Psychreg Journal of Psychology OPEN ACCESS

Volume 10, Issue 1, June 2026 ISSN 2515-138X | pjp.psychreg.org

COMMENTARY

Gender affirmation procedures constitute malpractice: The transgender movement is a cult and exhibits the same pattern of social contagion

Armando Simon

Flying Phoenix (United States)

Correspondence: countnomis@aol.com

Cite as: Simon, A. (2026). Gender affirmation procedures constitute malpractice: The transgender movement is a cult and exhibits the same pattern of social contagion. *Psychreg Journal of Psychology*, *10*(1), 1 to 11. https://doi.org/rmj4

ABSTRACT

This paper advances three propositions regarding the contemporary transgender movement. First, it argues that the movement shares structural and behavioural features with historical castration cults, evident in the intensity of censure directed at physicians, researchers, and detransitioners who question its claims. Second, it contends that the rapid rise in transgender identification among adolescents follows the pattern of documented social contagion phenomena, such as copycat suicides, social fads, and eating disorders, and situates this within the broader framework of rapid onset gender dysphoria. This is supported by evidence of elevated psychiatric comorbidity among transgender identifying youth and findings that surgical transition does not reduce, and may increase, rates of depression, anxiety, suicidality, and substance use. Third, it argues that the transitioning of minors through puberty blockers and gender affirming surgery lacks adequate scientific justification and constitutes malpractice, a conclusion echoed by several recent national reviews, including the UK's Cass Review, that identified an absence of reliable long term evidence for these interventions. The paper further examines internal materials from the World Professional Association for Transgender Health that raise concerns about clinical practice and oversight, and reviews epidemiological data on the recent increase in paediatric gender dysphoria diagnoses. It concludes that transitioning procedures for minors should be halted pending further ideology free research, that psychometric evaluation should be mandatory, and that regulatory bodies should examine the conduct of practitioners involved in gender affirming care. The paper also situates the scarcity of dissenting literature within the broader politicisation of the topic.

Keywords: cults; gender dysphoria; malpractice; social contagion; transgenders

Castration cults have occurred throughout history. In India, there was the Aravan cult and in the Mediterranean, there was the Cybelene. The Skoptsy in Russia practised castration and mastectomy to eliminate sexual lust, and the Heaven's Gate cult in America castrated themselves prior to committing suicide in anticipation of an approaching comet. Presently, the Dera Sacha Sauda is a castration cult in south Asia.

Whereas those cults practised castration as a means to an (usually religious) end, in the present day transgender movement it is becoming transgender itself that is the ultimate end. In viewing the manifestations of the transgender movement in the past decade, it appears a cult. This has been voiced by many who have had contact, including some transgenders themselves (Abbott, 2023; Buttons, 2023; Hayes, 2022). It is evident also in the emotionally hostile overreaction and the degree of excessive opprobrium and censorship that transpires upon anyone, even a physician (Hasson, 2017), disagreeing with some of the claims made by the cult's adherents, a typical response of cultists to heresy and to apostates (apostates here being persons who have detransitioned).

Mentally ill individuals and children are particularly vulnerable and seemingly targeted. One should consider that if an eight-year-old child is not considered mature enough to vote, drive, or make other life decisions, it can be argued that the child is not mature enough to consider such a drastic life-altering change in his or her life. This is particularly true if informed consent is lacking, that is, if the child is not made aware of the radical physical alterations, of the complications that can occur in radical surgeries, and of future changes in attitude (such as breastfeeding or being a parent).

Received: 29 January 2026 | Accepted: 13 April 2026 | Published: 01 June 2026
© The Author(s). Published by Psychreg Ltd under CC BY-NC-ND 4.0.

In regard to mental illness, Block (2023) found that high school aged teenagers who identify as transgender are also more likely than their peers to have concurrent mental health conditions including depression, anxiety, attention deficit disorders, and autism. Wanta et al. (2019) found transgender patients to have a statistically significant increase in prevalence for all psychiatric diagnoses. Kaltiala-Heino et al. (2015) found psychopathology in transgender natal girls. Becerra-Culqui et al. (2018) found that psychological comorbidities of transgender and gender nonconforming youths were several-fold higher for all diagnostic categories as compared to peers. This pattern has been corroborated by others and is fairly consistent (Pampati et al., 2023).

