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**LIST OF APPENDICES**

**Appendix 1**

Curriculum Vita

**Appendix 2**

Cantor, J. M. (2020). Transgender and gender diverse children and adolescents:  
Fact-checking of AAP policy. *Journal of Sex & Marital Therapy*, 46, 307–  
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## EDUCATION

<b>Postdoctoral Fellowship</b> Centre for Addiction and Mental Health • Toronto, Canada	Jan., 2000–May, 2004
<b>Doctor of Philosophy</b> Psychology • McGill University • Montréal, Canada	Sep., 1993–Jun., 2000
<b>Master of Arts</b> Psychology • Boston University • Boston, MA	Sep., 1990–Jan., 1992
<b>Bachelor of Science</b> Interdisciplinary Science • Rensselaer Polytechnic Institute • Troy, NY Concentrations: Computer science, mathematics, physics	Sep. 1984–Aug., 1988

## EMPLOYMENT HISTORY

<b>Director</b> Toronto Sexuality Centre • Toronto, Canada	Feb., 2017–Present
<b>Senior Scientist (Inaugural Member)</b> Campbell Family Mental Health Research Institute Centre for Addiction and Mental Health • Toronto, Canada	Aug., 2012–May, 2018
<b>Senior Scientist</b> Complex Mental Illness Program Centre for Addiction and Mental Health • Toronto, Canada	Jan., 2012–May, 2018
<b>Head of Research</b> Sexual Behaviours Clinic Centre for Addiction and Mental Health • Toronto, Canada	Nov., 2010–Apr. 2014
<b>Research Section Head</b> Law & Mental Health Program Centre for Addiction and Mental Health • Toronto, Canada	Dec., 2009–Sep. 2012
<b>Psychologist</b> Law & Mental Health Program Centre for Addiction and Mental Health • Toronto, Canada	May, 2004–Dec., 2011

**Clinical Psychology Intern** Sep., 1998–Aug., 1999  
Centre for Addiction and Mental Health • Toronto, Canada

**Teaching Assistant** Sep., 1993–May, 1998  
Department of Psychology  
McGill University • Montréal, Canada

**Pre-Doctoral Practicum** Sep., 1993–Jun., 1997  
Sex and Couples Therapy Unit  
Royal Victoria Hospital • Montréal, Canada

**Pre-Doctoral Practicum** May, 1994–Dec., 1994  
Department of Psychiatry  
Queen Elizabeth Hospital • Montréal, Canada

## ACADEMIC APPOINTMENTS

**Associate Professor** Jul., 2010–May, 2019  
Department of Psychiatry  
University of Toronto Faculty of Medicine • Toronto, Canada

**Adjunct Faculty** Aug. 2013–Jun., 2018  
Graduate Program in Psychology  
York University • Toronto, Canada

**Associate Faculty (Hon)** Oct., 2017–Dec., 2017  
School of Behavioural, Cognitive & Social Science  
University of New England • Armidale, Australia

**Assistant Professor** Jun., 2005–Jun., 2010  
Department of Psychiatry  
University of Toronto Faculty of Medicine • Toronto, Canada

**Adjunct Faculty** Sep., 2004–Jun., 2010  
Clinical Psychology Residency Program  
St. Joseph's Healthcare • Hamilton, Canada

## PUBLICATIONS

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65. Pilkington, N. W., & Cantor, J. M. (1996). Perceptions of heterosexual bias in professional psychology programs: A survey of graduate students. *Professional Psychology: Research and Practice, 27*, 604–612.

