TRANSADVOCATE

The New York Magazine lies to parents about trans children

By Kelley Winters

Published July 28, 2016 | Updated March 31, 2026
https://www.transadvocate.com/the-new-york-magazine-lies-to-parents-about-trans-children_n_18875.htm

Abstract

By Kelly Winters, PhD Jesse Singal, the Senior Editor at nymag.com, has enlisted his New York Magazine blog to promote the widely publicized presumption that painful distress with birth-assigned sex and gender are just a phase for the great majority of children who suffer it: While the actual percentages vary from study to study, overall, it [...]

Article

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Jesse Singal, the Senior Editor at nymag.com, has enlisted his New York Magazine blog to promote the widely publicized presumption that painful distress with birth-assigned sex and gender are just a phase for the great majority of children who suffer it:

While the actual percentages vary from study to study, overall, it appears that about 80 percent of kids with gender dysphoria end up feeling okay, in the long run, with the bodies they were born into.

Singal's article defines "desistance" as, "the tendency for gender dysphoria to resolve itself as a child gets older and older." Singal praised the 80% "desistance" claim in his article as "solid scientific consensus" and boasted that "every" study, not some, but "every study that has been conducted on this has found the same thing." He scorned those who do not accept the 80% presumption (Tannehill 2016, Serano 2016, Olson and Durwood 2016) as "part of the problem," as essentially "ignoring" science, and preventing "intelligent, informed discussion."

> Again: Every study that has been conducted on this has found the same thing. At the moment there is strong evidence that even many children with rather severe gender dysphoria will, in the long run, shed it and come to feel comfortable with the bodies they were born with. The critiques of the desistance literature presented by Tannehill, Serano, Olson and Durwood, and others don't come close to debunking what is a small but rather solid, strikingly consistent body of research.

Figure 1. Singal's NY Magazine article

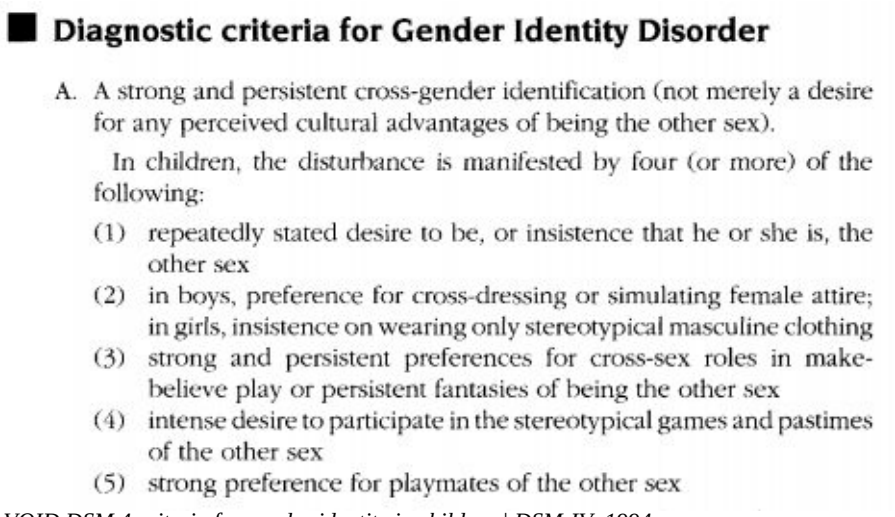
The real problem, however, is that Singal's support for the 80% presumption and its promoters from the Toronto Clarke Institute/Centre for Addiction and Mental Health (CAMH) and the Dutch VU University Medical Center rests on a critical, misleading statement in this article:

It's hard to imagine a kid meeting all the necessary criteria in the DSM-IV and not 'actually' being gender dysphoric... Since 63 percent of the subjects in Singh's study met these criteria, this really wasn't a sample of children who were 'just' gender nonconforming.

The author preceded these remarks with a listing of the 1994 Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition (DSM-IV)[1] diagnostic criteria for "Gender Identity Disorder of Children" (GIDC, 302.6) that were used for intake selection in childhood "desistance" studies in Toronto and Amsterdam between 1994 and 2013, but the actual diagnostic criteria contradicted his conclusion. In fact, the subcommittee responsible for Gender Identity Disorders in the DSM-IV, as the 4th edition is known, deliberately chose to allow diagnosis of GIDC without any "explicit wish to be of the opposite sex"[2] -a loophole that was partially corrected in the DSM-5, published in 2013. For example, the following statement could be false, and yet children could still be diagnosed as having a "gender identity disorder" under the DSM criteria used for "desistance" research:

"1. Repeatedly stated desire to be, or insistence that he or she is, the other sex."

