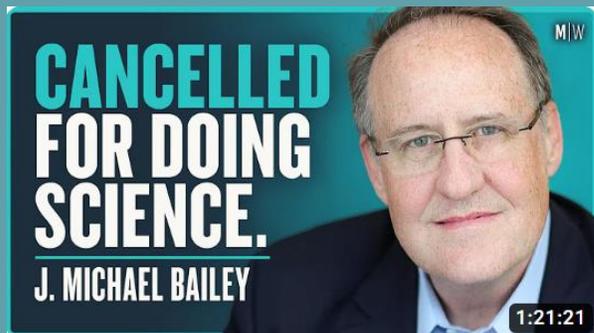


Diaz/Bailey RODG Study Gets Cancelled by the WOKE Activists under Weak Pretense



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ORIGINAL PAPER



Rapid Onset Gender Dysphoria: Parent Reports on 1655 Possible Cases

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Abstract

During the past decade there has been a dramatic increase in adolescents and young adults (AYA) complaining of gender dysphoria. One influential if controversial explanation is that the increase reflects a socially contagious syndrome: Rapid Onset Gender Dysphoria (ROGD). We report results from a survey of parents who contacted the website ParentsOfROGDKids.com because they believed their AYA children had ROGD. Results focused on 1655 AYA children whose gender dysphoria reportedly began between ages 11 and 21 years, inclusive. These youths were disproportionately (75%) natal female. Natal males had later onset (by 1.9 years) than females, and they were much less likely to have taken steps toward social gender transition (65.7% for females versus 28.6% for males). Pre-existing mental health issues were common, and youths with these issues were more likely than those without them to have socially and medically transitioned. Parents reported that they had often felt pressured by clinicians to affirm their AYA child's new gender and support their transition. According to the parents, AYA children's mental health deteriorated considerably after social transition. We discuss potential biases of survey responses from this sample and conclude that there is presently no reason to believe that reports of parents who support gender transition are more accurate than those who oppose transition. To resolve controversies regarding ROGD, it is desirable that future research includes data provided by both pro- and anti-transition parents, as well as their gender dysphoric AYA children.

Keywords Rapid Onset Gender Dysphoria · Adolescent gender dysphoria · Gender dysphoria · Transgender

Introduction

The demographics of gender dysphoria have changed dramatically during the past two decades. Specifically, the proportion of cases among adolescents and young adults (AYA) has increased, both absolutely and relatively (Aitken et al., 2015; Steensma et al., 2018; Zucker, 2019). This change has been noted in clinic-referrals across North America and Western Europe (Zucker, 2019; Zucker & Aitken, 2019). The causes of these changes are difficult to know. Two main hypotheses have been proposed:

Hypothesis 1 There has not been an increase in the actual number of gender dysphoric adolescents, but more of them are being recognized and referred to gender clinics.

Those who believe this hypothesis view the increase in referrals to gender clinics favorably, because gender dysphoric youth are getting treatment they need rather than suffering in silence (e.g., Turban & Ehrensaft, 2018). People who hold this view also tend to support gender transition for gender dysphoric youth.

Hypothesis 2 There has been an increase in gender dysphoria among adolescents, especially adolescent females.

This hypothesis is associated with Rapid Onset Gender Dysphoria (ROGD) (Littman, 2018; Marchiano, 2017; Shrier, 2020), a recent and controversial theory. ROGD theory proposes that common cultural beliefs, values, and preoccupations cause some adolescents (especially female adolescents) to attribute their social problems, feelings, and mental health issues to gender dysphoria. That is, youth with ROGD falsely believe that they are transgender, and that they

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Good research cancelled. Terrifying that the first amendment no longer exists in research and in our universities

Michael Bailey is a Northwestern University professor of psychology, researcher, and an author known for his work on sexual orientation and human sexuality.

Scientific research has had public scrutiny for a long time. But Michael's most recent study was placed under so much pressure from upset dissidents that the journal formally retracted it.

