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The “80% Desistance” Dictum: Is It Science?

Kelley Winters, PhD

The burden of proof in science rests invariably on the individuals making a claim, not on the critic.

— LILIENTFELD, LYNN &, LORH, 2003, P. 3

The most pervasive and damaging stereotype about transgender children that is used to frighten parents, therapists, and medical professionals is that the vast majority of them are “going through a phase.” The “80% desistance” dictum alleges that *gender dysphoria*, defined as distress with their physical sex characteristics or associated social roles, and identification as trans will remit for approximately 80% of young trans children. It predicts that most young trans boys will spontaneously revert to identifying as girls by puberty and develop into cisgender lesbian women, and that most young trans girls will spontaneously revert to identifying as boys by puberty and develop into cisgender gay men. This adage has become ubiquitous in medical policy, research literature, and political discourse and is quoted as a principle of science. But is the 80% desistance stereotype actually supported by evidence and reason?

A Pervasive Perception

The seventh version of the Standards of Care (SOC7), published by the World Professional Association for Transgender Health (WPATH), repeats the 80% desistance claim uncritically: “[Gender] dysphoria persisted into adulthood for only 6–23% of children” (Coleman et al., 2012, p. 11). It also appears in the current *Diagnostic and Statistical Manual of Mental Disorders*, fifth edition: “Rates of persistence of gender dysphoria from childhood into adolescence or adulthood vary. In natal males, persistence has ranged from 2.2% to 30%. In natal females, persistence has ranged from 12% to 50%” (APA, 2013, p. 455). The 80% figure is cited in medical policies that discourage authentic social transition and public policies that deny education and even restroom access for trans children and

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