

Transgender Dilemma in the Young

From the perspective of a Boots-on-the-Ground Psychologist



Jeffrey E. Hansen, Ph.D.

Center for Connected Living, LLC

MAKING A MAN | THE SCIENCE OF GENDER | GIRLS AT RISK

NATIONAL
GEOGRAPHIC

SPECIAL ISSUE
GENDER
REVOLUTION

"The best thing about being a girl is,
now I don't have to pretend
to be a boy."

SPECIAL ISSUE
THE SHIFTING LANDSCAPE OF GENDER

NATIONAL
GEOGRAPHIC
GENDER
REVOLUTION



In Just a Decade

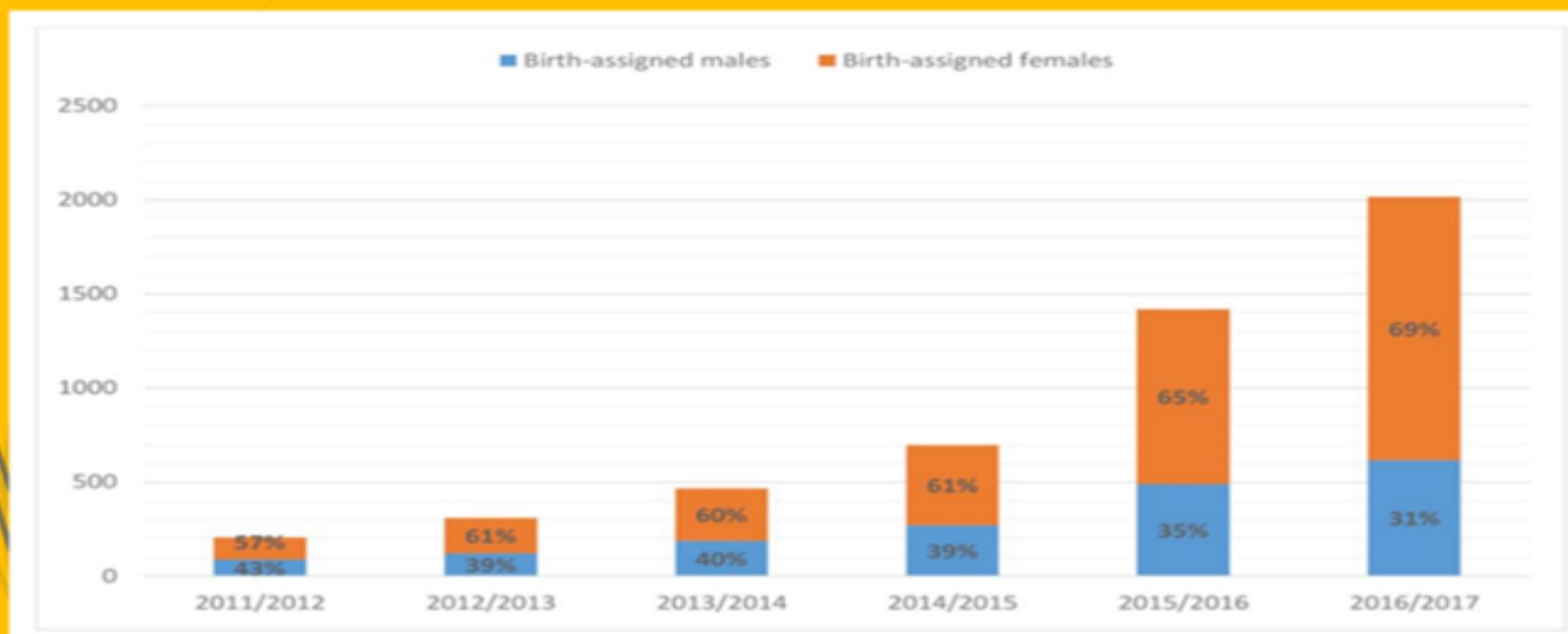
When the DSM V was published on May 13, 2013, it reported:

- Expected incidence of gender dysphoria at **.005 - .014 percent** for natal males.
- Expected incidence of gender dysphoria at **.002 - .003 percent** for natal females.

In less than 10 years, the incidence of gender dysphoria has increased by **over 1,000 percent** (Goodman et al, 2019; Shrier, 2020). As the CDC study below indicates, almost **2 percent** of high school students now identify as "transgender" (Center for Disease Control and Prevention, 2019).

DECADE

Referrals in UK for GID services



Reference: Referrals to UK GID services: Assessment and support of children and adolescents with gender dysphoria. Arch Dis Child 2018; 103:631–6. [doi:10.1136/archdischild-2018-314992](https://doi.org/10.1136/archdischild-2018-314992) (Butler et al., 2018).

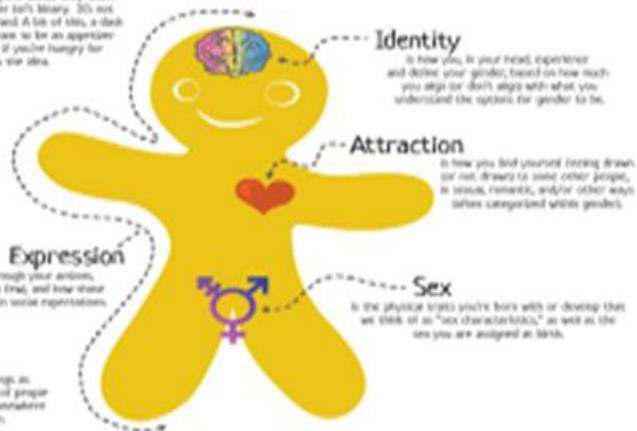
- ▶ **Social Transition** - as early as 3 or 4 years of age
- ▶ **Puberty Blockers** - 10 to 14 in boys , 8 to 13 years in girls
- ▶ **Cross Sex Hormones** - as early as 14
- ▶ **Surgical Modifications** - as early as 15 -17

Gender Affirmative Therapy

The Genderbread Person

by its pronounced **Mostly Sexual**

Gender is one of those things everyone thinks they understand, but most people don't. Gender isn't binary. It's not either/or. In many cases it's both/and. A bit of this, a dash of that. This handy little guide is meant to be an appetizer for gender understanding. It's okay if you're hungry for more after reading it. In fact, that's our idea.



