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# SHIFTS IN ASSIGNED SEX RATIOS AT GENDER IDENTITY CLINICS LIKELY REFLECT CHANGE IN REFERRAL PATTERNS

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Gender identity clinics (GICs) have recently reported changes in the ratios of assigned sex at birth of referred youth [1,4].

No definitive explanation has been offered for those changes in referral rates, leading to speculation among academics. Most worryingly, the shift in ratio has been recuperated by individuals who seek to oppose access to trans care [3], despite the absence of empirical or strong theoretical grounding for those positions [2]. These theorisations, explaining the shift by reference to social contagion and discomfort with womanhood, assume that it reflects a real change in ratios in the overall trans youth population.

This assumption is unjustified. GIC populations are a small percentage of the entire trans youth population. The sample size for the Amsterdam clinic—the sole GIC for youth in the Netherlands—was 420 new referrals, covering the years of 1989 to 2013, in the Aitken et al. study [1]. Recent studies show that around 150,000 individuals from 13 to 17 years old identify as transgender in the United States [5], around 0.05%<sup>1</sup> of the total population. Assuming a similar percentage holds in the Netherlands, we would expect a current 13-17 years old trans population of the order of magnitude of 8,000.

The pool of youth from which referrals to GICs come is much larger. That 8,000 number does not include youth under 13 years old, gender creative youth who aren't transgender, and youth who entered adulthood since 1989.

While the numbers are difficult to compare, the number of referrals to GICs is very plausibly multiple orders of magnitude smaller than the number of youths who might be referred. Because of this, sociocultural factors impacting referral patterns are likely to have an outsized effect on assigned sex ratios at GICs. A small sociocultural change—such as greater awareness that 'tomboy' behaviour might be an expression of gender identity—that leads to 10% more referrals of AFAB trans youth would nearly double the total GIC population of AFAB youth.

Many hypotheses can be offered as to which factors have altered referral patterns. A lower average age of referral will disproportionately shift transmasculine youth from the adult to the youth population. Increase in trans visibility may plausibly lead comparatively more parents to see 'tomboy' gender

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<sup>1</sup> Since I am primarily concerned with orders of magnitude, numbers are rounded to the first or first two significant digits.

expression as potential evidence of transitude. Increases in conservative attitudes towards gender non-conformity would also have a similar effect.

The reasons for the shift in assigned sex ratios in GICs remain unknown. However, given the discrepancies in size between GIC populations and gender diverse populations, sociocultural factors impacting referral patterns are the most promising explanation. Future researchers should resist the impulse to assume that shifts in assigned sex ratios reflect a change of ratio in the gender diverse population. No evidence currently supports the thesis that the ratio of AFAB and AMAB youth has changed in the overall trans youth population.

## References

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