The above quote comes from Subcriterion 1 of Criterion A of the Gender Identity Disorder of Childhood diagnosis, but this subcriterion was not required for diagnosis. In fact, only four of five subcriteria were required to meet Criterion A. Here are the remaining four. They all describe gender nonconforming behavior:



Diagnostic criteria for Gender Identity Disorder

A. A strong and persistent cross-gender identification (not merely a desire for any perceived cultural advantages of being the other sex).

In children, the disturbance is manifested by four (or more) of the following:

(1) repeatedly stated desire to be, or insistence that he or she is, the other sex
(2) in boys, preference for cross-dressing or simulating female attire; in girls, insistence on wearing only stereotypical masculine clothing
(3) strong and persistent preferences for cross-sex roles in make-believe play or persistent fantasies of being the other sex
(4) intense desire to participate in the stereotypical games and pastimes of the other sex
(5) strong preference for playmates of the other sex

Figure 2. The NOW VOID DSM 4 criteria for gender identity in children | DSM-IV, 1994

By this now void standard, children could be judged to meet Criterion A strictly on the basis of gender nonconformity alone, with no indication of actual gender dysphoria or incongruent gender identity. Here's a quick breakdown of the rest of the now void DSM-IV and DSM-IV-TR criteria :

- Study: Trans kid's gender implicit; govt report condemns conversion therapy
- Fact check: study shows transition makes trans people suicidal
- Clinging to a dangerous past: Dr Paul McHugh's selective reading of transgender medical literature

Criterion B referenced gender dysphoria (in the Fisk, 1973, sense of distress with physical sex characteristics or assigned gender roles[3]) but once again had loopholes that allowed diagnosis because of behavioral gender nonconformity without evidence of actual gender dysphoria. Birth-assigned boys could meet criterion B with "aversion toward rough-and-tumble play and rejection of male stereotypical toys, games, and activities." So could birth-assigned girls with a "marked aversion toward normative female clothing."

Criterion C excluded diagnosis for children with intersex conditions.

Criterion D was the clinical significance criterion, added to almost all categories in the DSM-IV. It required significant distress or impairment in "social, occupational, or other important areas of functioning." However, the GIDC supporting text maintained that distress from societal prejudice, rather than from gender dysphoria itself, would meet criterion D (APA 2000, p. 577).

To be clear, the criteria of the DSM-IV -the very standard under which kids could be diagnosed with "gender identity disorder" without actually having gender dysphoria- is how these researchers came to tout an 80% desistance rate that is quoted in New York magazine. Remember, these flawed standards[4], [5] are NOW VOID. These loopholes were partially corrected in the DSM-5 in 2013, but the data from the prior "desistance" studies of gender nonconforming children were never reevaluated in light of the new diagnostic criteria.

The 80% "desistance" myth is like claiming that since most mammals don't have spots, leopard cubs are most likely to "desist" in being spotted. That's not science. That's not logic. That's something else

entirely. The conflation of a much larger superset of gender nonconforming children, who never actually suffer gender dysphoria, with a much smaller subset of children with actual gender dysphoria is not "solid scientific consensus." Gender nonconformity is not gender dysphoria. Children who were never gender dysphoric to begin with are not "desistant."

Watch the Video Version of this Essay

A version of this article originally appeared on GID Reform.

1. American Psychiatric Association (2000). Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition, Text Revision. Washington, D.C.

2. S. Bradley, Ray Blanchard, et al. (1991). Interim Report of the DSM-IV Subcommittee on Gender Identity Disorder Archives of Sexual Behavior, Vol. 20, 4, p. 339.

3. Fisk, N. (1973). Gender dysphoria syndrome. (The how, what, and why of a disease). In D. Laub & P. Gandy (Eds.), Proceedings of the second interdisciplinary symposium on gender dysphoria syndrome (pp. 7-14). Palo Alto, CA: Stanford University Press.

4. Winters, K. (2008). Disallowed Identities, Disaffirmed Childhood. GID Reform Blog: Issues on reform of the diagnostic categories of Gender Identity Disorder and Transvestic Fetishism in the DSM-5, Oct. 28. https://gidreform.wordpress.com/2008/10/28/disordered-identities-disaffirmed-childhood/

5. Winters, K. (2014). Methodological Questions in Childhood Gender Identity 'Desistence' Research. 23rd World Professional Association for Transgender Health Biennial Symposium, Feb. 16, 2014, Bangkok, Thailand. https://gidreform.wordpress.com/2014/02/25/methodological-questions-in-childhood-gender-identity-desistence-research/

Suggested citation

Kelley Winters. "The New York Magazine lies to parents about trans children." TransAdvocate, July 28, 2016. https://www.transadvocate.com/the-new-york-magazine-lies-to-parents-about-trans-children_n_18875.htm