One of the arguments of the cult is that individuals with gender dysphoria who are exhibiting mental illness symptoms will no longer have symptoms once they go through "gender affirmation". Lewis et al. (2025) found that persons who had undergone surgery had a significantly higher risk for depression, anxiety, suicidal ideation, and substance abuse disorders than those without surgery. Inversely, a physician who previously advocated puberty blockers for children in order to alleviate mental health issues carried out a study involving the administration of puberty blockers and found that there was no change (Nesi, 2024). However, it appears that mothers of transgender or gender dysphoria children may have a history of mental illness themselves, although again, there are scant studies. Marantz and Coates (1991) found that 53% of these mothers met the criteria for Borderline Personality Disorder in contrast to 6% of controls. Such studies are scarce.

One gets the impression that with celebrities, having a transgender child or children is a status symbol among their peers (Holmes, 2025). The following statement by one such mother, diagnosed with OCD, is illustrative:

> "When I became pregnant with Noah, I could feel, through my mother's intuition I suppose, that he was not subscribing to gender stereotypes, so I decided to provide an environment for him early on that would allow him to discover how he wanted to express himself." (Nasir, 2024)

Formal research needs to be conducted on the mothers of children with gender dysphoria, since most of the studies carried out have focused on the children. Further studies, however, may conclude that there is no mental illness in the parents who encourage or support their child's transitioning, so that although the above is presented as a possibility, it is certainly not conclusive.

The politicisation of the transgender issue

Unfortunately, what obfuscates the issue is that the question of transgenders has been politicised in the same manner and intensity as was the COVID-19 pandemic. In the latter case, it may be remembered, there was the same intense hostility and censorship against questioning the toxicity of the mRNA vaccine, the medications to be used, the morbidity of the virus, and the societal measures to be adopted; many doctors and nurses who dissented from official positions were subjected to insults, discharges from medical institutions, fines, and even revocation of their licences, and some were threatened with prison, even though for centuries physicians offering second opinions regarding maladies and treatments have been the norm (Simón, 2022a, 2022b). Some physicians were likewise ordered to undergo psychiatric evaluation for having a difference of medical opinion (Murphy, 2022). Professional journals also engaged in distortion and censorship (Heneghan & Jefferson, 2025). Because of the similarity in the politicisation, there is a scarcity of papers in journals on the issues raised here. There may be fear of contradicting the official dogma regarding gender affirmation, which may result in loss of employment and/or persecution. Another possibility is bias in some editorial offices (Kory, 2024). It is for this reason that some of the sources used in this paper are drawn from outside professional journals, covering aspects of the subject that have not been reported or investigated in journals.

Procedures of gender affirmation in minors constitute malpractice

The UK's 2024 Cass Review (Cass, 2024) on gender dysphoria and transgender procedures found that, contrary to what children and their parents had been told, there was scant reliable research on puberty blockers or masculinising/feminising hormones, particularly regarding any long-term effects, and that what research existed was open to interpretation. This echoed the conclusion of earlier professionals, which had previously been overlooked (Malone et al., 2021). As such, the report urged extreme caution in the practice of transitioning, since there was no reliable scientific basis for the procedures. It further urged that parents and children be made aware of risks and

unknowns. The report further stated that some teenagers who voice dissatisfaction with their gender eventually outgrow it. This finding was also the case in a Dutch study (Rawee et al., 2024). A long-term study in Germany (Bachmann et al., 2024) also found that, after five years, 72.7% of 15 to 19-year-old females diagnosed with gender identity disorder and 50.3% of 20 to 24-year-old males with the same diagnosis had outgrown it.

The Cass Review overshadowed other independent studies, including a review of the literature on the effect of puberty blockers on neuropsychological function which, again, showed that research is practically non-existent and should therefore become a priority (Baxendale, 2024). As Levine and Abbruzzese (2023) noted:

> "While several European countries recognised deficiencies in the evidence supporting the highly medicalised 'gender affirming' approach to treating gender dysphoric youth, in North America, the narrative that 'gender affirmative care has been scientifically proven' has been remarkably resilient. Its justification rests on several key assumptions misrepresented as proven facts.

In the UK, as a result of the Cass Review, the automatic provision of hormone blockers to children considering becoming transgender abruptly stopped. This cessation was soon followed in Belgium, Holland, England, Finland, France, Switzerland, Brazil, New Zealand, and Scotland. Following the Cass Review conclusion was an independent report (Eustache-Brinio, 2024) in the French Senate, which described the "gender affirming" practice as one of the "greatest ethical scandals in the history of medicine".

