

The Auther:

Littman Correction 2019 on ROGED 2018 study
Adding some additional discussion about limitations to the work and
Some minor reframing to ensure readers understood that the work was preliminary.
Bona fide nuances and uncertainties about the paper were better acknowledged.
“Descriptive, exploratory”
ROGD is not yet clinically validated
The word “outbreak” has been excised
Further emphasis on how the data was collected.
But the thrust of the paper remains the same.

The Brown University

Brown first promoted it. After the controversy the references to the paper were removed.
Then Brown defended that action, arguing that the university “does not shy away from controversial research” but that, in this case, “concerns about research design and methods” led to the decision to no longer feature Littman’s study.

Rapid-onset gender dysphoria- Organizations

(CAAPS- 2021):

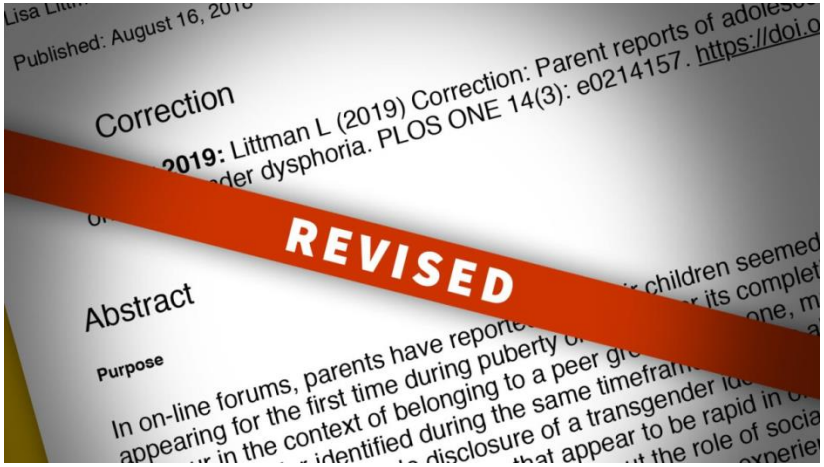
Coalition for the Advancement and Application of Psychological Science

APA & psychiatric & WPATH & NHS & More than 60 , called for elimination of the term.

- **No sound empirical studies**
- **Potential for creating harm**
- **100 bills under consideration**
- **Stigmatize and limit access to GAMC**
- **To harm and mental health burden**

WPATH:

ROGD “constitutes nothing more than an acronym” , urged restraint using



Why?

Decreased stigma, increased visibility and information*	Doesn't explain teens, change in sex ratio, or new presentation
Sex-based differences in stigma*	Doesn't explain new presentation, why change in sex ratio not seen for older adults

* Not researched yet

(Aitken et al., 2015c; de Graaf, Giovanardi, et al., 2018b)

Rapid-onset gender dysphoria- Auther Responses- Quillette intervew

Inaccurate and misleading (Littman comment to Bauer article Pediatrics, 2022)

Methodologies Is Consistent with Other GD Research: Response to Restar (2019)

Articles share same methodologies Some used explicitly as reasons for GAMC (Olson et al., 2016; Russell et al., 2018)

none grounds to disqualify the research, standards parent-report studies and etc.
GD is a genuine phenomenon, ROGD concept is not anti-transgender.
The ROGD paper was not funded by anti-trans zealots.

“It does not apply to all cases of gender dysphoria,”

“This doesn’t imply that nobody benefits from transition. People will take it to assume that.”

“There are some people who benefit from transition, and there are some people who are harmed by transition,”

“And I don’t think it’s a conflict to care about both of those populations.”

“pleased that my work has withstood this extensive peer-review process”
“very happy with the final product.”

Rapid-onset gender dysphoria- Supports

There was actually a counter-outcry, decrying for threatening academic freedom.

Zucker, 2019

ROGD is a provisional label that has been used to characterize a new subgroup of adolescents, mainly biological females, who appear to have a developmental history leading to GD that has not been previously described. They are as likely to meet the DSM-5 criteria for GD as adolescents who have a more traditional gender developmental pathway leading to this mental health diagnosis.