## PUBLICATIONS

### LETTERS AND COMMENTARIES

1. Cantor, J. M. (2015). Research methods, statistical analysis, and the phallometric test for hebephilia: Response to Fedoroff [Editorial Commentary]. *Journal of Sexual Medicine*, *12*, 2499–2500. doi: 10.1111/jsm.13040
2. Cantor, J. M. (2015). In his own words: Response to Moser [Editorial Commentary]. *Journal of Sexual Medicine*, *12*, 2502–2503. doi: 10.1111/jsm.13075
3. Cantor, J. M. (2015). Purported changes in pedophilia as statistical artefacts: Comment on Müller et al. (2014). *Archives of Sexual Behavior*, *44*, 253–254. doi: 10.1007/s10508-014-0343-x
4. McPhail, I. V., & Cantor, J. M. (2015). Pedophilia, height, and the magnitude of the association: A research note. *Deviant Behavior*, *36*, 288–292. doi: 10.1080/01639625.2014.935644
5. Soh, D. W., & Cantor, J. M. (2015). A peek inside a furry convention [Letter to the Editor]. *Archives of Sexual Behavior*, *44*, 1–2. doi: 10.1007/s10508-014-0423-y
6. Cantor, J. M. (2012). Reply to Italiano's (2012) comment on Cantor (2011) [Letter to the Editor]. *Archives of Sexual Behavior*, *41*, 1081–1082. doi: 10.1007/s10508-012-0011-y
7. Cantor, J. M. (2012). The errors of Karen Franklin's *Pretextuality* [Commentary]. *International Journal of Forensic Mental Health*, *11*, 59–62. doi: 10.1080/14999013.2012.672945
8. Cantor, J. M., & Blanchard, R. (2012). White matter volumes in pedophiles, hebephiles, and teleiophiles [Letter to the Editor]. *Archives of Sexual Behavior*, *41*, 749–752. doi: 10.1007/s10508-012-9954-2
9. Cantor, J. M. (2011). New MRI studies support the Blanchard typology of male-to-female transsexualism [Letter to the Editor]. *Archives of Sexual Behavior*, *40*, 863–864. doi: 10.1007/s10508-011-9805-6
10. Zucker, K. J., Bradley, S. J., Own-Anderson, A., Kibblewhite, S. J., & Cantor, J. M. (2008). Is gender identity disorder in adolescents coming out of the closet? *Journal of Sex and Marital Therapy*, *34*, 287–290.
11. Cantor, J. M. (2003, Summer). Review of the book *The Man Who Would Be Queen* by J. Michael Bailey. *Newsletter of Division 44 of the American Psychological Association*, *19*(2), 6.
12. Cantor, J. M. (2003, Spring). What are the hot topics in LGBT research in psychology? *Newsletter of Division 44 of the American Psychological Association*, *19*(1), 21–24.
13. Cantor, J. M. (2002, Fall). Male homosexuality, science, and pedophilia. *Newsletter of Division 44 of the American Psychological Association*, *18*(3), 5–8.
14. Cantor, J. M. (2000). Review of the book *Sexual Addiction: An Integrated Approach*. *Journal of Sex and Marital Therapy*, *26*, 107–109.

### EDITORIALS

1. Cantor, J. M. (2012). Editorial. *Sexual Abuse: A Journal of Research and Treatment*, *24*.



2. Cantor, J. M. (2011). Editorial note. *Sexual Abuse: A Journal of Research and Treatment*, 23, 414.
3. Barbaree, H. E., & Cantor, J. M. (2010). Performance indicators for *Sexual Abuse: A Journal of Research and Treatment* (SAJRT) [Editorial]. *Sexual Abuse: A Journal of Research and Treatment*, 22, 371–373.
4. Barbaree, H. E., & Cantor, J. M. (2009). *Sexual Abuse: A Journal of Research and Treatment* performance indicators for 2007 [Editorial]. *Sexual Abuse: A Journal of Research and Treatment*, 21, 3–5.
5. Zucker, K. J., & Cantor, J. M. (2009). Cruising: Impact factor data [Editorial]. *Archives of Sexual Research*, 38, 878–882.
6. Barbaree, H. E., & Cantor, J. M. (2008). Performance indicators for *Sexual Abuse: A Journal of Research and Treatment* [Editorial]. *Sexual Abuse: A Journal of Research and Treatment*, 20, 3–4.
7. Zucker, K. J., & Cantor, J. M. (2008). The *Archives* in the era of online first ahead of print [Editorial]. *Archives of Sexual Behavior*, 37, 512–516.
8. Zucker, K. J., & Cantor, J. M. (2006). The impact factor: The *Archives* breaks from the pack [Editorial]. *Archives of Sexual Behavior*, 35, 7–9.
9. Zucker, K. J., & Cantor, J. M. (2005). The impact factor: “Goin’ up” [Editorial]. *Archives of Sexual Behavior*, 34, 7–9.
10. Zucker, K., & Cantor, J. M. (2003). The numbers game: The impact factor and all that jazz [Editorial]. *Archives of Sexual Behavior*, 32, 3–5.