In her report, Cass pointed out that "primary and secondary care staff have told us that they feel under pressure to adopt an unquestioning affirmative approach and that this is at odds with the standard process of clinical assessment and diagnosis that they have been trained to undertake". She also stated something that has been evident throughout society on both sides of the Atlantic regarding the subject of transgender care, namely that "the toxicity of the debate is exceptional". Soon after, in the US, the American College of Pediatricians and the American Society of Plastic Surgeons both came out against gender affirming surgeries on minors. Just as with the UK's Cass Review, the US's Treatment for Pediatric Gender Dysphoria report, released a year later (U.S. Department of Health and Human Services [HHS], 2025), found that present treatments for "gender affirmation" have no scientific basis and that valid research is absent. However, the Endocrine Society issued a misleading statement that the Cass Report did not contain any new research that would contradict established guidelines for administering puberty blockers and cross sex hormones to minors. The Cass Review never claimed to. It claimed, instead, that there was no reliable past scientific research and that further research would be beneficial (Duggan, 2025). Along the same lines, Blake (2025) made a pertinent observation:

> "After all, the obvious way to debunk the Cass Report's central claim, that there is no good evidence for transitioning kids, is to present good evidence for transitioning kids. The activists and gender clinicians do not do this, because there is no such evidence."

The reaction in professional journals to the Cass Review also did not take long. On the one hand, there were papers that supported the Cass Review (McCartney, 2024). Opposition papers, on the other hand, were rancorous. Horton (2025), in particular, consisted primarily of slogans in essay form and should be read as illustrative of the "arguments" for continuing gender affirming treatment. An outpouring of other papers on both sides of the Atlantic, and on both sides of the issue of gender affirmation, though strident, contained far fewer slogans within the context of their reports (Aaron & Konnoth, 2025; Cheung et al., 2025; Longobardi et al., 2025; McNamara et al., 2022; Noone et al., 2025; Purses, 2025).

Kingdon et al. (2025) made a good point, namely that with other treatments, such as for cancer, it is customary to inform the patient of the benefits and detriments of the particular treatment, but apparently not so with transitioning.

> "Some of the views are more aggressively voiced than in any other area of clinical care, such that many people are afraid to express an opinion; this is a dangerous situation for both doctors and patients."

The world professional association for transgender health

The World Professional Association for Transgender Health (WPATH) is the foremost advocate for the transgender movement. It is consulted by many physicians and mental health professionals, not only in the United States, but in

Canada and Europe. The International Journal of Transgender Health is partnered with WPATH, and WPATH has for years been consulted by the Endocrine Society, the American Academy of Pediatrics, and the American Medical Association. However, investigative reporters from the Daily Caller uncovered an unsavoury aspect of WPATH in 2024 (Coglianese, 2024). An internal leak of files and emails, followed independently by the release of tapes to the internet, indicated that staff routinely downplayed, if not outright ignored, severe psychological comorbidities, including autism and schizophrenia, in patients presenting with gender dysphoria (Brock & Anderson, 2024a, 2024b, 2024c; Hughes, 2024; Rooke, 2024). The materials suggest unethical practices and a lack of scientific grounding for the procedures, with members' focus described as heavily weighted towards activism. Reviewing the documents and recordings, it appears that gender affirming surgeries were, in some cases, being used in place of established psychological treatments for underlying conditions. A similar pattern of prioritising transition over other treatment options was noted previously by Blake (2019):

> "Activists are determined to expedite transition and foreclose other options for treating gender dysphoria. They seek to silence not only social conservative critics of transgender ideology, but also careful, moderate researchers who support transition in some cases, but do not believe immediate transition is the best response to every case of gender dysphoria."