Please click the link below to watch this excellent interview by Chris Williamson:

https://www.youtube.com/watch?v=xakINkmU1c0&ab_channel=ChrisWilliamson



As summarized on Medpage – the criticisms and response. The activists criticize good research and at the same time promote their own poor studies with very flawed designs (see next slide).

They (the critics) expressed two key critiques of the paper, which was written by J. Michael Bailey, PhD, of Northwestern University in Chicago, and "layperson" author Suzanna Diaz. One issue is that it lacks institutional review board (IRB) approval; the other is that it replicates "the severe methodological and interpretive flaws of previous research," the letter stated.

Notably, critics said, data are based on a "lay survey" by Diaz -- the parent of a transgender child -- conducted online at ParentsofROGDkids.com and not intended for scientific publication. Recruitment material for the study used "leading and inflammatory language that is thoroughly inappropriate for a scientific study," they wrote in the letter.

Bailey told *MedPage Today* that his institution's IRB said Diaz didn't need to get approval for her survey and that he could be a co-author on the paper. While he acknowledged that the survey used a "leading and opinionated recruitment blurb" and was subject to selection bias and could not be generalized, these limitations were stated in the paper.

"While the paper by Diaz and Bailey -- like all research -- has limitations, it is vital to continue to study the ROGD hypothesis," the letter stated. "Ongoing attempts to silence any research into the explosion of teens who are now identifying as transgender only stands to hurt the very patients the activists are claiming to help -- young gender nonconforming people."

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From Medpage Today: <https://www.medpagetoday.com/special-reports/exclusives/104685#:~:text=The%20study%20was%20re-published%20with%20changes%20in%202019,according%20to%20the%20correction%20notice%20on%20the%20article.>

The UK National Institute for Health and Care Excellence (NICE) found **no good evidence** for puberty blockers and cross-sex hormones in children.

“In 2020, the UK National Institute for Health and Care Excellence (NICE) [undertook two systematic evidence reviews](#) of the use of GnRH agonists (also known as “puberty blockers”) and cross-sex hormones as treatments for gender dysphoric patients <18 years old. These reviews were commissioned by NHS England, as part of a review of gender dysphoria healthcare led by Dr Hilary Cass OBE. The reviews were published in March 2021.

[The review of GnRH agonists \(puberty blockers\)](#) makes for sobering reading. Its major finding is that GnRH agonists lead to little or no change in gender dysphoria, mental health, body image and psychosocial functioning. In the few studies that did report change, the results could be attributable to bias or chance, or were deemed unreliable. The landmark Dutch study by De Vries et al. (2011) was considered “at high risk of bias,” and of “poor quality overall.” The reviewers suggested that findings of no change may in practice be clinically significant, in view of the possibility that study subjects’ distress might otherwise have increased. The reviewers cautioned that all the studies evaluated had results of “very low” certainty, and were subject to bias and confounding (SEGM, 2021).

[The review of cross-sex hormones](#) identified similar shortcomings in the quality of the evidence. The reviewers noted that ‘a fundamental limitation of all the uncontrolled studies in this review is that any changes in scores from baseline to follow-up could be attributed to a regression-to-the-mean,’ rather than the beneficial effects of hormone treatment. No study reported concomitant treatments in detail, meaning that it is unclear if positive changes were due to hormones, or the other treatments participants may have received. The reviewers suggested that hormones may improve symptoms of gender dysphoria, mental health, and psychosocial functioning, but cautioned that potential benefits are of very low certainty and “must be weighed against the largely unknown long-term safety profile of these treatments.”

For the full SEGM article please click the link below:

https://segm.org/NICE_gender_medicine_systematic_review_finds_poor_quality_evidence

Please read the article and decide for yourself the merits of this study.



Please click the link below to download the full redacted article.

<https://link.springer.com/content/pdf/10.1007/s10508-023-02576-9.pdf>

Participants of the current study completed surveys from December 1, 2017 (the beginning of the survey), through October 22, 2021, a total of 46 months. In total 1774 responses were received. (The number of potential participants who contacted the website was not recorded.)

