[**7 Questions About Transgender People, Answered**](http://thefederalist.com/2016/04/26/7-questions-about-transgender-people-answered/)

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What social science research we have on transgender people and gender dysphoria is limited, but it does not support the agenda of trans activists.

*Editor’s note: The following is a Q&A between Glenn Stanton, director of Global Family Formation Studies at Focus on the Family and a research fellow at the Institute of Marriage and Family in Ottawa, Ontario, and author and blogger Donna Carol Voss. Voss wrote the questions; Stanton wrote the replies; we added minor edits for clarity.*

**Question:** In a *Wall Street Journal* editorial, [Dr. Paul McHugh stated](http://www.wsj.com/articles/paul-mchugh-transgender-surgery-isnt-the-solution-1402615120) that “close to 80% of [transgender] children would abandon their confusion and grow naturally into adult life if untreated.” He also stated, “Some 25% did have persisting feelings; what differentiates those individuals remains to be discerned.” If McHugh does not automatically conclude that the remaining 25 percent are mentally ill, what other possible causes could there be?

**Answer:** McHugh’s conclusion corresponds with a strong body of research, two examples [here](https://www.researchgate.net/profile/Peggy_Cohen-Kettenis/publication/49738851_Desisting_and_persisting_gender_dysphoria_after_childhood_a_qualitative_follow-up_study/links/09e4150655d20a7ec1000000.pdf) and [here](http://www.sciencedirect.com/science/article/pii/S0890856713001871). These studies show that from 2 to 27 percent of children with [gender dysphoria](http://www.nhs.uk/Conditions/Gender-dysphoria/Pages/Introduction.aspx) (feeling their gender does not match their biology) retain that perspective by the time they reach puberty (meaning 73 to 98 percent of these children revert to a desire to match their birth sex). This is the primary reason the major clinicians who work with such children in the Americas and Europe do not recommend that parents facilitate their children’s desire to transition to the other gender before puberty. It would require a troubling and traumatic “second transition” back to their natural gender when they do desist.

As for causes of persistence in gender dysphoria, the answer is simply that no one really knows for sure. There are theories behind what contributes to gender dysphoria in children, but any consensus on the matter simply doesn’t exist nor appears to be on the horizon. **The leading theories are as follows.**

Major clinicians in the Americas and Europe do not recommend that parents facilitate their children’s desire to transition to the other gender before puberty.

Some scholars have put forth that this dysphoria is due to one having a body that is one gender and a brain that is another, the “girl trapped in a boy’s body” conviction.

It can be due to family and parental dynamics (“family noise,” as some refer to it) rather than something present within the child.

Others contend it is a psychosexual disorder, or that these children have just not been directed or encouraged in the general behavior that is typical for their gender.

Others hold that this is just “how some kids are” and that we should all be fine with it.

Others that it is just a phase some pre-adolescent children go through.

Or it is a curious mix of many of these factors. But the truth is that no one really knows what’s behind it, even the most cutting-edge researchers and clinicians. A 2014 book for clinicians, “[Treating Transgender Children and Adolescents](https://www.routledge.com/products/9780415634823),” explains, in academic parlance, “No unequivocal etiological [causal root] factor determining atypical gender development has been found to date” (p. 10). Translation: *We’re just not sure what causes it.*

These Dutch authors explain that both brain and genetic factors could be contributors to gender dysphoria, but caution, “this research is still very limited and the findings are sometimes inconsistent.” Although “With the current state of knowledge, it remains most plausible that a complex interaction between a biological disposition in combination with intra- and interpersonal factors are contributors” (p. 11).

‘**There is no evidence of a biological influence on transsexualism yet.**’

Other leading experts concur. Canadian Kenneth Zucker, one of the top researchers and clinicians in the world on this topic, [clarifies](http://www.ncbi.nlm.nih.gov/pubmed/18576228), “the etiology of GID is still largely a matter of speculation.” Eric Vilain, a University of California-Los Angeles geneticist specializing in sex and gender development in the brain, [reports](http://www.theatlantic.com/magazine/archive/2008/11/a-boys-life/307059/) “there is no evidence of a biological influence on transsexualism yet.” Vilain holds that if a biological component to gender identity is found, and “[M]y hunch is, it’s going to be mild.”