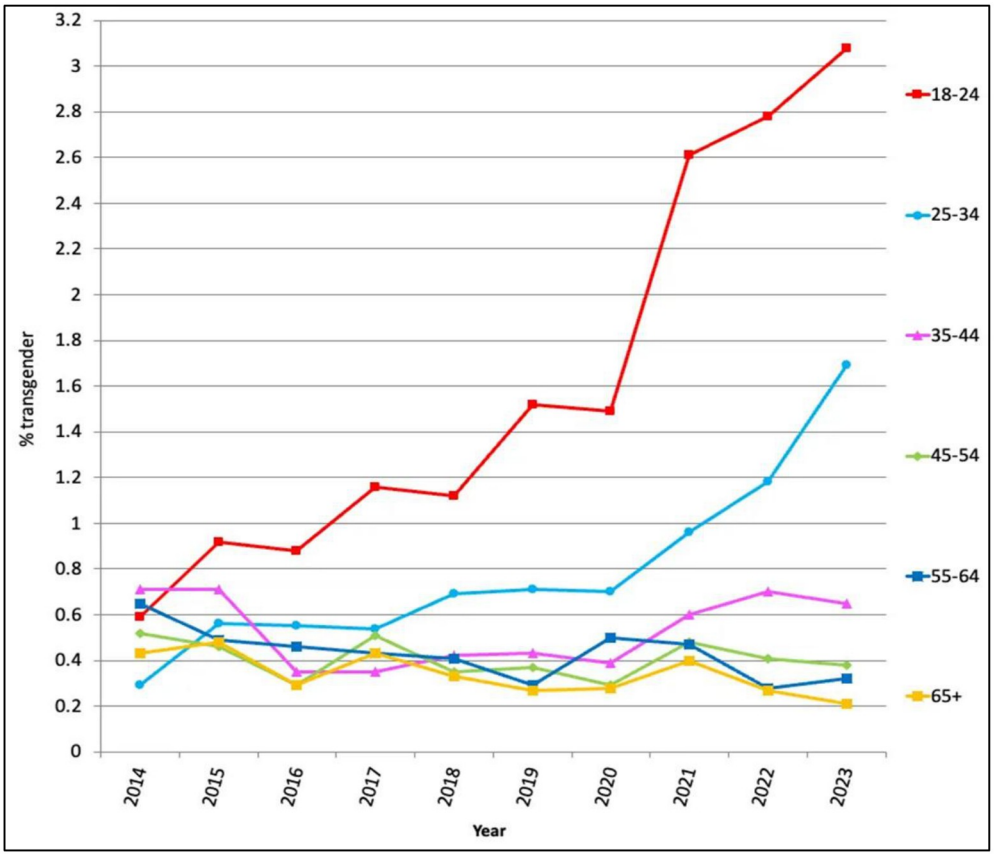
The leaked materials also indicate that staff used euphemisms to make surgeries more palatable to minors and their families and to minimise the ensuing complications, and that there was expressed uncertainty among staff about the outcomes and side effects of the procedures and drugs involved.

Surgical risk is illustrated by a case in Holland, where a teenage patient died following complications from vaginoplasty using colonic tissue (Rigby, 2023). Laungani, a physician quoted in leaked materials reported by Brock and Anderson (2024b), described a related procedure as demanding on the body, requiring obliteration of the vaginal cavity, removal of the vaginal mucosa, lengthening of the urethra, and phalloplasty with flap transposition, followed by placement of a penile implant. He noted that undertaking every stage at once would carry a substantially elevated risk of infection and urinary complications, which is why the procedure is staged, with the phallus constructed first, followed by the urinary tract, and the implant placed last.

Professionals have pointed out the rapidly increasing number of transgender identities and transgender treatments and surgeries over the past few years, particularly among minors (Aitken et al., 2015; Frisén et al., 2017; Littman, 2018; Merrick et al., 2022; Twenge, 2024; Wright et al., 2023), with the number tripling from 2016 to 2019 alone. This phenomenon has been characterised as rapid onset gender dysphoria (ROGD), in contrast to the typical gradual manifestation of the disorder (Littman, 2018); for example, the number of young people aged 6 to 17 diagnosed with gender dysphoria was as follows: 2017, 15,172; 2018, 18,321; 2019, 21,375; 2020, 24,847; 2021, 42,167 (Respaut & Terhune, 2022). The Gender Identity Development Service in the UK has reported that the number of people seeking gender transition increased by over 4,000% from 2010 to 2018 (McGrath, 2018). See Figure 1.

Figure 1

Percentage of US adults identifying as transgender, by age group, 2014–2023



Note. Data from the Behavioral Risk Factor Surveillance System, Centers for Disease Control and Prevention, as reported in Twenge (2024).

This follows the same pattern as bulimia (Crandall, 1988), anorexia nervosa, cutting, Satanic panics (Victor, 1993), and recovered memories (Ley, 2019), as well as, with shorter duration, copycat crimes (Helfgott, 2015; Simón, 1979) and copycat suicides (Jeong et al., 2012).

An analysis of social fads reveals that they follow a consistent pattern (Simón, 1981). A particular novel stimulus, widely disseminated by the media, elicits steadily increasing imitative behaviour, either directly or indirectly, such as through obtaining more information on the subject or wearing relevant apparel. After a certain time, which varies according to topic, the imitative behaviour declines. Graphing such behaviour results in a bell curve. This pattern is again evident not only in fads, but in copycat suicides and copycat crimes (Simón, 1979, 2007). In the case of transgender-seeking behaviour, the novel stimulus was the publicity surrounding Caitlyn Jenner in 2015. The alternative explanation for the increase in interest in becoming transgender is, of course, that there is greater openness regarding the topic, more support for such individuals, and more favourable publicity. This raises the question of why the increase has occurred now; fad theory offers one possible answer.