The large majority of survey respondents ($N = 1496$; 84.3%) were mothers reporting on their own children. Fathers ($N = 223$) comprised 12.6% of the respondents, and persons with some other relationship to the gender dysphoric youth, such as stepparent, grandparent, or adoptive parent ($N = 55$; 3.1%), were the remaining respondents. For ease of presentation, we refer to respondents as “parents.”

Study Respondents

Mental Health problems preceded the onset of gender dysphoria by an average four years.

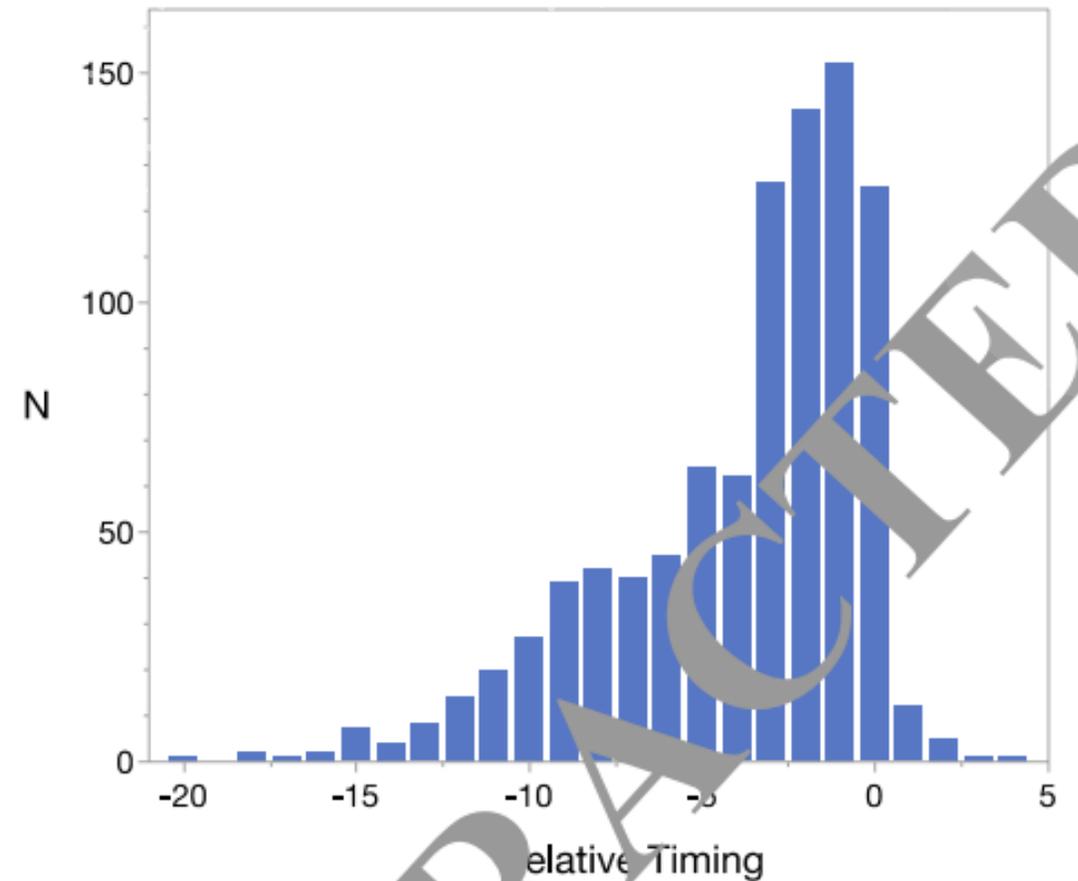


Fig. 2 Parent reports of relative timing of gender dysphoria and mental health issues in units of years. Negative numbers indicate that mental health issues preceded gender dysphoria, and positive numbers indicate that gender dysphoria preceded mental health issues