We can think about all these things as existing on continuums, where a set of people might use statements as rating temperature between 0 and 100 on each.

☉ means a tick or whack on the right side.

Gender Identity



personality traits, jobs, hobbies, likes, dislikes, roles, expectations

Common GENDER IDENTITY usage

Gender Expression



style, grooming, clothing, accessories, voice, appearance, hair, make-up

Common GENDER EXPRESSION usage

Anatomical Sex



body hair, chest, legs, shoulders, hormones, penis, vulva, chromosomes, voice pitch

Common ANATOMICAL SEX usage

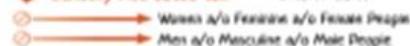
Identity ≠ Expression ≠ Sex
Gender ≠ Sexual Orientation

Sex Assigned At Birth

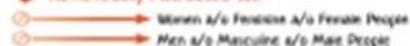
Female Intersex Male

Typically based solely on external genitalia present at birth. Ignoring internal anatomy, hormone, and chromosomal sex. Sex Assigned At Birth (SAB) is only for determining behaviors and terms. (regardless of whether people with gender identities and "intersex" bodies it directly)

Sexually Attracted to... and/or w/it



Romantically Attracted to...

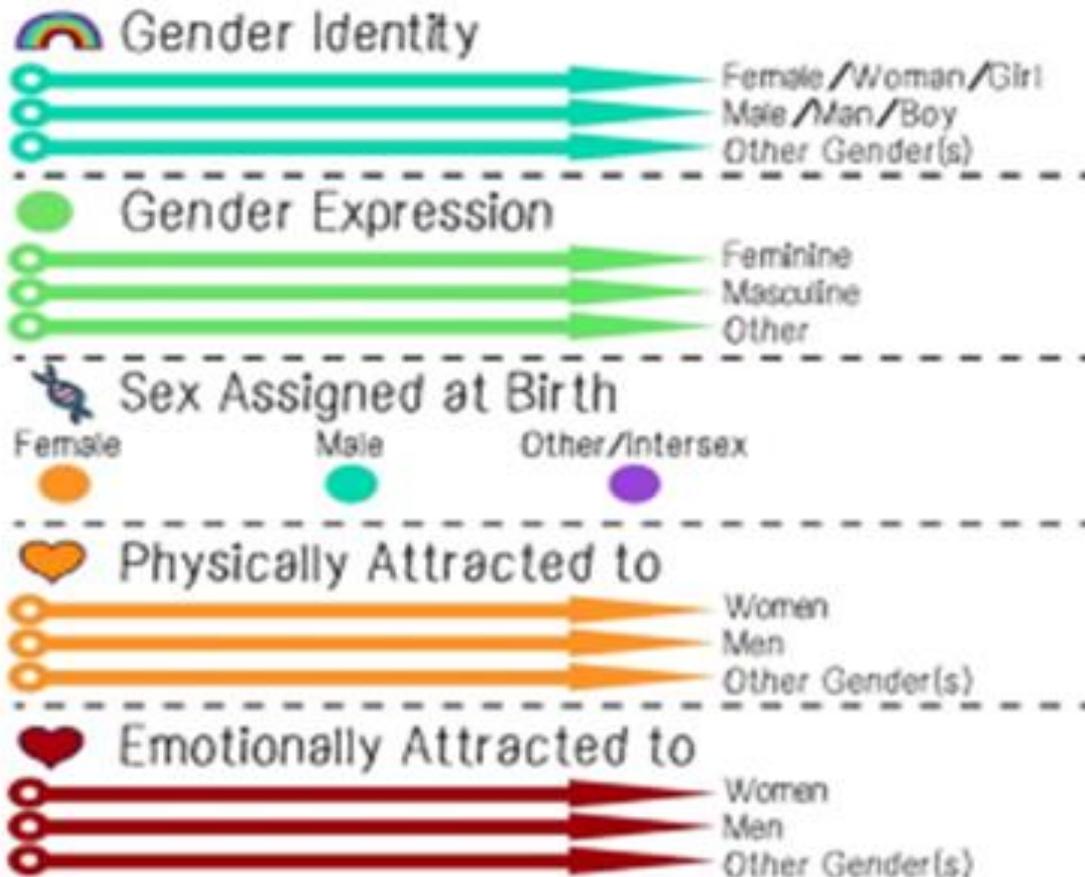


Genderbread Person (version 4) created and copyrighted 2017 by Sam Oberlin

for a larger file, visit www.genderbread.org

The Gender Unicorn

Graphic by:
TSER
Trans Student Educational Resources



To learn more, go to:
www.transstudent.org/gender

Design by Landyn Pen and Anna Moore

$3 \times 3 \times 3 \times 3 = 243$ different permutations

Dr. Michael Laidlaw

Content of following few slides which speak to the medial impact of too-early transitioning in youth were generously shared with permission of widely respected and very accomplished endocrinologist, Dr. Michael Laidlaw.

They succinctly summarize the impact of puberty blockers and cross hormone therapies in children.



Side Effects of Blockade of Normal Puberty

<i>Male</i>	<i>Female</i>
Stunting of penile and testicular growth	Menopause like state
	Blockade of normal breast development
Sexual dysfunction: Impairment of erection, orgasm, ejaculation	Decreased blood flow to vagina and vulva
	Sexual dysfunction: Thinning of vaginal epithelium, vaginal atrophy
Prevention of spermatogenesis - infertility	Prevention of menses/ovulation - infertility
Disruption of normal brain development	Disruption of normal brain development
Disruption of normal bone development/strength	Disruption of normal bone development/strength

Neuropsychological Effects of Puberty Blockers

Emotional lability, mood changes, headaches

Nervousness, anxiety, agitation, confusion, delusions, insomnia, depression

“Monitor for development or worsening of psychiatric symptoms. Use with caution in patients with a history of psychiatric illness.”