CONCLUSION

Transitioning procedures for minors should be halted until further objective research is conducted, free of ideology on either side. Psychometric evaluation should be mandatory in all cases. Further investigation should focus not only on the children, but also on the parents and on any factor in the patient's environment that may be encouraging transitioning. At the time of writing, malpractice lawsuits have begun, and some have been successful for the claimants. Licensing boards for both physicians and psychologists should closely examine those professionals encouraging or actively involved in "gender affirmation", to determine whether there have been any ethical or procedural transgressions.

The toxicity of the debate noted earlier in this paper is not merely rhetorical. Following publication of the Cass Review, Cass herself began receiving threats within a week and was advised to exercise caution in public; she subsequently made several public statements affirming support for transgender individuals, which she has attributed to this pressure. It is also worth noting that the original, longer version of the review, which emphasised psychological evaluation prior to gender affirmation and called for a holistic approach to youth gender dysphoria, is no longer available in its original form online; only a subset of its 32 recommendations appear in the current published version, which is shorter and, in the present author's assessment, downplays these elements.

The ROGD framework itself has not gone unchallenged. Restar (2019) disputed Littman's (2018) methodology and further argued that transgender identity is not classified as a mental disorder by the American Psychiatric Association, WPATH, or the World Health Organization, and should therefore not be treated as a phenomenon requiring this kind of epidemiological explanation. Littman (2020) responded to the methodological critique directly. The present author maintains the position taken throughout this paper, that classification status does not settle the separate empirical question of whether the recent rise in cases follows a contagion pattern, but the objection is noted here rather than left unaddressed.

Acknowledgements: None declared
Conflict of interests: None declared
Ethical approval: Not applicable
Funding: None declared

REFERENCES

Aaron, D. G., & Konnoth, C. (2025). The future of gender-affirming care—A law and policy perspective on the Cass Review. New England Journal of Medicine, 392, 526–528. https://doi.org/10.1056/NEJMp2413747

Abbott, J. (2023). Watch these super-stable trans activists scream like banshees at those who abandoned their cult. Not the Bee. https://notthebee.com/article/watch-these-super-stable-trans-activists-scream-like-banshees-at-a-detransitioner-who-abandoned-their-cult

Aitken, M., Steensma, T. D., Blanchard, R., VanderLaan, D. P., Wood, H., Fuentes, A., Spegg, C., Wasserman, L., Ames, M., Fitzsimmons, C. L., Leef, J. H., Lishak, V., Reim, E., Takagi, A., Vinik, J., Wreford, J., Cohen-Kettenis, P. T., de Vries, A. L. C., Kreukels, B. P. C., & Zucker, K. J. (2015). Evidence for an altered sex ratio in clinic-referred adolescents with gender dysphoria. The Journal of Sexual Medicine, 12(3), 756–763. https://doi.org/10.1111/jsm.12817

Bachmann, C. J., Golub, Y., Holstiege, J., & Hoffmann, F. (2024). Gender identity disorders among young people in Germany: Prevalence and trends 2013–2022. An analysis of nationwide routine insurance data. Deutsches Ärzteblatt International, 121(11), 370–371. https://doi.org/10.3238/arztebl.m2024.0098

Baxendale, S. (2024). The impact of suppressing puberty on neuropsychological function: A review. Acta Paediatrica, 113(6), 1156–1167. https://doi.org/10.1111/apa.17150

Becerra-Culqui, T. A., Liu, Y., Nash, R., Cromwell, L. W., Flanders, W. D., Getahun, D., Giammattei, S. V., Hunkeler, E. M., Lash, T. L., Millman, A., Quinn, V. P., Robinson, B., Roblin, D., Sandberg, D. E., Silverberg, M. J., Tangpricha, V., & Goodman, M. (2018). Mental health of transgender and gender nonconforming youth compared with their peers. Pediatrics, 141(5), e20173845. https://doi.org/10.1542/peds.2017-3845

Blake, N. (2019). Trans activists silence the science so they can claim it's on their side. The Federalist. https://thefederalist.com/2019/05/22/trans-activists-silence-science-can-claim-side

Blake, N. (2025). The Cass Report remains undefeated. Ethics & Public Policy Center. https://eppc.org/publication/the-cass-report-remains-undefeated/