## FUNDING HISTORY

Principal Investigators: Doug VanderLaan, Meng-Chuan Lai  
Co-Investigators: James M. Cantor, Megha Mallar Chakravarty, Nancy Lobaugh, M. Palmert, M. Skorska  
Title: *Brain function and connectomics following sex hormone treatment in adolescents experience gender dysphoria*  
Agency: Canadian Institutes of Health Research (CIHR), Behavioural Sciences-B-2  
Funds: \$650,250 / 5 years (July, 2018)

Principal Investigator: Michael C. Seto  
Co-Investigators: Martin Lalumière , James M. Cantor  
Title: *Are connectivity differences unique to pedophilia?*  
Agency: University Medical Research Fund, Royal Ottawa Hospital  
Funds: \$50,000 / 1 year (January, 2018)

Principal Investigator: Lori Brotto  
Co-Investigators: Anthony Bogaert, James M. Cantor, Gerulf Rieger  
Title: *Investigations into the neural underpinnings and biological correlates of asexuality*  
Agency: Natural Sciences and Engineering Research Council (NSERC), Discovery Grants Program  
Funds: \$195,000 / 5 years (April, 2017)

Principal Investigator: Doug VanderLaan  
Co-Investigators: Jerald Bain, James M. Cantor, Megha Mallar Chakravarty, Sofia Chavez, Nancy Lobaugh, and Kenneth J. Zucker  
Title: *Effects of sex hormone treatment on brain development: A magnetic resonance imaging study of adolescents with gender dysphoria*  
Agency: Canadian Institutes of Health Research (CIHR), Transitional Open Grant Program  
Funds: \$952,955 / 5 years (September, 2015)

Principal Investigator: James M. Cantor  
Co-Investigators: Howard E. Barbaree, Ray Blanchard, Robert Dickey, Todd A. Girard, Phillip E. Klassen, and David J. Mikulis  
Title: *Neuroanatomic features specific to pedophilia*  
Agency: Canadian Institutes of Health Research (CIHR)  
Funds: \$1,071,920 / 5 years (October, 2008)

Principal Investigator: James M. Cantor  
Title: *A preliminary study of fMRI as a diagnostic test of pedophilia*  
Agency: Dean of Medicine New Faculty Grant Competition, Univ. of Toronto  
Funds: \$10,000 (July, 2008)

Principal Investigator: James M. Cantor  
Co-Investigator: Ray Blanchard  
Title: *Morphological and neuropsychological correlates of pedophilia*  
Agency: Canadian Institutes of Health Research (CIHR)  
Funds: \$196,902 / 3 years (April, 2006)