Age of onset

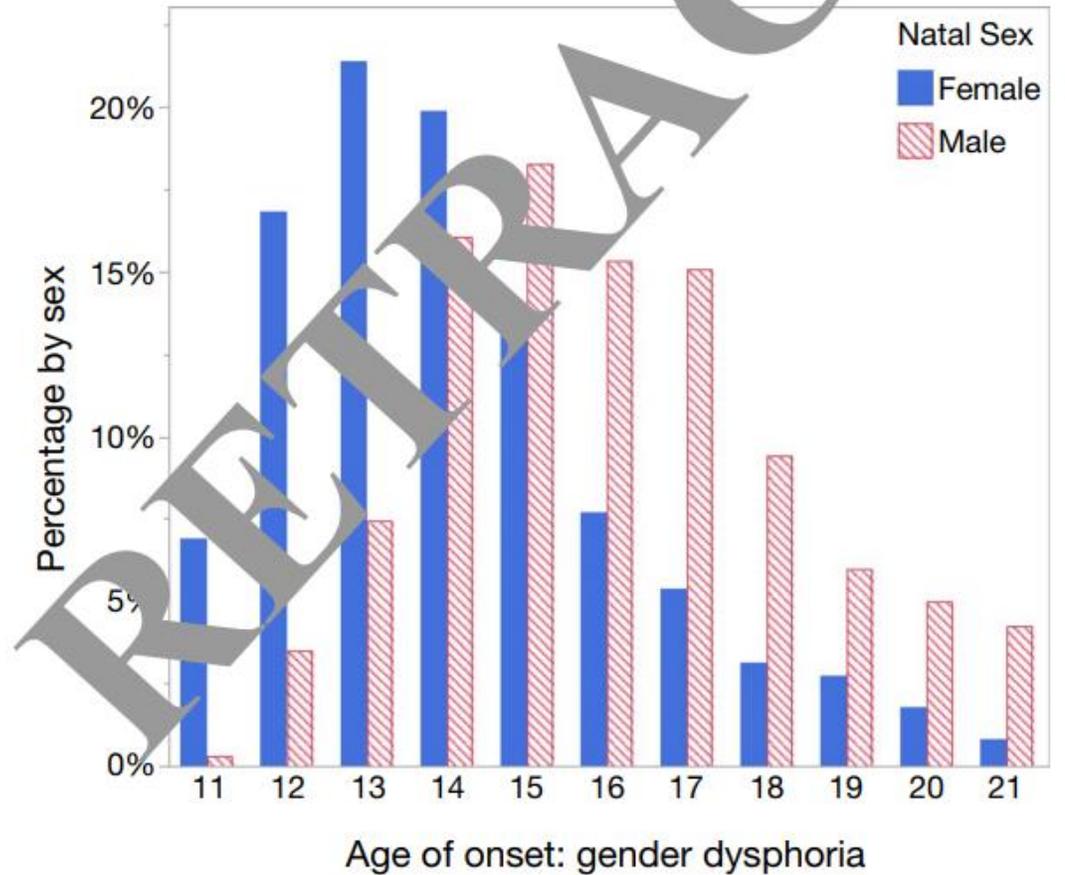


Fig. 1 Distribution of parent reports of children's age of onset of gender dysphoria (in years), separately for natal females and males

Table 4 Parent reports of gender dysphoric children's formal diagnoses

Diagnosis	Natal females (%)	Natal males (%)	Test of sex difference (χ^2)	Probability for test of sex difference
Anxiety	32.5	27.3	3.8	0.051
Depression	29.1	22.7	6.3	0.012
ADHD	13.0	19.5	10.4	0.001
Autism	6.5	13.3	19.0	<0.0001
Obsessive compulsive disorder	3.0	4.9	3.2	0.073
Borderline personality disorder	3.0	0.7	6.4	0.011
Bipolar disorder	1.9	0.5	4.0	0.044
PTSD	2.8	0.5	7.5	0.006
Body dysmorphia, anorexia, bulimia	2.1	1.0	2.1	0.150
Antisocial personality disorder	0.2	0.3	0.0	0.983
Schizophrenia	0.2	0.3	0.1	0.722

These poor children were not without their issues.

Adjustment prior to onset of gender dysphoria was not very good to say the least.