Block, J. (2023). Gender dysphoria in young people is rising—and so is professional disagreement. BMJ, 380, p382. https://doi.org/10.1136/bmj.p382

Brock, M., & Anderson, K. (2024a). "Keep the voices down": In unearthed video, doctors discuss putting mentally ill patients, including kids, on hormones. Daily Caller. https://dailycaller.com/2024/05/14/wpath-tapes-mental-illness-hormones

Brock, M., & Anderson, K. (2024b). Top psychiatrist argues schizophrenic patients can consent to sex change surgeries. Daily Caller. https://dailycaller.com/2024/05/14/wpath-tapes-schizophrenic-sex-change-surgeries

Brock, M., & Anderson, K. (2024c). Video shows prominent doctors acknowledging, and even challenging, the experimental nature of sex change drugs. Daily Caller. https://dailycaller.com/2024/05/14/wpath-tapes-experimental-sex-change-drugs

Buttons, C. (2023). "I feel like I am leaving a cult": Mother regrets transitioning her 4-year-old son. Daily Wire. https://www.dailywire.com/news/i-feel-like-i-am-leaving-a-cult-mother-regrets-transitioning-her-4-year-old-son

Cass, H. (2024). The Cass Review: Independent review of gender identity services for children and young people. https://cass.independent-review.uk/wp-content/uploads/2024/04/CassReview_Final.pdf

Cheung, C. R., Abbruzzese, E., Lockhart, E., Maconochie, I. K., & Kingdon, C. C. (2025). Gender medicine and the Cass Review: Why medicine and the law make poor bedfellows. Archives of Disease in Childhood, 110(4), 251. https://adc.bmj.com/content/110/4/251

Coglianese, V. (2024). Editor Daily Rundown: Tapes reveal behind-the-scenes look at child mutilation conference. Daily Caller. https://dailycaller.com/2024/05/14/editor-daily-rundown-tapes-reveal-behind-scenes-look-child-mutilation-conference/

Crandall, C. S. (1988). Social contagion of binge eating. Journal of Personality and Social Psychology, 55(4), 588–598. https://doi.org/10.1037/0022-3514.55.4.588

Duggan, L. (2025). US medical establishment rejects Cass Report. UnHerd. https://unherd.com/newsroom/us-medical-establishment-rejects-cass-report

Eustache-Brinio, J. (2024). Rapport: La transidentification des mineurs. https://www.observatoirepetitesirene.org/_files/ugd/49b30a_05100e65f5c2480f9d924e63ad0bf72d.pdf

Frisén, L., Söder, O., & Rydelius, P.-A. (2017). Dramatic increase of gender dysphoria in youth. Läkartidningen, 114, EFMY. https://pubmed.ncbi.nlm.nih.gov/28245038

Hasson, M. R. (2017). Threatening violence, trans activists expel un-PC research at medical conference. Ethics & Public Policy Center. https://eppc.org/publication/threatening-violence-trans-activists-expel-un-pc-research-at-medical-conference

Hayes, K. (2022). Gender ideology's true believers. Quillette. https://quillette.com/2022/05/19/gender-ideologys-true-believers

Helfgott, J. B. (2015). Criminal behavior and the copycat effect: Literature review and theoretical framework for empirical investigation. Aggression and Violent Behavior, 22, 46–64. https://doi.org/10.1016/j.avb.2015.02.002

Heneghan, C., & Jefferson, T. (2025). Covid bias at the BMJ. Brownstone Institute. https://brownstone.org/articles/covid-bias-at-the-bmj

Holmes, E. G. (2025). The bizarre phenomenon of celebrity transgender children confronts changing attitudes. The American Spectator. https://spectator.org/bizarre-phenom-celebrity-transgender-child-changing

Horton, C. (2025). The Cass Review: Cis-supremacy in the UK's approach to healthcare for trans children. International Journal of Transgender Health, 26(4), 1120–1144. https://doi.org/10.1080/26895269.2024.2328249

Hughes, M. (2024). The WPATH files. https://static1.squarespace.com/static/56a45d683b0be33df885def6/t/6602fa875978a01601858171/1711471262073/WPATH+Report+and+Files111.pdf

Jeong, J., Shin, S. D., Kim, H., Hong, Y. C., Hwang, S. S., & Lee, E. J. (2012). The effects of celebrity suicide on copycat suicide attempt: A multi-center observational study. Social Psychiatry and Psychiatric Epidemiology, 47(6), 957–965. https://doi.org/10.1007/s00127-011-0403-7