## KEYNOTE AND INVITED ADDRESSES

1. Cantor, J. M. (2022, December 5). The science of gender dysphoria and transgenderism. Lund University, Latvia. <https://files.fm/f/4bzznufvb>
2. Cantor, J. M. (2021, September 28). *No topic too tough for this expert panel: A year in review*. Plenary Session for the 40<sup>th</sup> Annual Research and Treatment Conference, Association for the Treatment of Sexual Abusers.
3. Cantor, J. M. (2019, May 1). *Introduction and Q&A for 'I, Pedophile.'* StopSO 2<sup>nd</sup> Annual Conference, London, UK.
4. Cantor, J. M. (2018, August 29). *Neurobiology of pedophilia or paraphilia? Towards a 'Grand Unified Theory' of sexual interests*. Keynote address to the International Association for the Treatment of Sexual Offenders, Vilnius, Lithuania.
5. Cantor, J. M. (2018, August 29). *Pedophilia and the brain: Three questions asked and answered*. Preconference training presented to the International Association for the Treatment of Sexual Offenders, Vilnius, Lithuania.
6. Cantor, J. M. (2018, April 13). *The responses to I, Pedophile from We, the people*. Keynote address to the Minnesota Association for the Treatment of Sexual Abusers, Minneapolis, Minnesota.
7. Cantor, J. M. (2018, April 11). *Studying atypical sexualities: From vanilla to I, Pedophile*. Full day workshop at the Minnesota Association for the Treatment of Sexual Abusers, Minneapolis, Minnesota.
8. Cantor, J. M. (2018, January 20). *How much sex is enough for a happy life?* Invited lecture to the University of Toronto Division of Urology Men's Health Summit, Toronto, Canada.
9. Cantor, J. M. (2017, November 2). Pedophilia as a phenomenon of the brain: Update of evidence and the public response. Invited presentation to the 7<sup>th</sup> annual SBC education event, Centre for Addiction and Mental Health, Toronto, Canada.
10. Cantor, J. M. (2017, June 9). Pedophilia being in the brain: The evidence and the public's reaction. Invited presentation to *SEXposium at the ROM: The science of love and sex*, Toronto, Canada.
11. Cantor, J. M., & Campea, M. (2017, April 20). *"I, Pedophile" showing and discussion*. Invited presentation to the 42<sup>nd</sup> annual meeting of the Society for Sex Therapy and Research, Montréal, Canada.
12. Cantor, J. M. (2017, March 1). *Functional and structural neuroimaging of pedophilia: Consistencies across methods and modalities*. Invited lecture to the Brain Imaging Centre, Royal Ottawa Hospital, Ottawa, Canada.
13. Cantor, J. M. (2017, January 26). *Pedophilia being in the brain: The evidence and the public reaction*. Inaugural keynote address to the University of Toronto Sexuality Interest Network, Toronto, Ontario, Canada.
14. Cantor, J. M. (2016, October 14). *Discussion of CBC's "I, Pedophile."* Office of the Children's Lawyer Educational Session, Toronto, Ontario, Canada.
15. Cantor, J. M. (2016, September 15). *Evaluating the risk to reoffend: What we know and what we don't*. Invited lecture to the Association of Ontario Judges, Ontario Court of Justice Annual Family Law Program, Blue Mountains, Ontario, Canada. [Private link only: <https://vimeo.com/239131108/3387c80652>]
16. Cantor, J. M. (2016, April 8). *Pedophilia and the brain: Conclusions from the second*

- generation of research*. Invited lecture at the 10<sup>th</sup> annual Risk and Recovery Forensic Conference, Hamilton, Ontario.
17. Cantor, J. M. (2016, April 7). *Hypersexuality without the hyperbole*. Keynote address to the 10<sup>th</sup> annual Risk and Recovery Forensic Conference, Hamilton, Ontario.
  18. Cantor, J. M. (2015, November). *No one asks to be sexually attracted to children: Living in Daniel's World*. Grand Rounds, Centre for Addiction and Mental Health. Toronto, Canada.
  19. Cantor, J. M. (2015, August). *Hypersexuality: Getting past whether "it" is or "it" isn't*. Invited address at the 41<sup>st</sup> annual meeting of the International Academy of Sex Research. Toronto, Canada.
  20. Cantor, J. M. (2015, July). *A unified theory of typical and atypical sexual interest in men: Paraphilia, hypersexuality, asexuality, and vanilla as outcomes of a single, dual opponent process*. Invited presentation to the 2015 Puzzles of Sexual Orientation conference, Lethbridge, AL, Canada.
  21. Cantor, J. M. (2015, June). *Hypersexuality*. Keynote Address to the Ontario Problem Gambling Provincial Forum. Toronto, Canada.
  22. Cantor, J. M. (2015, May). *Assessment of pedophilia: Past, present, future*. Keynote Address to the International Symposium on Neural Mechanisms Underlying Pedophilia and Child Sexual Abuse (NeMUP). Berlin, Germany.
  23. Cantor, J. M. (2015, March). *Prevention of sexual abuse by tackling the biggest stigma of them all: Making sex therapy available to pedophiles*. Keynote address to the 40<sup>th</sup> annual meeting of the Society for Sex Therapy and Research, Boston, MA.
  24. Cantor, J. M. (2015, March). *Pedophilia: Predisposition or perversion?* Panel discussion at Columbia University School of Journalism. New York, NY.
  25. Cantor, J. M. (2015, February). *Hypersexuality*. Research Day Grand Rounds presentation to Ontario Shores Centre for Mental Health Sciences, Whitby, Ontario, Canada.
  26. Cantor, J. M. (2015, January). *Brain research and pedophilia: What it means for assessment, research, and policy*. Keynote address to the inaugural meeting of the Netherlands Association for the Treatment of Sexual Abusers, Utrecht, Netherlands.
  27. Cantor, J. M. (2014, December). *Understanding pedophilia and the brain: Implications for safety and society*. Keynote address for The Jewish Community Confronts Violence and Abuse: Crisis Centre for Religious Women, Jerusalem, Israel.
  28. Cantor, J. M. (2014, October). *Understanding pedophilia & the brain*. Invited full-day workshop for the Sex Offender Assessment Board of Pennsylvania, Harrisburg, PA.
  29. Cantor, J. M. (2014, September). *Understanding neuroimaging of pedophilia: Current status and implications*. Invited lecture presented to the Mental Health and Addition Rounds, St. Joseph's Healthcare, Hamilton, Ontario, Canada.
  30. Cantor, J. M. (2014, June). *An evening with Dr. James Cantor*. Invited lecture presented to the Ontario Medical Association, District 11 Doctors' Lounge Program, Toronto, Ontario, Canada.
  31. Cantor, J. M. (2014, April). *Pedophilia and the brain*. Invited lecture presented to the University of Toronto Medical Students lunchtime lecture. Toronto, Ontario, Canada.
  32. Cantor, J. M. (2014, February). *Pedophilia and the brain: Recap and update*. Workshop presented at the 2014 annual meeting of the Washington State Association for the Treatment of Sexual Abusers, Cle Elum, WA.