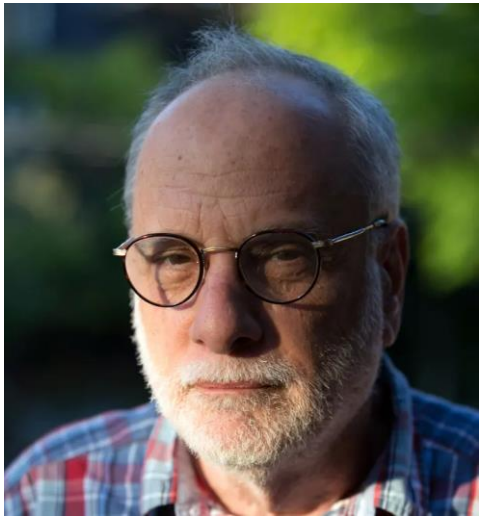
I see these youth all the time now in my clinical practice. Rather than trying to shut down continued exploration of the subjective experience of these youth, ROGD needs to be studied further by GD specialists in order to develop best-practice guidelines.

Zucker letter to the editor of the New York Times, which did not publish it

Hutchinson, Midgen, & Spiliadis, 2019; and etc

Rapid-onset gender dysphoria- Supports

Zucker, 2019



Warned of the dangers of “liberal biological essentialism,”

The argument that transgenderism “is a brain thing.”

No quarrel with the idea of predisposing biological factors

It does not explain 100 percent of the variance

if it did, then you would find all persist when they grow.

If it’s a complete brain thing.

So this is an example of binary, either-or, simplistic thinking.

The decision to medical transition is a difficult

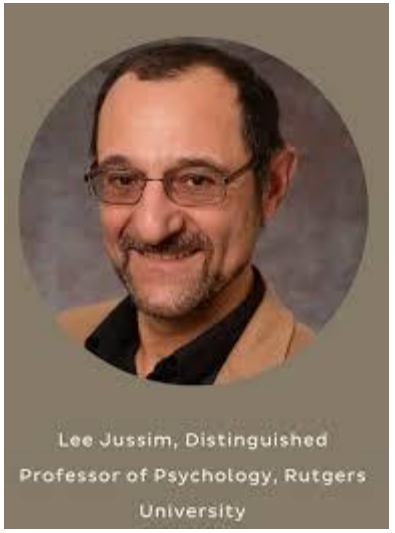
People need accurate information about risks, benefits and alternatives

That is the essence of informed consent.

When activists shut down GD research about potential risks and contraindications of transition, they are depriving the transgender community of their right to receive accurate information. With their half-truths, overstatements, omissions, and smears

Rapid-onset gender dysphoria- Supports

Lee Jussim, 2019



GD to suffer wicked discrimination and ostracism.
History of marginalization and victimization, Social isolation, mental health issues
Any suggests of superficial identities: seen as "harming" or "denying“

“Rapid onset": GD identity may not have been indelibly etched in the trans-identifying children of the parents in the study.
Understandably might be viewed insulting
A certain sensitivity to threats and derogation is understandable.

however, irrelevant to the scientific question of the reality of ROGD.
Saying sensitivity of GD to bonafide threats to theirselves and identities is irrelevant to the scientific question of whether ROGD is real. Not saying "ROGD is real“

“Hypocrisy" in science, methodological critiques for research that offends them but give a pass to identical methods producing what they like.

Exploratory and preliminary, rather than having "discovered" ROGD. (corrected)
Littman herself, indicated that felt the revision was actually a constructive improvement over the original.

Rapid-onset gender dysphoria- Supports

Samuel Veissière, 2018

The bulk of the critique:
methodology, cherry-picking sample,
websites was seen as biased but Littman, is explicit in approach:
study of parental reports.

The majority, in favor of GD rights is too! all is about doing our best.

Study sheds light on doubts of a large group of parents.
A fair share of families of trans youth deserves to be studied and discussed.

Important epidemiological questions, not extensively observed and studied before:

Natal females expressing a wish to transition.