A [major *Atlantic* article on the topic](http://www.theatlantic.com/magazine/archive/2008/11/a-boys-life/307059/) notes that on a file cabinet in Zucker’s office is a flyer from a British parents’ transgender advocacy group he’s posted as a teaching tool for parents illustrating how groundless ideology drives too much of this important topic. The flyer reads: “Gender dysphoria is increasingly understood…as having biological origins,” describing “small parts of the brain” as “progressing along different pathways.” Zucker explains with conviction: “In terms of empirical data, this is not true. It’s just dogma, and l’ve never liked dogma. Biology is not destiny.”

Another leading researcher on the topic [addresses the “born in the wrong body” yarn](http://www.ncbi.nlm.nih.gov/pubmed/17951886):

Currently, the predominant cultural understanding is that all male-to-female (MtF) transsexuals are, essentially, women trapped in men’s bodies. This understanding has little scientific basis however, and is inconsistent with clinical observations. [Therefore] the persistence of the predominant cultural understanding…is damaging to science and to many transsexuals.

**Question:** Would you support someone classified at birth as “intersex” undergoing surgery to align his or her internal and external genitalia? Would this person then be classified as “transgender?”

**Answer:** Such people would not be classified as transgender, as they are not suffering from gender dysphoria or wanting to transfer from one gender to another. They simply have “mixed” physiological messages regarding their sex to physical abnormalities.

The Intersex Society of North America, perhaps the leading organization in the world educating parents and medical professionals on this topic, defines “intersex” as “a general term used for a variety of conditions in which a person is born with a reproductive or sexual anatomy that doesn’t seem to fit the typical definitions of female or male.”

‘Many intersex people are perfectly comfortable adopting either a male or female gender identity and are not seeking a genderless society.’

The ISNA [holds that](http://www.isna.org/faq/what_is_intersex) “All [intersex] children should be assigned as boy or girl, without early surgery.” They recommend therapy and help for the whole family in caring for the intersexed child, but do not recommend surgery until puberty or beyond when the child is able to determine which gender he or she identifies with.

The [ISNA asks that](http://www.isna.org/faq/not_eradicating_gender) “scholars listen to what people with intersex conditions have to say—even if it might not be what they’d like to hear” because they have learned through their long experience, which few other organizations and advocates possess, “that many intersex people are perfectly comfortable adopting either a male or female gender identity and are not seeking a genderless society or to label themselves as a member of a third gender class.” As such, they do not recommend assigning such a child a third or ambiguous gender identity.

Very few intersex people become involved in LGBTI politics and advocacy because they see their condition not as something they “are” but rather a physiological condition to adjust to and moderate.

**Question:** Most of us were taught in high school that a person with XX chromosomes is female and XY chromosomes is male. Since there are chromosomal conditions that produce variants, such as the XXY of Klinefelter Syndrome, is it possible that some transgender men and women are expressing other variant chromosomal conditions?

**Answer:** Those with such chromosomal rarities such as Klinefelter Syndrome (as well as other conditions such as Androgen Insensitivity Syndrome (AIS) or congenital adrenal hyperplasia) very seldom identify as transgender. “Trans” indicates a physical, psychical, and identity transfer from one sex to the other. This is not true of intersex individuals. Their process is to align their non-typical sex physiology with their natural gender.

As noted above, there is little true understanding of what drives the transgender individual to shift from one gender to another. It is more subjective, while intersex is wholly objective.

**Question:** In AIS, males have XY chromosomes but are resistant to male hormones, giving them the physical traits of a woman but the genetic makeup of a man. Is this a case where you would consider a person’s rejection of their gender assigned at birth to be reasonable?

**Answer:** Again, to lump conditions such as AIS and others in with transgender is to confuse what these very different things are about. Very few individuals dealing with such conditions see themselves as transgender and very few trans folks report being intersex. These are wholly different conditions. Again, one is more subjective while the other is scientifically objective. You can’t observe transgenderism under a “microscope” or in a test-tube. Intersex is always determined by scientific empiricism.

**Question:** Are people who refuse to use the preferred pronouns of transgender individuals because they feel they are “indulging mental illness” being unreasonable?