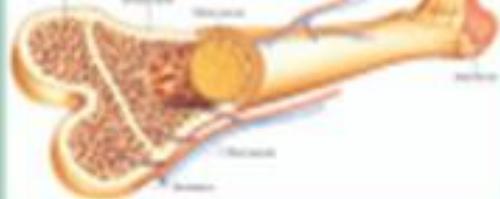
Tavistock and Portman GIDS UK*

No statistically significant difference in psychosocial functioning in blockers vs support

Children reported greater self harm

Girls exhibited more behavioral and emotional problems, greater dissatisfaction with body

Bone Density



Bone Density z score based Percentiles with Respect to Time on Puberty Blockers
population average, baseline, 12, 24, and 36 mo after puberty blockers

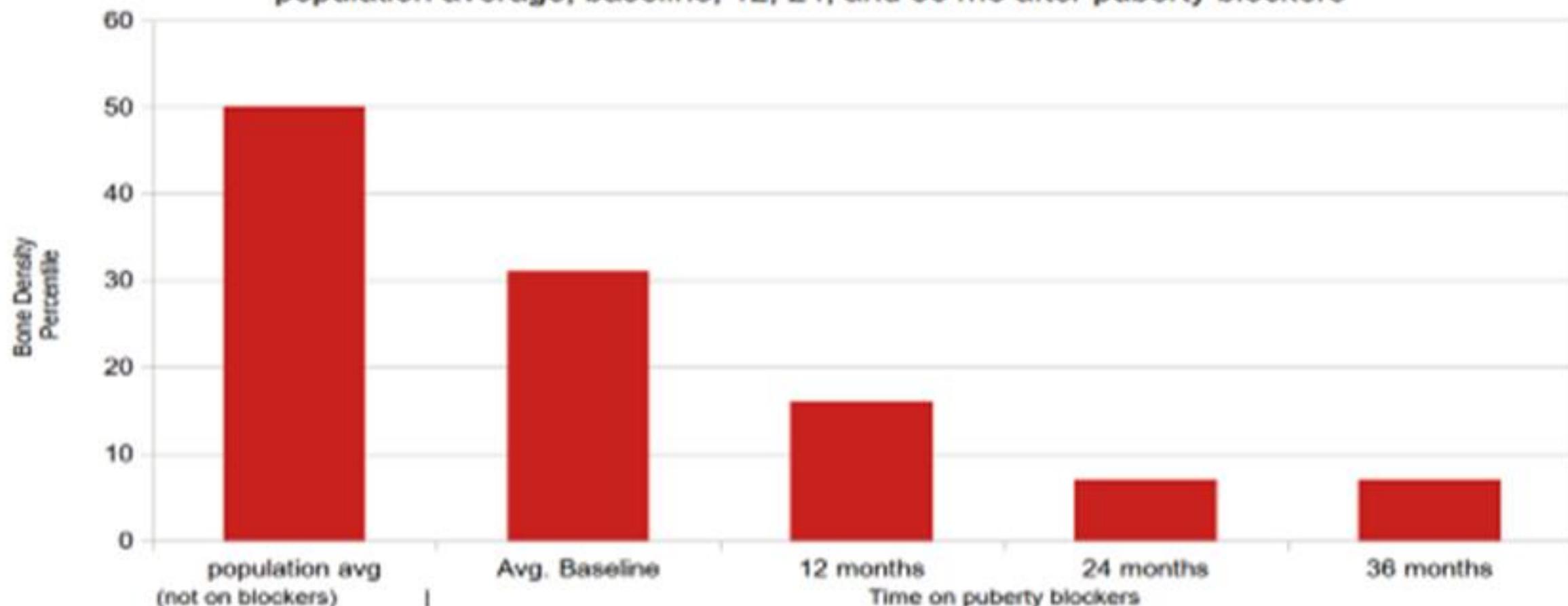


Chart by Michael K. Laidlaw, MD. 12/13/20 Derived from data here:

Polly Carmichael, Gary Butler, Una Masic, Tim J Cole, Bianca L De Stavola, Sarah Davidson, Elin M. Skageberg, Sophie Khadr, Russell Viner. "Short-term outcomes of pubertal suppression in a selected cohort of 12 to 15 year old young people with persistent gender dysphoria in the UK." medRxiv preprint doi: <https://doi.org/10.1101/2020.12.01.20241653>; version posted December 2, 2020.

Side Effects of Cross Sex Hormones

<i>Males on Estrogen</i>	<i>Females on testosterone</i>
increased risk of myocardial infarction and death due to cardiovascular disease*	increased risk of myocardial infarction and death due to cardiovascular disease*
Thromboembolism 5X Increased risk *	Erythrocytosis** (too many red blood cells)
Gallstones**	Severe liver dysfunction**
Hypertriglyceridemia** (too many fats)	Hypertension**
Breast Cancer risk increased 46 X***	Breast, uterine, ovarian cancer risk **
Gynecomastia**	Hirsutism, deepening of the voice**
Sexual dsyfunction, infertility****	Sexual dsyfunction, infertility****

Michael K
Laidlaw,
MD. 24
Sep 2022

*Inwig MS. "Cardiovascular health in transgender people." *Rev Endocr Metab Disord*. 2018;19(3):243–251. **Hembree WC, et al., "Endocrine Treatment of Gender-Dysphoric/Gender-Incongruent Persons: An Endocrine Society Clinical Practice Guideline," *The Journal of Clinical Endocrinology & Metabolism*, Volume 102, Issue 11 (Nov. 1, 2017). ***Christel J M de Blok, et al. "Breast cancer risk in transgender people receiving hormone treatment: nationwide cohort study in the Netherlands" *BMJ* 2019; 365. (Published 14 May 2019). Laidlaw MK, Cretella M, Donovan K. "The Right to Best Care for Children Does Not Include the Right to Medical Transition". *The American Journal of Bioethics*. 19(2), Feb 2019.

