

WPATH POSITION ON “Rapid-Onset Gender Dysphoria (ROGD)”

The World Professional Association for Transgender Health Board of Directors reaffirms the deliberative processes by which diagnostic entities and clinical phenomena are classified and established. These academic processes reside within the respective professional medical organizations and are led by workgroups formed by expert scientists, clinicians, and stakeholders, often over long periods of time, with high levels of scientific scrutiny of the evidence-based literature. The term “Rapid Onset Gender Dysphoria (ROGD)” is not a medical entity recognized by any major professional association, nor is it listed as a subtype or classification in the Diagnostic and Statistical Manual of Mental Disorders (DSM) or International Classification of Diseases (ICD). Therefore, it constitutes nothing more than an acronym created to describe a *proposed* clinical phenomenon that may or may not warrant further peer-reviewed scientific investigation.

At present, WPATH asserts that knowledge of the factors contributing to gender identity development in adolescence is still evolving and not yet fully understood by scientists, clinicians, community members, and other stakeholders in equal measure. Therefore, it is both premature and inappropriate to employ official-sounding labels that lead clinicians, community members, and scientists to form absolute conclusions about adolescent gender identity development and the factors that may potentially influence the timing of an adolescent’s declaration as a different gender from birth-assigned sex.

WPATH encourages continued scientific exploration within a culture of academic freedom, not censorship. We acknowledge that adolescent gender identity development and the factors influencing the timing of anyone’s gender declaration are multifactorial and that all persons—especially adolescents—are deserving of gender-affirmative evidence-based care that adheres to the latest standards of care and clinical guidelines.

WPATH also urges restraint from the use of *any* term—whether or not formally recognized as a medical entity—to instill fear about the possibility that an adolescent may or may not be transgender with the a priori goal of limiting consideration of all appropriate treatment options in accordance with the aforementioned standards of care and clinical guidelines. Comprehensive research and education on the facts about transgender peoples’ lives and healthcare needs is necessary for both youth and guardians—and inexperienced providers—to productively address the current disparity gaps experienced by this sub-population of individuals.

4 September 2018

On Behalf of the WPATH Global Board of Directors



NOTE: WPATH periodically issues public statements in response to issues concerning transgender people and their healthcare needs. Issues garnering media visibility that have the potential to significantly affect transgender individuals’ health and lives are of particular importance to WPATH. While suggestions for statements are always appreciated, the WPATH Board of Directors evaluates the necessity of such statements on a case-by-case basis.