33. Cantor, J. M., Lafaille, S., Hannah, J., Kucyi, A., Soh, D., Girard, T. A., & Mikulis, D. M. (2014, February). *Functional connectivity in pedophilia*. Neuropsychiatry Rounds, Toronto Western Hospital, Toronto, Ontario, Canada.
34. Cantor, J. M. (2013, November). *Understanding pedophilia and the brain: The basics, the current status, and their implications*. Invited lecture to the Forensic Psychology Research Centre, Carleton University, Ottawa, Canada.
35. Cantor, J. M. (2013, November). *Mistaking puberty, mistaking hebephilia*. Keynote address presented to the 32<sup>nd</sup> annual meeting of the Association for the Treatment of Sexual Abusers, Chicago, IL.
36. Cantor, J. M. (2013, October). *Understanding pedophilia and the brain: A recap and update*. Invited workshop presented at the 32<sup>nd</sup> annual meeting of the Association for the Treatment of Sexual Abusers, Chicago, IL.
37. Cantor, J. M. (2013, October). *Compulsive-hyper-sex-addiction: I don't care what we all it, what can we do?* Invited address presented to the Board of Examiners of Sex Therapists and Counselors of Ontario, Toronto, Ontario, Canada.
38. Cantor, J. M. (2013, September). *Neuroimaging of pedophilia: Current status and implications*. McGill University Health Centre, Department of Psychiatry Grand Rounds presentation, Montréal, Québec, Canada.
39. Cantor, J. M. (2013, April). *Understanding pedophilia and the brain*. Invited workshop presented at the 2013 meeting of the Minnesota Association for the Treatment of Sexual Abusers, Minneapolis, MN.
40. Cantor, J. M. (2013, April). *The neurobiology of pedophilia and its implications for assessment, treatment, and public policy*. Invited lecture at the 38<sup>th</sup> annual meeting of the Society for Sex Therapy and Research, Baltimore, MD.
41. Cantor, J. M. (2013, April). *Sex offenders: Relating research to policy*. Invited roundtable presentation at the annual meeting of the Academy of Criminal Justice Sciences, Dallas, TX.
42. Cantor, J. M. (2013, March). *Pedophilia and brain research: From the basics to the state-of-the-art*. Invited workshop presented to the annual meeting of the Forensic Mental Health Association of California, Monterey, CA.
43. Cantor, J. M. (2013, January). *Pedophilia and child molestation*. Invited lecture presented to the Canadian Border Services Agency, Toronto, Ontario, Canada.
44. Cantor, J. M. (2012, November). *Understanding pedophilia and sexual offenders against children: Neuroimaging and its implications for public safety*. Invited guest lecture to University of New Mexico School of Medicine Health Sciences Center, Albuquerque, NM.
45. Cantor, J. M. (2012, November). *Pedophilia and brain research*. Invited guest lecture to the annual meeting of the Circles of Support and Accountability, Toronto, Ontario, Canada.
46. Cantor, J. M. (2012, January). *Current findings on pedophilia brain research*. Invited workshop at the San Diego International Conference on Child and Family Maltreatment, San Diego, CA.
47. Cantor, J. M. (2012, January). *Pedophilia and the risk to re-offend*. Invited lecture to the Ontario Court of Justice Judicial Development Institute, Toronto, Ontario, Canada.
48. Cantor, J. M. (2011, November). *Pedophilia and the brain: What it means for assessment, treatment, and policy*. Plenary Lecture presented at the Association for the Treatment of Sexual Abusers, Toronto, Ontario, Canada.