**Answer:** People who refuse to use the personal pronouns that others desire are simply refusing to join in the illusion that a male can become a female and vice-versa. They refuse to buy into an ideology that has no real objective foundation in any science. The subjectivity of the matter is found in the “preferred” of the phrase “preferred personal pronoun.” It is simply determined by what the individual prefers, and the use of such pronouns is initiated (or discontinued) at the individual’s subjective determination.

**Question:** Two of the highest-profile transgender individuals—a former world’s greatest athlete and a former Navy SEAL running for Congress—were the epitome of masculinity before they transitioned; what do you make of that similarity?

**Answer:** There is generally no connection here. Most transgender folks are not originally hyper-masculine or -feminine as if they are trying to overcome or compensate for something. If anything, they are typically more subdued in their natural gender presentation. They tend to be more overall reserved people in their social affect before they transition.

However, it is not uncommon for trans people (particularly male-to-females, or MtFs) to begin to identify as more dramatically male or female. Women will comment on this, how MtFs stand out like a billboard as men trying too hard to be women. Bruce Jenner’s infamous *Vanity Fair* cover and photo spread are just one example of this.

**Question:** An [article](http://www.huffingtonpost.com/brynn-tannehill/the-end-of-the-desistance_b_8903690.html) titled “The End of the Desistance Myth” cites several methodological flaws with the [Steensma study](https://www.researchgate.net/profile/Peggy_Cohen-Kettenis/publication/49738851_Desisting_and_persisting_gender_dysphoria_after_childhood_a_qualitative_follow-up_study/links/09e4150655d20a7ec1000000.pdf) you reference, but a careful read of the [study](https://www.researchgate.net/profile/Peggy_Cohen-Kettenis/publication/49738851_Desisting_and_persisting_gender_dysphoria_after_childhood_a_qualitative_follow-up_study/links/09e4150655d20a7ec1000000.pdf) itself negates the criticism. Two examples:

* The article claims that not all children studied met clinical guidelines for a Gender Identity Diagnosis, and because researchers looked at children without “insistent” gender dysphoria, results are inaccurate.

The study explicitly states that it involved only children diagnosed with GID, which requires “evidence of a strong and persistent cross-gender identification, which is the desire to be, or the insistence that one is of the other sex ([Criterion A](https://www.aclu.org/files/images/asset_upload_file155_30369.pdf)).”

* The article also claims that the study is flawed because researchers “could not locate 45.3% percent of the children for follow up, and made the assumption that all of them were desisters.”

The study states that 45.3 percent of children diagnoses with GID “did not reapply” for treatment when they became adolescents. Researchers concluded, “As the Amsterdam Gender Identity Clinic for children and adolescents is the only one in the country, we assumed that their gender dysphoric feelings had desisted, and that they no longer had a desire for sex reassignment.”

You describe Zucker as “one of the top researchers and clinicians in the world on this topic” while the article reports that concerns about his GID treatment resulted in “an independent investigation [that] led to Dr. Zucker’s firing and his clinic [[CAMH Gender Identity Clinic](http://www.camh.ca/en/hospital/about_camh/who_we_are/Pages/who_we_are.aspx)] being closed.”

Current CAMH staffers interviewed for a [*New York Magazine* article](http://nymag.com/scienceofus/2016/02/how-camh-explained-zuckers-firing-to-its-staff.html) expressed concern that CAMH “bowed to political pressure” from trans activists; CAMH acknowledged on its website that it had [misquoted](http://www.camh.ca/en/hospital/about_camh/newsroom/news_releases_media_advisories_and_backgrounders/current_year/Pages/CAMH-to-make-changes-to-Child-and-Youth-Gender-Identity-Services.aspx) Zucker and issued him a formal letter of apology.

It is very frustrating to see how data can be so misrepresented in lay articles because the casual reader will not take the time to verify research summaries put forth on popular websites. For those of us who sincerely seek to understand what it means to be transgender, it seems like we are at the mercy of whatever source we consult. Is there any way to bridge that divide?

**Answer:** This just means there is some complexity with the research, as with all research, and that trans activists kick unsubstantiated dust in the air.