Cross Sex Hormones - Testosterone

6-100X higher than endogenous female levels

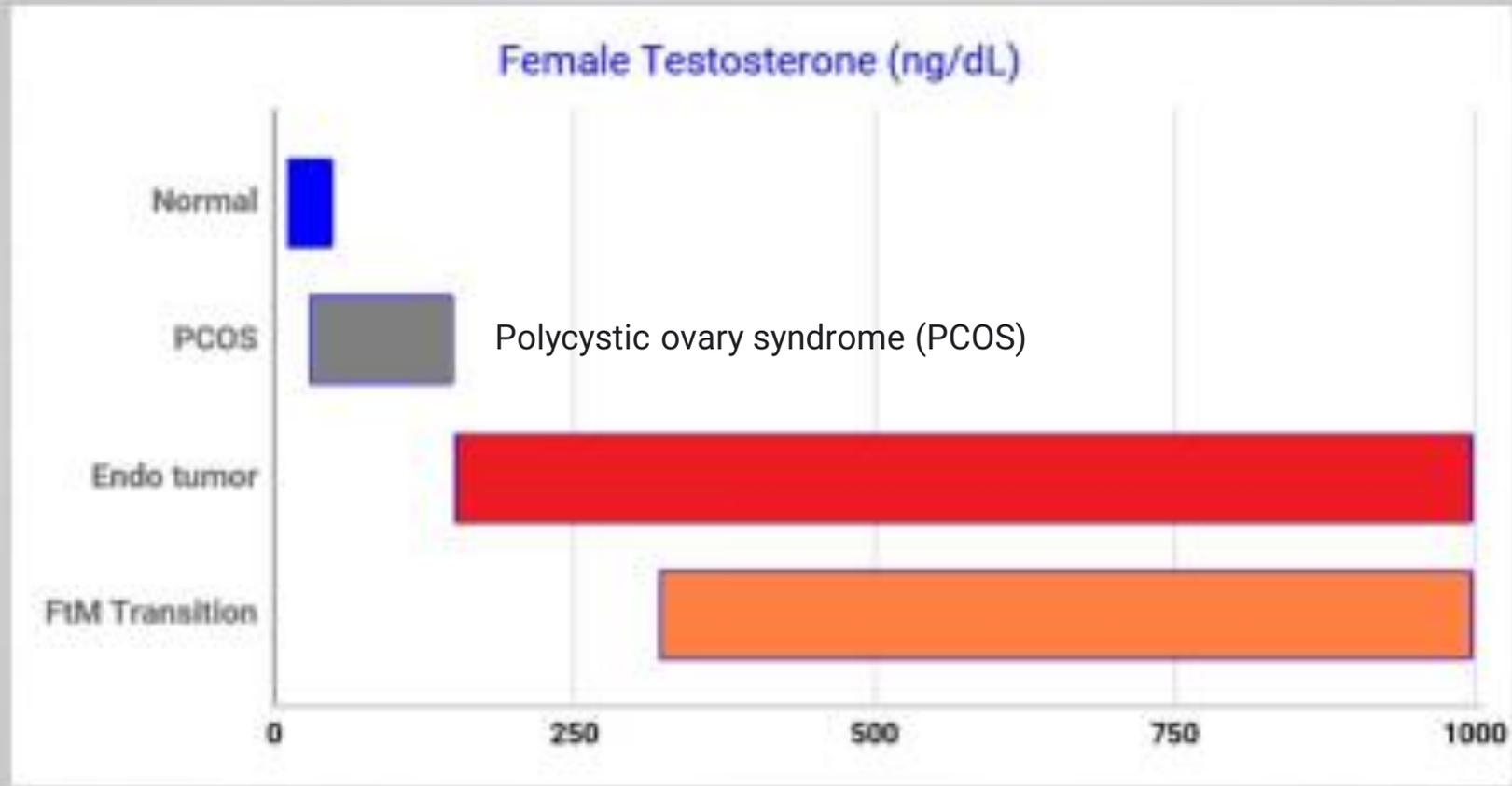


Image by Michael K. Laidlaw, MD. Approximate total testosterone in ng/dL based on laboratory, etc. FtM from 2017 Endo Society Guidelines on Gender Dysphoria. With PCOS testosterone levels may be as high as 150. With endocrine tumors testosterone may be in the 150-1000 range. The recommendations of the Endocrine Society/WPATH are to bring levels into the 300-1000 range which is 6-100 times higher than normal endogenous adult female levels.

Breast Binders Harms

- Methods used for breast binding include compressing the breasts and chest for multiple hours in a day with commercial binders, elastic bandages, duct tape or plastic wrap.
- In a study of chest binding, self-reported complications and side effects included chest pain (48.8%), shoulder pain (38.9%), back pain (53.8%), shortness of breath (46.6%), breast tenderness (33.9%), and skin changes (15.2%) among a multitude of other harms
- In another study it was shown that lung function and chest wall size were adversely affected by this harmful practice



Half Binder

\$ 33.00

Long-Term Follow-Up of Transsexual Persons Undergoing Sex Reassignment Surgery: Cohort Study in Sweden

Cecilia Dhejne, Paul Lichtenstein, Marcus Boman, Anna L. V. Johansson, Niklas Långström, Mikael Landén

Results

The overall mortality for sex-reassigned persons was higher during follow-up (aHR 2.8; 95% CI 1.8–4.3) than for controls of the same birth sex, particularly death from suicide (aHR 19.1; CI 5.8–62.9). Sex-reassigned persons also had an increased risk for psychiatric inpatient care (aHR 2.8; 95% CI 2.0–3.9). Comparisons with controls matched on reassigned sex yielded similar results. Female-to-males, but not male-to-females, had a higher risk for criminal convictions than their respective birth sex controls.