The correlation with social media exposure is clearly established.
Points to a correlation, not necessarily causation.

Littman's hypothesis on mechanisms of social contagion and coping through social signaling, however, is consistent with a wealth of evidence on the role of sociogenic factors in distress and coping.

Rapid-onset gender dysphoria- Supports

Jeffrey Flier, 2018

Increasingly, research on politically charged topics is subject to ***indiscriminate attack*** *on social media, which in turn can pressure school administrators to subvert established norms regarding the protection of free academic inquiry.*
(…)
By exploring controversial topics that challenge prevailing orthodoxies, scientists always have faced ***professional risks.*** *Pursuing* ***unorthodox scholarship*** *can lead to frustration and failure, to exciting breakthroughs, or anything in between.*
(...)
For centuries, universities struggled to protect the ability of their faculties to conduct research seen as ***offensive—whether by the church, the state, or other powerful influences****. Their success in this regard represents one of the great intellectual triumphs of modern times, one that sits at the foundation of liberal societies. This is why the stakes are high at Brown University. Its leaders must not allow any single politically charged issue—including GD—from becoming the thin edge of a wedge that gradually undermines our precious, hard-won academic freedoms.*

Littman's study ***passed the test of scientific review*** *and was deemed* ***worthy of publication*** *in a reputable journal. The study has also remained in print after further scientific review was conducted after publication as a response the moral outrage.*

Readers interested in studies and opinion pieces with different views on the rising rates of transgender identity will find a wealth of information out there. ***The ROGD perspective is one among many models proposed to make sense of a new phenomenon.*** *Consider my article one of the rare pieces that gives it full consideration.*

Rapid-onset gender dysphoria- Supports

The role of peer influence and social media

A source of helpful advice and information may lead to mistake mental health problems or uncertainty about identity

(highly sexualized anime and transgender online forums)

No definitive research has established a link between social media use and gender identity among youths.

WPATH (SoC8)- 2022 acknowledged for the first time:

“Social influence” may impact an adolescent’s gender identity.
youths undergo an in-depth evaluation in part so that clinicians “can discern between a person’s gender identity that is marked and sustained and an identity that might be socially influenced”

The problem, facing a flood of patients, lack the mental health staff and patience needed to do such evaluations to determine whether a patient has persistent GD and that medical treatment is in their best interests.

Rapid-onset gender dysphoria
Supports of different view of GAMC

The Journal of Clinical Endocrinology and Metabolism (JCEM)

Group of endocrinologists write in their LTE

“There are no laboratory, imaging, or other objective tests to diagnose a ‘true transgender’ child,”

“There is currently no way to predict who will desist and who will remain dysphoric.”

“The consequences of this gender affirmative therapy are not trivial and include potential sterility, sexual dysfunction, thromboembolic and cardiovascular disease, and malignancy.”

“The recent phenomenon of teenage girls suddenly developing GD — Rapid Onset GD — without prior history through social contagion” to be “particularly concerning.”

(Laidlaw et al, LTE, JCEM, 2019)

Conclusions and caveats

- Emerging hypotheses about a potential new type of GD and psychosocial factors
- Research is of one potential pathway and should not be used to assume that this is the case for all people with gender dysphoria
- This research also does not mean that no one benefits from transition.
- Limitations: parent-report, targeted recruitment, convenience sample, anonymous survey, cross-sectional
- More research is needed. Hypotheses need to be explored with first-hand accounts from individuals who experienced gender dysphoria.

“Detransition” & “Regret”

Almost never because of regret, Nor do all regret transitioning,
A response to the hardship of living in transphobic society
Safer or more desirable to transition to a gender that made them heterosexual.
Sexual abuse or assault made them to leave gender associated with trauma.
Autism or Mental health issues such as bipolar disorder complicating identity
Wished their therapists had more fully discussed complicating factors before allowing to medical transition.
Some have achieved comfortable physical changes
unhappy with the side effects of hormones, baldness, acne or weight gain.
unable to cope with the longstanding social stigma and discrimination

Detransition Info, an online resource for questions and sharing experiences.