Kaltiala-Heino, R., Sumia, M., Työläjärvi, M., & Lindberg, N. (2015). Two years of gender identity service for minors: Overrepresentation of natal girls with severe problems in adolescent development. Child and Adolescent Psychiatry and Mental Health, 9, 9. https://doi.org/10.1186/s13034-015-0042-y

Kingdon, C., Stingelin-Giles, N., & Cass, H. (2025). The Cass Review: Distinguishing fact from fiction. The American Journal of Bioethics, 25. https://doi.org/10.1080/15265161.2025.2504397

Kory, P. (2024). Disaster caused by medical journal censorship. Brownstone Institute. https://brownstone.org/articles/disaster-caused-by-medical-journal-censorship

Levine, S. B., & Abbruzzese, E. (2023). Current concerns about gender-affirming therapy in adolescents. Current Sexual Health Reports, 15, 113–123. https://doi.org/10.1007/s11930-023-00358-x

Lewis, J., Patterson, A., Effirim, M., Patel, M., Lim, S., Cuello, V., Phan, M., & Lee, W.-C. (2025). Examining gender-specific mental health risks after gender-affirming surgery: A national database study. The Journal of Sexual Medicine, qdaf026. https://doi.org/10.1093/jsxmed/qdaf026

Ley, D. (2019). Forget me not: The persistent myth of repressed memories. Psychology Today. https://www.psychologytoday.com/us/blog/women-who-stray/201910/forget-me-not-the-persistent-myth-repressed-memories

Littman, L. (2018). Parent reports of adolescents and young adults perceived to show signs of a rapid onset of gender dysphoria. PLOS ONE, 13(8), Article e0202330. https://doi.org/10.1371/journal.pone.0202330

Littman, L. (2020). The use of methodologies in Littman (2018) is consistent with the use of methodologies in other studies contributing to the field of gender dysphoria research: Response to Restar (2019). Archives of Sexual Behavior, 49, 67–77. https://doi.org/10.1007/s10508-020-01631-z

Longobardi, I., Mazzolani, B. C., Roschel, H., Gualano, B., & Saadeh, A. (2025). The global rollback of transgender care, science and rights. Nature Medicine, 31, 2840–2841. https://doi.org/10.1038/s41591-025-03805-5

Malone, W., D'Angelo, R., Beck, S., Mason, J., & Evans, M. (2021). Puberty blockers for gender dysphoria: The science is far from settled. The Lancet Child & Adolescent Health, 5, e33–e34. https://doi.org/10.1016/S2352-4642(21)00235-2

Marantz, S., & Coates, S. (1991). Mothers of boys with gender identity disorder: A comparison of matched controls. Journal of the American Academy of Child & Adolescent Psychiatry, 30(2), 310–315. https://doi.org/10.1097/00004583-199103000-00022

McCartney, M. (2024). Medical institutions must treat the Cass Review as a significant event and act upon it. BMJ, 385, q1189. https://doi.org/10.1136/bmj.q1189

McGrath, C. (2018). Investigation as number of girls seeking gender transition treatment rises 4,514 percent. Daily Express. https://www.express.co.uk/news/uk/1018407/gender-transition-treatment-investigation-penny-mordaunt

McNamara, M., Lepore, C., & Alstott, A. (2022). Protecting transgender health and challenging science denialism in policy. New England Journal of Medicine, 387(21), 1919–1921. https://doi.org/10.1056/NEJMp2213085

Merrick, E., Weissman, J., Ascha, M., Jordan, S., & Ellis, M. (2022). National trends in gender-affirming surgical procedures: A Google Trends analysis. Cureus, 14(6), e25906. https://doi.org/10.7759/cureus.25906

Murphy, J. (2022). Maine physician suspended, ordered to undergo psych evaluation after prescribing ivermectin, HCQ. The New American. https://thenewamerican.com/us/healthcare/maine-physician-suspended-ordered-to-undergo-psych-evaluation-after-prescribing-ivermectin-hcq

Nasir, L. (2024). Trans kids are the new fashion accessories among Hollywood's most deranged moms. Daily Caller. https://dailycaller.com/2024/07/07/transgender-kids-fashion-accessories-hollywood-mom-charlize-theron-jennifer-lopez-megan-fox

Nesi, C. (2024). Woke doc refused to publish $10 million trans kids study that showed puberty blockers didn't help mental health. New York Post. https://nypost.com/2024/10/23/us-news/doctor-refused-to-publish-trans-kids-study-that-showed-puberty-blockers-didnt-help-mental-health