Table 2 Parent reports of children's social adjustment prior to gender dysphoria

	Natal female (%)	Natal male (%)
Youth had a few good friends	56.7	57.6
Youth got along with other kids	33.9	33.7
Youth was bullied ^a	26.3	33.3
Youth was well liked	27.3	22.7
Youth had one good friend	17.4	15.8
Youth was not well liked by peers	14.3	16.8
Youth had many good friends ^a	9.9	3.9
Others instigated fights/arguments with youth	4.7	5.4
Youth instigated fights	2.3	3.2
Youth bullied others	2.2	0.7

Descriptors were not mutually exclusive. Numbers represent the percentages of parents endorsing each descriptor

^aSignificant sex difference, $p < 0.01$

Functioning got worse after social transition.

No wonder why the activists wanted this study cancelled.

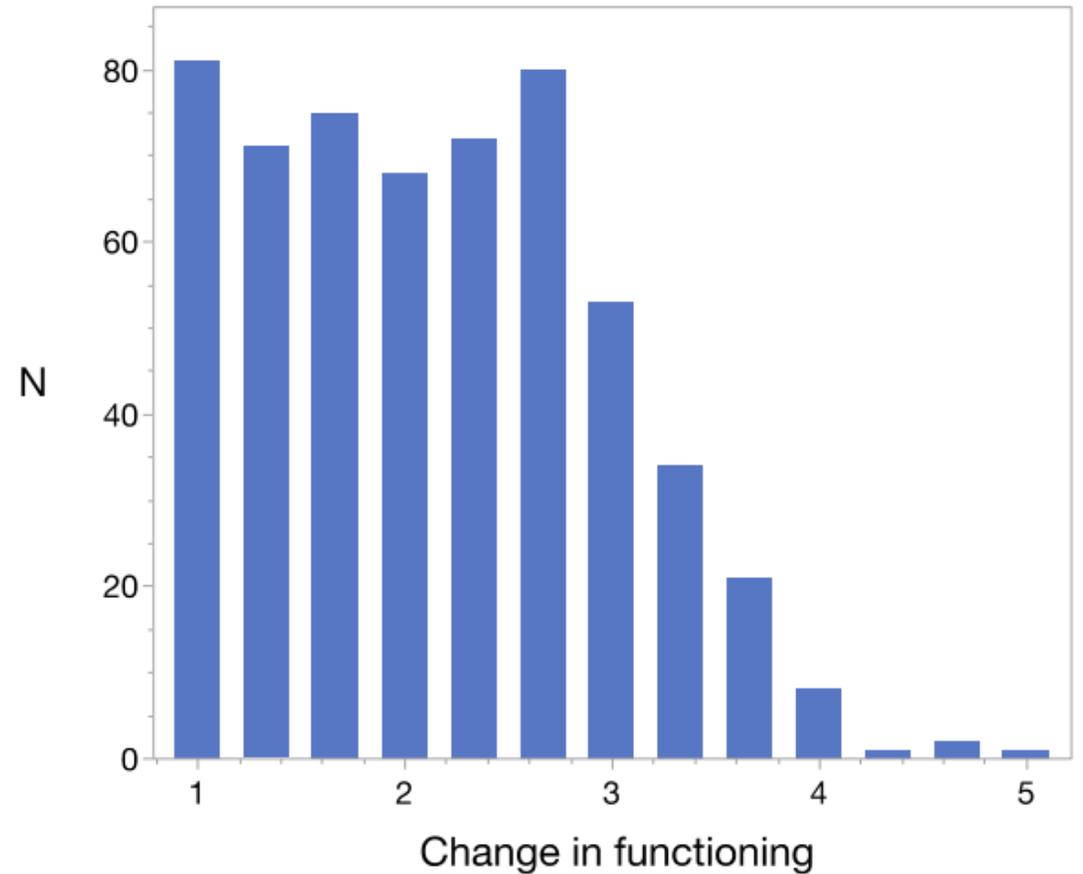


Fig. 3 Parent reports of change in functioning after social transition. 1=much worse; 2=somewhat worse; 3=no change; 4=somewhat better; 5=much better