Germany study: (Vandenbussche, 2021)
Loss of support from the LGBTQ community and friends,
Outright rejection from LGBT+ spaces
Negative experiences with medical professionals
Difficulty in finding a therapist familiar with detransition
Isolation after detransition.

“Detransition” & “Regret”

Too rare to warrant much attention
wide range of possibilities, from less than 1% to 25%.
The pooled prevalence of regret after GAS was 1%
(Bustos et al. Open 2021)

“Highest you’ll find is 1% or 1.5% of any kind of regret.”
Marci Bowers, president of WPATH

Focused on Europeans, initiated treatment as adults.
Differences in maturity and life experiences between adults and adolescents
Short time may underestimate detransition and regret, may as long as a decade
lose track of patients –minors age out of pediatric clinics

THE DETRANSITION ADVOCACY NETWORK

“Detransition” & “Regret” Studies- Challenges

Sweden: (Dhejne 2014)

2.2%, >18, 1960- 2010

“The last period is still undecided since the median time lag until applying for a reversal was 8 years,”. Far fewer adolescents received medical care prior to 2010. Assessment was much longer. About one year

Netherlands: 2018

<1% , >18 “gonadectomy,” HT> 1y, 1972-2015

No report non surgery.

36% no return several years and were lost to follow-up.

“the average time to regret: 12y, might be too early to examine in people who started HT in the past 10 years,”.

Netherlands: (Van der Loos et al, lancet, 2022)

98% of 720 adolescents who started PBs before hormones continued after 4y.

Reasons why 2% of patients had stopped treatment?

lengthy assessment process, a year on average, before medical treatment.

“Long diagnostic phase” “If not, maybe more will start treatment and reconsider it later, because no help during that phase by a mental health professional.”

“Detransition” & “Regret” Studies- Challenges

US: (Robert et al, 2022) (pharmacy records)

>25% of HT <18 stopped within 4y, why? Maybe got HT outside of the military system? College? different insurance?

Short follow-up (2009- 2018) 58% started HT in the last 22 months of the study.

UK: (Butler et al, 2022)

8.3%, of 1,089 adolescents, (2008-2021). referred GAMC (endocrinology clinics) no longer identified as gender-diverse, before or after starting PBs or HT.

8.3% may be underestimate because 5.4%, moved away or didn’t follow up

US: (Turban et al, 2021)

13.1% of 17,151 adults detransitioned for some period of time.

Reasons: Pressure from a parent (35.6%), community or societal stigma (32.5%), difficulty finding a job (26.9%). Nearly 16% at least one “internal driving factor, including fluctuations in or uncertainty regarding gender identity,”.

Half had taken gender-affirming hormones.

All respondents identified as GD at the time, survey wasn’t intended to capture who detransitioned and no longer GD

The Lancet debate on Gender Transition Regret: What We Don't Know, 2021

Editorial: A flawed agenda for trans youth- June 2021- Six LTE, three critical
Marginal significance. small gains justify the risks as yet unknown effects (Malone Sep, 2021) medical risks, evidence as "low/very low" quality

The regret study significant limitations (The Amsterdam Cohort, 2018):
Different population (severe GD, early childhood, no comorbidities, gonadectomy)
Excluded 22% of non-gonadectomy
Follow-up was less than 10 years
20% dropped out / lost to follow-up
Narrow definition of "regret“
Death from medical complications or suicide