Noone, C., Southgate, A., Ashman, A., Quinn, É., Comer, D., Shrewsbury, D., Ashley, F., Hartland, J., Paschedag, J., Gilmore, J., & Kennedy, N. (2025). Critically appraising the Cass report: Methodological flaws and unsupported claims. BMC Medical Research Methodology, 25(1), 128. https://doi.org/10.1186/s12874-025-02581-7

Pampati, S., Flanders, W. D., Zhang, Q., Ahmedani, B. K., Bhasin, S., Getahun, D., Lash, T. L., McCracken, C., Sandberg, D. E., Silverberg, M. J., Tangpricha, V., Vupputuri, S., & Goodman, M. (2023).

Prevalence of self-inflicted injuries among transgender and gender diverse adolescents and young adults compared to their peers: An examination of interaction with mental health morbidity. Annals of Epidemiology, 81, 40–46.e2. https://doi.org/10.1016/j.annepidem.2023.03.003

Purses, J. (2025). The Cass Review: What is it and what did it find? Journal of the American Academy of Child & Adolescent Psychiatry, 64, S34–S35. https://www.jaacap.org/article/S0890-8567(25)00624-0/fulltext

Rawee, P., Rosmalen, J. G. M., Kalverdijk, L., & Burke, S. M. (2024). Development of gender non-contentedness during adolescence and early adulthood. Archives of Sexual Behavior, 53, 1813–1825. https://doi.org/10.1007/s10508-024-02817-5

Respaut, R., & Terhune, C. (2022). Putting numbers on the rise in children seeking gender care. Reuters. https://www.reuters.com/investigates/special-report/usa-transyouth-data

Restar, A. J. (2019). Methodological critique of Littman's (2018) parental-respondents accounts of "rapid-onset gender dysphoria." Archives of Sexual Behavior, 49(1), 61–66. https://doi.org/10.1007/s10508-019-1453-2

Rigby, H. (2023). Horror story: Teen boy dies in "gender-affirming" operation where doctors tried to create fake vagina using part of his colon. Not the Bee. https://notthebee.com/article/horror-story-a-teenage-boy-died-in-a-gender-affirming-operation-where-doctors-tried-to-create-a-fake-vagina-for-him-using-part-of-his-colon

Rooke, M. (2024). ROOKE: New secret tapes from the left's favorite cult are pure nightmare fuel. Daily Caller. https://dailycaller.com/2024/05/15/rooke-new-secret-tapes-left-favorite-cult-nightmare-fuel-wpath-tapes

Simón, A. (1979). Violence in the mass media: A case of modelling. Perceptual and Motor Skills, 48(3_suppl), 1081–1082. https://doi.org/10.2466/pms.1979.48.3c.1081

Simón, A. (1981). A quantitative, nonreactive study of mass behavior with emphasis on the cinema as behavioral catalyst. Psychological Reports, 48(3), 775–785. https://doi.org/10.2466/pr0.1981.48.3.775

Simón, A. (2007). Application of fad theory to copycat crimes: Quantitative data following the Columbine massacre. Psychological Reports, 100(3_suppl), 1233–1244. https://doi.org/10.2466/PR0.100.3.1233-1244

Simón, A. (2022a). Since when are nurses the enemy? New English Review. https://www.newenglishreview.org/since-when-are-nurses-the-enemy

Simón, A. (2022b). These are the courageous doctors who fought the COVID farce and paid the price. Issues & Insights. https://issuesinsights.com/2022/02/25/these-are-the-courageous-doctors-who-fought-the-covid-farce-and-paid-the-price

Twenge, J. (2024). Transgender identity: How much has it increased? Generation Tech. https://www.generationtechblog.com/p/transgender-identity-how-much-has

U.S. Department of Health and Human Services. (2025). Treatment for pediatric gender dysphoria: Review of evidence and best practices. U.S. Department of Health and Human Services.

Victor, J. (1993). Satanic panic. Open Court.

Wanta, J. W., Niforatos, J. D., Durbak, E., Viguera, A., & Altinay, M. (2019). Mental health diagnoses among transgender patients in the clinical setting: An all-payer electronic health record study. Transgender Health, 4(1), 313–315. https://doi.org/10.1089/trgh.2019.0029

Wright, J. D., Chen, L., Suzuki, Y., Matsuo, K., & Hershman, D. L. (2023). National estimates of gender-affirming surgery in the US. JAMA Network Open, 6(8), e2330348. https://doi.org/10.1001/jamanetworkopen.2023.30348