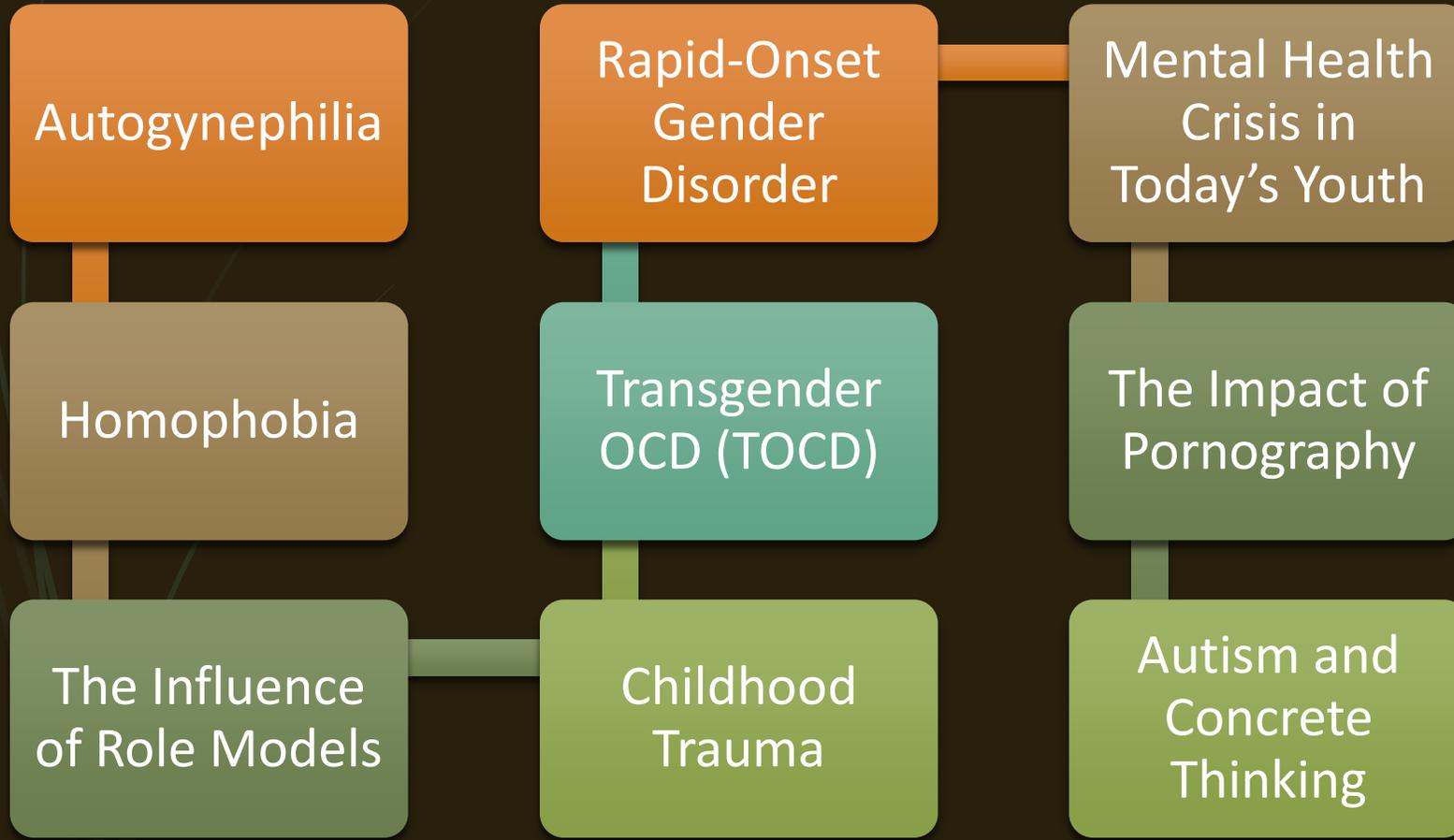
Conclusions

Persons with transsexualism, after sex reassignment, have considerably higher risks for mortality, suicidal behaviour, and psychiatric morbidity than the general population. Our findings suggest that sex reassignment, although alleviating gender dysphoria, may not suffice as treatment for transsexualism, and should inspire improved psychiatric and somatic care after sex reassignment for this patient group.

19x
more likely
to commit suicide!

was 19 times greater than
the general population.

What are some of the potential causes for the rise in transgender identification?



Autogynephilia

Dr. Anne Lawrence at the Department of Psychology, University of Lethbridge in Canada notes that autogynephilia is defined as a male's propensity to be sexually aroused by the thought of himself as a female.

Since the beginning of the last century, clinical observers have described the propensity of certain males to be erotically aroused by the thought or image of themselves as women.

The term autogynephilia literally “to love oneself as a woman” was coined by researcher/psychologist Dr. Ray Blanchard. The term “autogynephilia” denotes being sexually aroused by the idea of being or becoming a woman. (Auto = self; gyn = female; philia = love of) (Dreger, 2015).

Autogynephilia exemplifies an unusual paraphilic category called 'erotic target identity inversions', in which men desire to impersonate or turn their bodies into facsimiles of the persons or things to which they are sexually attracted (Lawrence, 2011).



Homophobia

Dr. Soh (2020) writes that despite the many strides forward that have been made by the gay rights movement, some children are actually being encouraged to transition as a solution to homophobia.

Effeminate sons tend to evoke a stronger negative response than tomboy daughters. Dr. Soh adds that with greater public awareness about gender dysphoric children and the difficulties and stigma that they would face, parents receive more attention and admiration when raising a transgender daughter than a gay child.