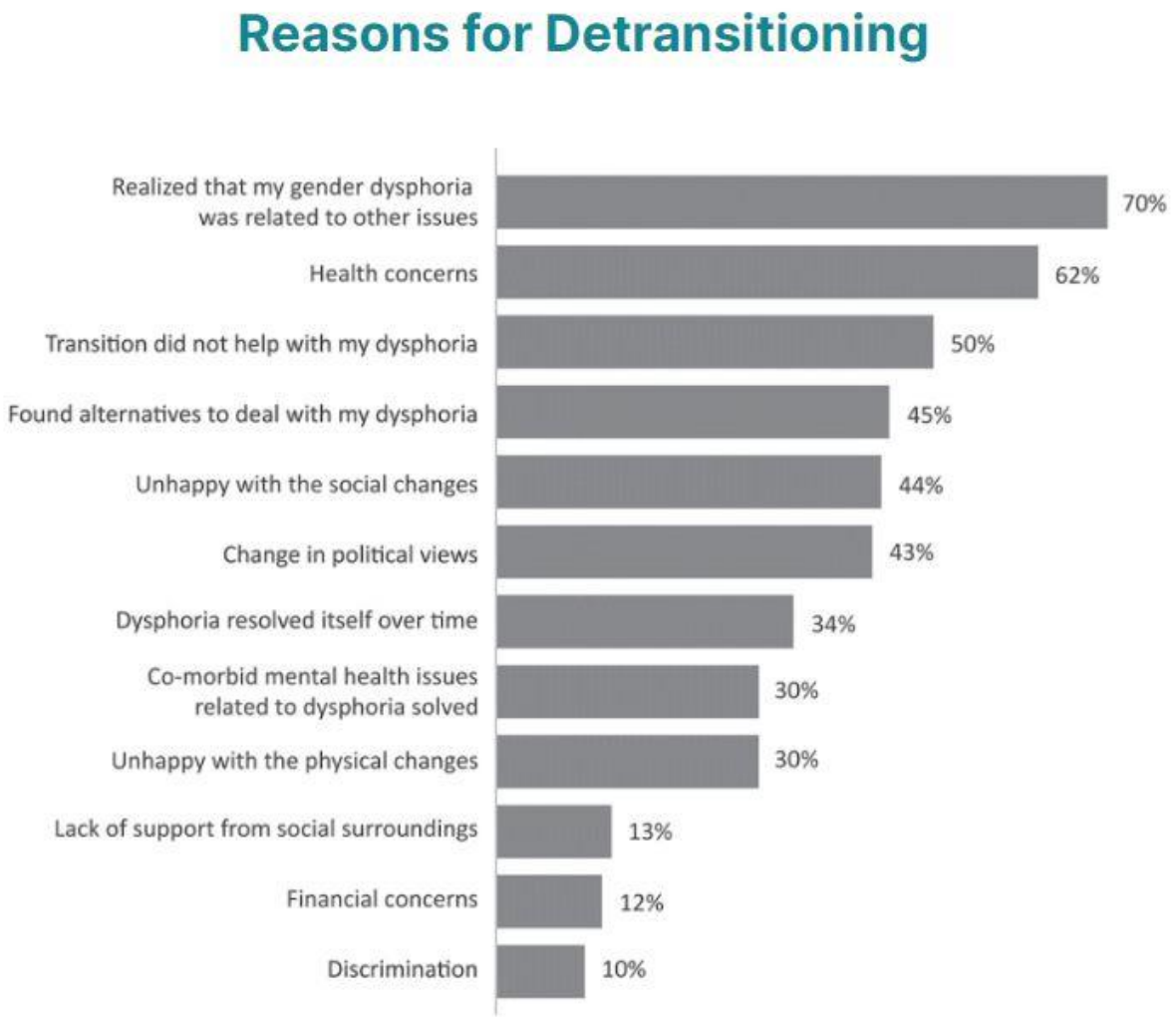
Correction of the Pang LTE claim, another Dutch study, minor correction major misstatement (Wiepjes et al. 2018) (Pang , 2021)

Low adults regret/ youth? issue on suicidality. (LTE-Armitage 2021).
Puberty Blockers and Suicidality (LTE- Biggs 2020)

Issue with 1% regret, from an stringent guidelines era (O’Malley,2021)
Evidence of the rising numbers of detranstioners: Expósito-Campos (2020), Vandebussche (2021); Pazos-Guerra, et al. (2020); Entwistle (2020); and Littman (2021).

