

The Whole Transgender Industry Is Founded On Two Faulty Studies

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Two studies that formed the foundation of the transgender industry in the U.S. should never have been accepted by the professional community.

Two [Dutch studies](#) touting the great success of “gender-affirming” medical intervention on youth have been deemed bad research by experts at the Society for Evidence-Based Gender Medicine.

In the report “[The Myth of ‘Reliable Research’ in Pediatric Gender Medicine](#)” published earlier this month, researchers describe how the 2011 and 2014 studies that formed the foundation of the transgender industry in the U.S. should never have been accepted by the professional community, falling “unacceptably” short of modern research standards. The studies led to a global movement of wrongly named “gender-affirming care,” resulting in hormone experimentation on youth and, in some cases, irreversible mutilation.

The Dutch studies had several major flaws, according to the report. Study authors only recorded the cases with the best outcomes, concluded without evidence that gender dysphoria disappeared solely as a result of puberty blockers and cross-sex

hormones, and failed to properly examine the risks of the interventions, with disastrous effects.

The American College of Pediatricians responded to the report in a [press release](#) on Jan. 25 calling on organizations to “reconsider current protocols for gender dysphoric children.”

“The entire pediatric transgender industry is based on these two Dutch studies,” Michelle Cretella, immediate past executive director of ACPeds and advisory board spokeswoman for Advocates Protecting Children, told me. “This [open access report](#) is critical because it exposes the fraudulent foundation of pediatric transgender medicine in the United States.”

The Dutch studies were so foundational to the U.S. movement that the first pediatric gender clinic in the United States was opened by Dr. Norman Spack, a pediatric endocrinologist who was convinced of the necessity of “gender-affirming” interventions after visiting the Dutch physicians who published them, Cretella said.

But if these studies had been published today, the authors conclude, the research would have been recognized as very low quality and would not have encouraged the use of puberty blockers, wrong-sex hormones, and surgery in confused children and young adults in general medical settings.

‘No Evidence’ of Genetic Cause

The report criticizing these studies was published in the Journal of Sex and Marital Therapy, and authors E. Abbruzzese, Stephen B. Levine, and Julia W. Mason have years of experience studying so-called gender identity. Levine has worked in the field as a psychiatrist since 1974.

In March 2022, Levine and his co-authors began to articulate concerns regarding the Dutch studies. The scientists published [“Reconsidering Informed Consent for Trans-Identified Children, Adolescents, and Young Adults”](#) to characterize the studies’ limitations. The report published in January is a follow-up to that initial report.

“We had no bias, we are just responding to and trying to articulate the limitations of the studies,” Levine told me. “We are doing harm to an unknown percentage of

kids, and the data that is supportive of this work does not really address the issue. The real issue here is what happens to these children when they get into their 20s and 30s.”

Youth who have been hormonally and surgically “transitioned” have major obstacles to their happiness and productivity later in life, Levine said.

“After people have sex reassignment surgeries ... they want more surgeries,” according to Levine. “It’s very clear they have continued gender dysphoria. The idea that they are being ‘cured’ by affirmative care is an artifact, it’s a myth.”

Hormone and surgical treatment, and subsequent medical intervention, leads many people to assume this must be a “medical problem” but “we don’t have any evidence that this is genetically determined,” Levine said.

“Just because we have hormone treatment doesn’t mean there is a hormonal defect in the person,” he said. “People believe, erroneously, that there is some genetic, pre-determined factor here, but we have not been able to find a genetic cause.”

Cultural, interpersonal, psychological, and developmental factors all contribute to the development of a person’s behavior, Levine said. Gender dysphoria can be a resulting psycho-social problem.

Biased, Uncontrolled Studies

Though the Dutch studies were found to have selection bias and multiple, uncontrolled variables, they were broadly applied in the U.S.

“The Dutch study researchers only took healthy kids from supportive and reasonably healthy families,” Levine said. “They carefully screened kids, so if they had major developmental problems they were not included in the studies. But in the U.S. ... the vast majority of these kids have a history of psychiatric issues before they developed gender dysphoria. The Dutch rejected these kids from their research.”

The Dutch study had 196 participants initially and only put 70 in the protocol. Only 55 then completed the protocol.

As well as having selection bias, the study was uncontrolled.

“Wisely, the Dutch people gave these kids and their families continued psychotherapy during this protocol,” Levine said. “Is the positive results they found due to the psychotherapy, improvement as they got older, or affirmative care? This is an uncontrolled study. They cannot make conclusions about what caused what. But the world took this as scientific evidence.”

In the U.S., youth who had rapid-onset gender dysphoria and didn’t even meet the baseline criteria for the Dutch study began receiving interventions in pediatric clinics, with doctors utilizing the studies as justification.

Furthermore, when the Dutch began this project there was also much less awareness of autism, Levine said. A very large percentage of these kids that have come to American facilities are on the autism spectrum, according to Levine.

Courageous Pediatricians Have Resisted

ACPeds physicians have spoken out against sexual disfigurement and medical intervention in youth with gender dysphoria for years.

“There are a handful of us physicians within ACPeds and across the country who have the courage and expertise to speak out on this issue,” Cretella said. “When we are able to do so in an environment open to dialogue, we are met with significant appreciation and affirmation by fellow physicians and laypersons alike.”

Most colleagues, Cretella said, appreciated ACPeds’ stance, acknowledging that the studies affirming medical intervention in gender dysphoric youth were likely flawed or fake; but too many feared losing their jobs to speak out against transgender interventions.

“Trans interventions are big money,” Cretella said. “[Billionaire elites](#) promote trans ideology over truth across all public institutions and media platforms, and [in America] a severe cancel culture results in everything from severe harassment and doxing to ending one’s career.”

Fortunately, signs of sound medical ethics triumphing over junk science are breaking through, Cretella said.

In the United Kingdom, Sweden, and Finland, cultures that embraced transgender interventions for youth early on have reversed course. France has urged greater caution in these cases.

In the United States, Gov. Ron DeSantis, R-Fla., has rooted his administration in medical ethics and utilized the best science to establish [pro-child](#) treatment of gender confusion with psychotherapy, Cretella said.

Currently, about 13 other states are attempting similar legislative efforts.

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- [GENDER DYSPHORIA](#)