Moreover, for those who are troubled at the thought of having a son who is effeminate, transitioning offers an elegant solution – by allowing a feminine boy to transition.



Autism and concrete thinking

Concrete thinking processes characterize autism spectrum conditions (e.g., “I don’t like dresses therefore I must be a boy”).

Dr. Glidden and his colleagues conducted a review of over 58 studies and concluded that there is a considerably higher rate of autism spectrum disorder (ASD) in children and adolescents with gender dysphoria than in the general population (Glidden et al., 2016).

In an effort to show how ASD and gender dysphoria might be linked, Dr. Kenneth Zucker and his colleagues noted that “children with Gender Identity Disorder (GID) generally show intense, if not obsessional, interests in cross-gender activities.

Both GID and ASD involve a “predisposition for obsessional or focused interests and extreme rigidity in thinking,” accompanied by “intense anxiety” in response to any interference with the obsession.

Gender can be a focus of obsessional thinking and this obsession could be a “magnification” of interests that a typical child would have at a similar state of development (Zucker et al., 2012; Anderson, 2019).

**I’m a concrete thinker.
I interpret language literally.**

You confuse me by saying, “Hold your horses, cowboy!” when what you mean is, “Stop running.” Don’t tell me something is “a piece of cake” when there’s no dessert in sight and what you mean is, “This will be easy for you to do.” When you say, “It’s pouring cats and dogs,” I see pets coming out of a pitcher. Tell me, “It’s raining hard.”

Idioms, puns, nuances, inferences, metaphors, allusions, and sarcasm are lost on me.



The influence of role models

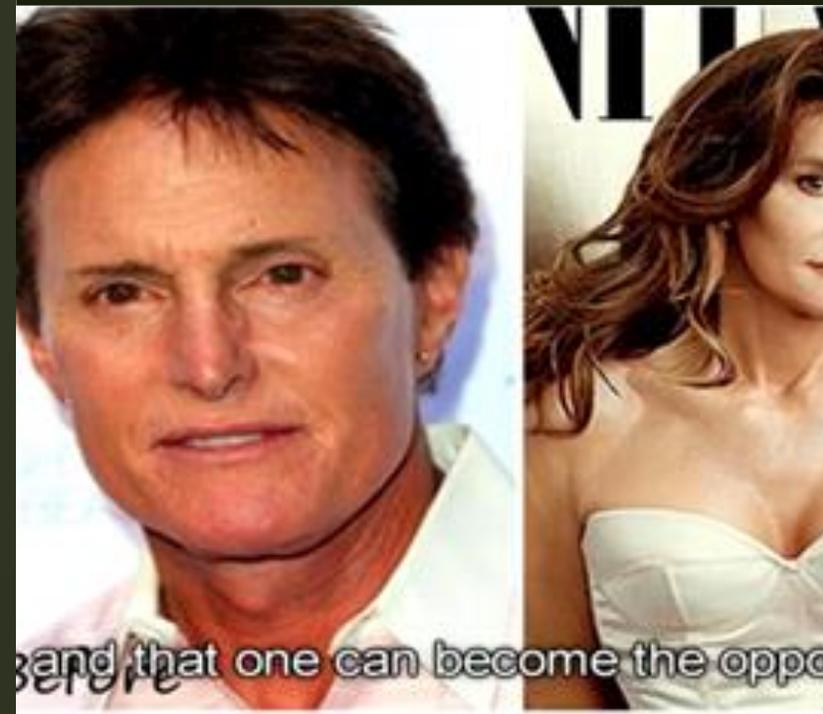
According to Bouman et al. (2016), the increase in prevalence of gender dysphoria and gender incongruence in the last decade is most likely due to several interactively linked factors one of which is the increased visibility of accepted trans people on television and in films, such as **Caitlyn Jenner**, **Transparent**, **Jazz Jennings**, and **The Danish Girl**.

These individuals and films enter societal conscience as an increasingly mainstream phenomenon and contribute to at least a partial de-stigmatization of being trans.

In addition, Bouman et al. (2016) posit that the wide availability of information on the Internet and other communication channels about gender dysphoria and gender incongruence are also likely to contribute to the de-stigmatization and the increased awareness of the availability of biomedical treatment.



Jazz Jennings – now obese



Childhood Trauma

As trauma expert Dr. Peter Levine notes in his book, *Healing Trauma*, “Trauma is much about loss of connection – to ourselves, to our bodies, to our families, to others, and to the world around us.

Moreover, the long-term consequences of these traumas are tremendous and often lead to a total inability or impaired ability to access appropriate responses to threatening events.

This can lead to chronic hyperarousal, intense anxiety, panic, mood instability, poor emotional/behavioral regulation, feelings of powerlessness, helplessness, shame, and even immobility (Hansen, 2020).

Some individuals, in a desperate attempt to find an explanation to the overwhelming emotional and even physical pain they feel, will conclude that it is gender dysphoria that is at the root of the pain and are deeply comforted by this knowledge, namely, **“My problem can be explained by gender dysphoria and, if I solve this, I will bring an end to my pain.”**



Transgender OCD (TOCD)

Clinical social worker Josh Kaplan who specializes in OCD notes that individuals with TOCD are focused on trying to know for sure whether their thoughts are a sign of an underlying and unrecognized desire to transition their gender presentation.

Like other forms of OCD, he writes that TOCD is the inability to tolerate uncertainty — not simply the idea that a person might be transgender — and this creates anxiety and drives the disorder.

For those with TOCD that momentary doubt about one's gender identity can spiral into an ever-deepening cycle of obsessions and compulsions, as the person gets caught up in a circle of doubt and wondering - which has little to do with their true gender identity.

In this subtype of OCD in which a person obsesses over their gender identity, these intrusive thoughts cause the person significant amounts of anxiety and uncertainty, which they desperately try to relieve with compulsive behaviors such as emotional checking, memory review, reassurance-seeking, and researching. It is important to note that TOCD is not the same thing as gender dysphoria, which transgender people often experience (Kaplan, 2020).