Germany study: (Vandenbussche, 2021)

The first large-sample, peer-reviewed study of detransitioners.
a strong influence of internal, rather than external, factors.
In Contrast to external pressure leading reason in earlier detransitioner study (Turban, 2021)



Littman study (2021)- A survey of 100 detransitioners

69 were natal female (31.0% were natal male)

- **Becoming more comfortable identifying as their natal sex (60.0%)**
- **concerns about potential transitioning medical complications (49.0%)**
- **GD was caused by specifics (trauma, abuse, or mental health condition) (38.0%)**
- **Homophobia or difficulty accepting themselves as lesbian, gay, or bisexual was expressed (Experiencing discrimination) (23.0%)**

Majority (55.0%) felt they did not receive adequate evaluation before transition
Only 24.0% informed their clinicians that they had detransitioned.

40% said their GD was caused by a mental-health condition
62% felt professionals did not investigate trauma as factor in transition decisions.

Reasons for detransition*

	%
Personal definition of male/female changed, became comfortable identifying as birth sex	60
Concerns about medical conditions	49
Mental health did not improve with transition	42
Dissatisfied with physical results of transition	40
Discovered that their gender dysphoria was caused by something specific (trauma, mental health condition)	38
Mental health was worse with transition	36
Found more effective ways to deal with gender dysphoria	32
Gender dysphoria resolved	15
Discrimination	23
Financial barriers	17

*Excerpts

Social influence findings

More than a third (35%) endorsed "Someone else told me that the feelings I was having meant that I was transgender and I believed them"

Friend group dynamics	%
One or more friend transitioned first	36.4
Popularity increased with announcement to transition	19.6
Group mocked people who were not trans-ID	22.2

Sources that encouraged participant to believe that transitioning would help them	%
YouTube transition videos	48
Blogs	46
Tumblr	45
A community of people that they met online	43
Therapist	37
A person they met online	30
A person they know in person (not online)	28
A group of friends known in person (not online)	27

20% indicated that they felt pressured to transition

Other psychosocial findings

- Coming to the view that their GD was caused by mental health condition or trauma (58%)
- Belief that transitioning delayed or prevented them from addressing underlying conditions (51.2%)

“Detransition” & “Regret” – WPATH

“Some adolescents may regret the steps they have taken,”

“Therefore, it is important to present the full range of possible outcomes when assisting transgender adolescents.”

“Emerging evidence base indicates a general improvement in the lives of transgender adolescents” who receive treatment after careful evaluation.

“Further, rates of reported regret during the study monitoring periods are low,”

Many detransitioners “expressed difficulties finding help during their detransition process and reported their detransition was an isolating experience during which they did not receive either sufficient or appropriate support.”

They should not be “blaming the clinician or the people who helped guide them,”. “They need to own that final step.”

Bowers, WPATH’s president

“Detransition” & “Regret” – comments

“I’m concerned that the rise of detransitioners is reflective of some young people who have progressed through their gender journey very, very quickly,”

“When other issues important to a child are not fully addressed [before transition], then medical professionals are failing children.”

“Some of my colleagues are worried that conversation about detransitioners is going to be more cannon fodder in the culture wars, but my concern is that if we don’t address these problems, there will be even more ammunition to criticize the appropriate work that I and other colleagues are doing.”

Erica Anderson

“Detransition” & “Regret” – comments

“I saw children being fast-tracked onto medical solutions for psychological problems, and when kids get on the medical conveyor belt, they don’t get off,”
“But the politicization of the issue was shutting down proper clinical rigor. That meant quite vulnerable kids were in danger of being put on a medical path for treatment that they may well regret.”

Marcus Evans, former Clinical Director of Adult and Adolescent Services- Tavistock and Portman NHS Trust, ***resigned 2019, over the unnecessary medicalization of dysphoric adolescents view.***

Conclusions and caveats

- The reasons and experiences surrounding detransition are diverse, and include: discrimination, concerns about medical complications, difficulty accepting oneself as LGB, and coming to the view that their GD was caused by a mental health condition or trauma
- A subset of detransitioners provided first-hand accounts about psychosocial factors that were relevant to their gender dysphoria, transition, and detransition
- Limitations: convenience sample, targeted recruitment, anonymous data collection, cross-sectional
- This research does not state or imply that these experiences are relevant for all people who experience gender dysphoria
- More research needed