

Imagine yourself the parent of an adolescent boy or (more likely) girl without a single previous sign of body dysphoria, who “out of the blue” decides she is transgender. She demands a name change, breast binders and cross-sex hormones. You’re shocked and skeptical, as your child has struggled with one or more problems — autism, depression, social isolation or unprocessed trauma — but you are doubly shocked when the health professionals you consult are indifferent to these histories, instead counselling unconditional affirmation, followed by immediate transitioning through hormonal and even surgical interventions. This isn’t hypothetical. This is happening. It’s called Rapid Onset Gender Dysphoria (ROGD). This isn’t hypothetical. This is happening (--image--)

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I have met and spoken with such parents (of daughters with ROGD). They love them deeply. They are not transphobic in the least. But since none of these girls ever expressed any sign of discomfort with their natal sex before adolescence, the parents were resistant to uncritical affirmation. Gender crossover is a momentous life change, minimally involving permanent, sterilizing, off-label hormonal treatment. These parents quite properly expected a thorough exploration of possible underlying root causes that, attended to, might well mitigate against such life-altering treatment. They felt in their bones that the “wrong body” was no more their daughters’ primary problem than too much weight is the primary problem for anorexics. Since none of these girls ever expressed any sign of discomfort with their natal sex before adolescence, the parents were resistant to uncritical affirmation (--image--)

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A newly published study validates these parents’ concerns. “Rapid-onset gender dysphoria in adolescents and young adults: A study of parental reports,” by Lisa Littman, a researcher in the department of Behavioral and Social Sciences at Brown University’s School of Public Health, is the first empirical academic descriptive exploration of “the psychosocial context of youth who have recently identified as transgender with a focus on vulnerabilities, co-morbidities, peer group interactions, and social media use.” Littman notes that adolescent-onset of gender dysphoria is relatively new for natal females. Prior to 2012, little to no research had been done on it. Most available research on adolescents with gender dysphoria includes only those with onset during childhood and is not generalizable to the adolescent-onset genre. Before 2012, there were only two clinics (one in Canada and one in The Netherlands) with enough data amassed to provide empirical information on gender-dysphoric adolescents. Both institutions concluded that management is more complicated in these cases than with early-onset dysphoria, and that individuals with adolescent-onset were “more likely to have significant psychopathology.” (--image--)

Dr. Lisa Littman of Brown University in Providence, R.I.

Brown University

Participating in the study were 256 parents of ROGD adolescents and young adults (AYAs). They completed detailed surveys. Their AYA children were predominantly natal females with a mean age of 16. Of them, 41 per cent had expressed non-heterosexual leanings before onset. Sixty-two per cent had been diagnosed with at least one mental health disorder or neurodevelopmental disability prior to onset. None of the AYAs described “would have met diagnostic criteria for gender dysphoria in childhood.” One finding (all the parents I have met experienced this) was that parent-child relations deteriorated after the girls “came out.” Significant numbers withdrew from family life and did not trust information on the subject unless it came from trans sources. I urge readers to consult this landmark study in its entirety. For space reasons, I will refer to the two areas of the study I found most disturbing. One reinforces the theory that ROGD can be a form of “social contagion.” (In one case study, a 14-year-old natal female and three (I) of her natal female friends announced they were transgender within a year of a popular coach’s announcement that she was transgender.) The other reinforces multiple allegations by principled medical practitioners that ideology rather than best medical practice now dominates the health community in this domain. Almost invariably, these teenagers spend an inordinate amount of time on certain websites (--image--)

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Almost invariably, these teenagers spend an inordinate amount of time on certain websites, notably Tumblr and Reddit. Here they can find advice on how to lie to clinicians: “Get a story ready in your head ... keep the lie to a minimum” and “look up the DSM for the diagnostic criteria for transgender and make sure your story fits it.” Almost a third of the AYAs brought up the threat of suicide as a reason for transitioning; this is also something they are coached in. Some made up stories of childhood trans yearnings, presumably to impress gender therapists. One child actually edited her perfectly ordinary childhood diary to include material suggesting she had always been gender dysphoric. Parents often felt betrayed by the unprofessional attitudes of clinicians they consulted: psychologists, pediatricians, gender therapists and endocrinologists. Many were resistant to exploring other sources of distress, or hostile to parental testimony regarding their children’s fabrications. One parent reported, “When we tried to give our son’s trans doctor a medical history of our son, she refused to accept it. She said the half-hour diagnosis in her office was sufficient ...” Another reported on her child’s therapist’s credulity: “I overheard my son boasting on the phone to his older brother that ‘the doc swallowed everything I said hook, line and sinker. Easiest thing I ever did.’” “The doc swallowed everything I said hook, line and sinker. Easiest thing I ever did (

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Littman’s study, years in careful gestation, is receiving plaudits from longtime experts in the field of gender dysphoria, but also blowback from transactivists. In a telephone interview, Littman said she was not surprised at this, as any research findings to do with public health can arouse passionate response and ruffle the feathers of those invested in their belief system. She found reviewing Reddit, SubReddit and Tumblr comments very troubling. Disparagement of heterosexuals and “cisgenders” is rife. Contempt for parents is encouraged. Feelings of victimhood are promoted. These echo chambers can be harmful, Littman says, “because teens are encouraged to cut themselves off from their nurturing support systems.” Exactly. In this strange cultural moment of gender-fluidity ensorcellment, it’s mostly loving parents who truly have the best interests of these vulnerable teenagers at heart. Listen to them!
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