Rapid-Onset Gender Dysphoria (ROGD)

Soh (2020) writes that until recently, adolescent-onset gender dysphoria had typically appeared in adolescent males (in the form of autogynephilia). On the other hand, rapid-onset gender dysphoria (ROGD) is typically seen in teenage girls and is characterized by a sudden and often “out-of-the-blue” onset, with no apparent previous history of gender dysphoria (Soh 2020).

Dr. Lisa Littman, an OB-GYN physician and assistant professor at Brown University, published one of the first studies on ROGD. This study surveyed 256 parents who completed a ninety-question survey and the results suggested that for at least some of these girls, their transgender drive was a function of social contagion.



Rapid Onset Gender Dysphoria

Although there exists plentiful research on the etiology of transsexualism in adult males,²⁵ there are no research studies on adults who underwent medical gender reassignment treatments in childhood as this is a new phenomenon.

Some professionals have noted a new presentation of gender dysphoria which appears after the start of puberty with no previous indication of gender confusion or unhappiness. This recent development has been termed **Rapid Onset Gender Dysphoria** and it affects mostly teenage girls.

The **first study of this group**²⁶ indicates a high incidence of internet and peer-group influence where a number of teenage girls within a friendship group 'come out' together as transgender. A high percentage of these girls report increased popularity although parents report worsening mental health and parent-child relationships. Typically these girls receive online advice, trust only transgender sources for information, retreat into transgender-only friendship groups and may mock those who are not transgender or LGBT.

Parents report that their teenager's sudden announcement that they are transgender typically follows their immersion in online transgender forums such as Reddit,²⁷ Tumblr and YouTube.



Social Contagion, Internet Use, Neurodevelopmental Disorders



RESEARCH ARTICLE

Rapid-onset gender dysphoria in adolescents and young adults: A study of parental reports

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Abstract

Purpose

In on-line forums, parents have been reporting that their children are experiencing what is described here as "rapid-onset gender dysphoria," appearing for the first time during puberty or even after its completion. 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. The purpose of this study was to document and explore these observations and describe the resulting presentation of gender dysphoria, which is inconsis-

OPEN ACCESS

Citation: Littman L (2016) Rapid-onset gender dysphoria in adolescents and young adults: A study of parental reports. *PLoS ONE* 11(8): e0202330. <https://doi.org/10.1371/journal.pone.0202330>



Littman Study Results:

Over **80%** were natal females

The vast majority had **zero** indicators of early childhood dysphoria

About a **third** of the adolescents did not at all seem gender dysphoric prior to their announcement of being trans.

Nearly **70%** of the teens belonged to a peer group in which at least one friend had also come out as trans.

Over **65%** of teens had increased their social media use and time spent online prior to their trans announcement.

Among parents who knew of their children's social status and activity, over **60%** said their announcement brought about a popularity boost.

Fewer than **13%** of parents felt that their adolescent's mental status had improved after transgender identification. Over **47%** said that it had actually worsened.

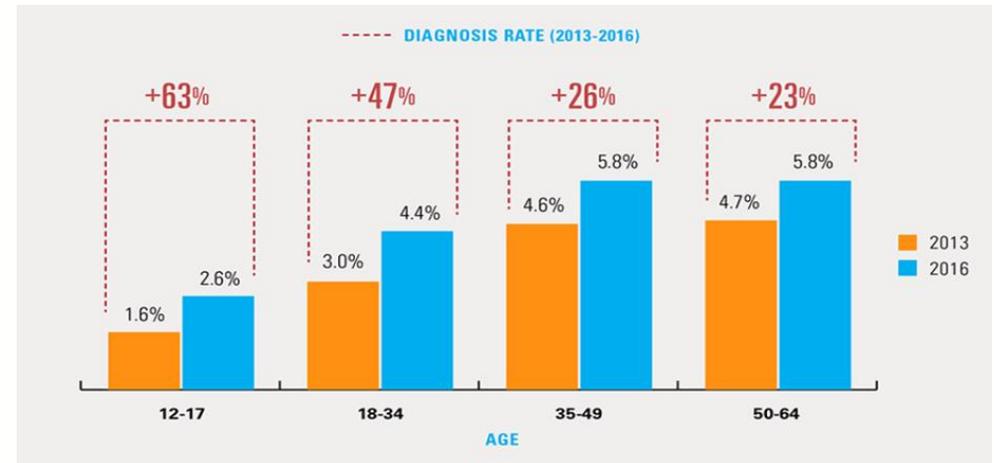
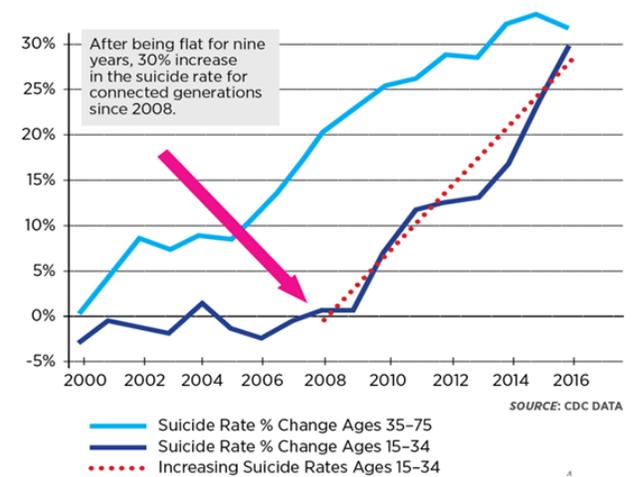
Mental Health Crisis in Today's Youth

Abigail Schrier, a writer for *the Wall Street Journal*, author of *Irreversible Damage*, and with a law degree from Yale Law School, cites the work of academic psychologist, Jonathan Haidt, who reports that teens are in a mental health crisis – evidencing record levels of anxiety and depression, in part driven by social media (Schrier, 2020; Haidt, 2019).

