

Re-evaluation of the Dutch approach: are recently referred transgender youth different compared to earlier referrals?

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Some adolescents remained undiagnosed, because the diagnostic process ended prematurely ($N = 107$). In a majority of the cases, the adolescents themselves ended the process due to a discontinued wish for medical treatment. In a minority of the cases, the psychologist decided to prematurely end the diagnostic trajectory due to psychological or social problems that seriously interfered with the diagnostic assessment.



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It is a mystery to me, how on earth you can have a train wreck like the concept of gender dysphoria, per the DSM-5, and doctors not be churning out disasters at a rate higher than 1% to 3%. Part of the picture is that the patients appear to do their own gatekeeping. Idk. 2/2

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We've got an issue with an absolutely insane increase in children going to/getting referred to gender clinics. What happens subsequently is some not too minor gatekeeping that is driven by the minors and/or the providers.

Gatekeeping is appropriate. When I look at the stats, it seems like most of the gatekeeping for hormone therapy and surgery is self-enforced by the patient.

You have rates of gender dysphoria diagnoses that are *extremely* high, relative to historical rates of diagnoses under previous DSMs, and then you have only the smallest minority of those diagnosed doing any medical transition.

My take on this is that most people don't like taking medications. It is a scary thing to put chemicals in your body. It is ever scarier to have parts of your body surgically altered or removed. People who do not live a life of literal torture just don't do any of that.

Whatever malaise they have isn't intense enough, or they correctly know that hormones and surgery won't do anything to help it, or they don't really have any malaise.

It still sounds like a dangerous situation, when you have 50,000+ children who theoretically meet at least one of the criteria to have irreversible and potentially extremely harmful medical procedures.

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M mean, *SD* standard deviation

Demographics

Marital status of the parents was categorized as “living with both biological parents” or “all other categories” (see Table 1).

Intelligence

Child Behaviour Checklist and Youth Self-Report

The Child Behaviour Checklist (CBCL) and the Youth Self-Report (YSR) were administered during the diagnostic phase to assess a broad spectrum of behavioural and emotional problems in the adolescents. The CBCL was completed by the respective caregivers and the YSR was completed by the adolescents themselves.

from the CBCL and the YSR were used: (1) the *T*-score for the Total Problem score; (2) the *T*-score for Internalizing problems; (3) the *T*-score for Exter-