US Suicide Statistics

After being flat for a decade, the age brackets from 15-34 fared much worse beginning around 2008.

U.S. Suicide Rates % Change: Comparison of Most Digitally Connected Generations vs. Less Connected 2000–2016.



Mental Health Crisis in Today's Youth – cont.

- Schrier (2020) writes, “Tumblr, Instagram, TikTok, and YouTube – all very popular with teens- host a wide array of visual tutorials and pictorial inspiration to self-harm via anorexia (“thinspiration” or “thinspo”), cutting, and suicide.
- Posting one’s experiences with any of these afflictions offers the chance to win hundreds – even thousands – of followers” Schrier, 2020; Helena, 2019). Helena (2019) notes that anorexia, cutting, and suicide have all spiked frighteningly since the advent of the smartphone.
- Schrier writes that girlhood in America is practically synonymous with the worry that one’s body does not measure up and that girls “flee womanhood like a house on fire, their minds fixed on escape, not on any particular destination” Shrier, 2020 p.7).
- She cites, Sasha Ayad, an internationally renowned therapist specializing in gender dysphoria, “A common response that I get from female clients is something along the lines: ‘I don’t know exactly that I want to be a guy. I just know I don’t want to be a girl’”
- Some children in my practice have suffered from feeling that they are not favored as much as an opposite-sex sibling and will seek transitioning in order to gain their parent’s favor.



A better way for our children

Watchful waiting or **wait and see** enables the child to guide the course that they take. They may or may not eventually decide to go forward with transitioning (Soh, 2020).

The Therapeutic approach, or the **developmental model approach** allows for the child in question to explore the parameters of their gender while being open to the possibility that he or she might eventually grow comfortable in their sex that they were born as.

Their therapist would endeavor to understand possible relevant factors of their development to include adverse childhood experiences, trauma, and other psychopathology, or whatever else might be transpiring in the child that might be moving the child to feel this way (Soh, 2020).



Support for Wait and See Approach

- ▶ Studies indicate that approximately **80% of** childhood-onset gender dysphoria resolves by **age 20**.
- ▶ A majority of the children who have gender dysphoria will be **same-sex attracted or bisexual**.
- ▶ Malone notes that it is impossible to determine whose gender dysphoria will resolve and whose will persist without allowing for pubertal development.
- ▶ Some practitioners claim that they can tell clinically in early puberty who will persist in their gender dysphoria, but there are no validated protocols that are predictive of persistence (Malone, 2019).

A white arrow-shaped sign with a green border is mounted on a black and white striped pole. The sign contains the text "WAIT AND SEE" in bold, black, uppercase letters. The background of the sign is a blue sky with white clouds.

**WAIT
AND SEE**



The Developmental Approach

Support for the Therapeutic or Developmental Approach

- ▶ In case studies, Churcher et al. (2019) found that extended counseling can be effective in resolving adolescents' gender dysphoria.
 - ▶ *To quote: "In conclusion, the adolescents included in this review met criteria for GD and initially requested medical interventions to resolve their difficulties.*
 - ▶ *Over the course of the psychosocial assessment, they came to understand their distress and its alleviation (at that particular point in time) differently and eventually chose not to take a medical (hormonal) pathway and/or identified their gender identity as broadly aligned with their biological sex.*
 - ▶ *Of course, this is not the case for many other young people presenting to the service and it is important to hold onto the multiplicity of possible outcomes" (Churcher et al., 2019).*

Case #1

Asperger's Disorder



Background: 14-year-old teen male pseudonym, Bill, with pronounced Asperger's Disorder seeks male-to-female transition.

Bill looks at crotch and declares, "I want it gone." Demands that his mother take him to endocrinology to start hormone therapy.

Mother, being a crusty senior non-commissioned officer, flatly refuses and states, "I will never agree to this so get your own ass there." Therapist chooses to remain silent and respect mother's position even though it is harshly stated.

In follow-up sessions our therapy focused on the issues of anger toward father for losing his job after molesting a women in an ambulance while serving as a first responder and for later refusing potentially life-saving therapies for his cancer. Being male was possibly repulsive to Bill.

Six months later when queried where Bill stood on the transition issue, Bill replied, "I'm over that, it was just a phase." He then talked about his next possible girlfriend.



Case #2: Toxically anxious mother

13-year-old female, pseudonym Jane, identifying as a boy.

Jane becomes suicidal, begins self-injuring, develops panic disorder, and is nearly hospitalized.

In the course of therapy, Jane comes to appreciate that she finds her mother whom she loves dearly, toxically anxious and realizes that she does not want to be a woman as she might become, likewise, weak and ineffective. She prefers to identify with her father.

As Jane matures, she comes to realize that a woman can, in fact, be strong and embraces her female gender.

Happily, Jane's suicidality, anxiety, and panic completely resolved, and Jane is now happily married and is expecting her first child.



Jeff's concluding rant

► Our children are in a crisis and extreme activists are redefining reality. This activist ideology is replacing parents' rights to raise a child within their own value system. They have invaded our families and the minds of our children. They are giving them a false narrative that is not founded on science nor on common sense. They confuse our children with a warped definition of sexuality and gender with the promise that transitioning will be the answer to their pain and struggle. Science is no longer the gold standard, but the activist agenda is. Good researchers, doctors, therapists, and educators are marginalized, censored, cancelled, and even punished for speaking the truth as they know it. They must align with the activist's voice. Critical thinking is now criticized.

► I do not stand in opposition to our transgender community or anyone struggling with gender dysphoria. We are all one and trans people deserve to be loved, respected, and treated equally. I am in no way stating that people should be dissuaded from transitioning. What I am saying, however, is that there is ample reason to reconsider the current "standards of practice" for children and teens as these standards are, in far too many cases when rushed without adequate consideration, leading to very bad outcomes.