49. Cantor, J. M. (2011, July). *Towards understanding contradictory findings in the neuroimaging of pedophilic men*. Keynote address to 7<sup>th</sup> annual conference on Research in Forensic Psychiatry, Regensburg, Germany.
50. Cantor, J. M. (2011, March). *Understanding sexual offending and the brain: Brain basics to the state of the art*. Workshop presented at the winter conference of the Oregon Association for the Treatment of Sexual Abusers, Oregon City, OR.
51. Cantor, J. M. (2010, October). *Manuscript publishing for students*. Workshop presented at the 29<sup>th</sup> annual meeting of the Association for the Treatment of Sexual Abusers, Phoenix, AZ.
52. Cantor, J. M. (2010, August). *Is sexual orientation a paraphilia?* Invited lecture at the International Behavioral Development Symposium, Lethbridge, Alberta, Canada.
53. Cantor, J. M. (2010, March). *Understanding sexual offending and the brain: From the basics to the state of the art*. Workshop presented at the annual meeting of the Washington State Association for the Treatment of Sexual Abusers, Blaine, WA.
54. Cantor, J. M. (2009, January). *Brain structure and function of pedophilia men*. Neuropsychiatry Rounds, Toronto Western Hospital, Toronto, Ontario.
55. Cantor, J. M. (2008, April). *Is pedophilia caused by brain dysfunction?* Invited address to the University-wide Science Day Lecture Series, SUNY Oswego, Oswego, NY.
56. Cantor, J. M., Kabani, N., Christensen, B. K., Zipursky, R. B., Barbaree, H. E., Dickey, R., Klassen, P. E., Mikulis, D. J., Kuban, M. E., Blak, T., Richards, B. A., Hanratty, M. K., & Blanchard, R. (2006, September). *MRIs of pedophilic men*. Invited presentation at the 25<sup>th</sup> annual meeting of the Association for the Treatment of Sexual Abusers, Chicago.
57. Cantor, J. M., Blanchard, R., & Christensen, B. K. (2003, March). *Findings in and implications of neuropsychology and epidemiology of pedophilia*. Invited lecture at the 28<sup>th</sup> annual meeting of the Society for Sex Therapy and Research, Miami.
58. Cantor, J. M., Christensen, B. K., Klassen, P. E., Dickey, R., & Blanchard, R. (2001, July). *Neuropsychological functioning in pedophiles*. Invited lecture presented at the 27<sup>th</sup> annual meeting of the International Academy of Sex Research, Bromont, Canada.
59. Cantor, J. M., Blanchard, R., Christensen, B., Klassen, P., & Dickey, R. (2001, February). *First glance at IQ, memory functioning and handedness in sex offenders*. Lecture presented at the Forensic Lecture Series, Centre for Addiction and Mental Health, Toronto, Ontario, Canada.
60. Cantor, J. M. (1999, November). *Reversal of SSRI-induced male sexual dysfunction: Suggestions from an animal model*. Grand Rounds presentation at the Allan Memorial Institute, Royal Victoria Hospital, Montréal, Canada.

## PAPER PRESENTATIONS AND SYMPOSIA

1. Cantor, J. M. (2020, April). “I’d rather have a trans kid than a dead kid”: Critical assessment of reported rates of suicidality in trans kids. *Paper presented at the annual meeting of the Society for the Sex Therapy and Research*. Online in lieu of in person meeting.
2. Stephens, S., Lalumière, M., Seto, M. C., & Cantor, J. M. (2017, October). *The relationship between sexual responsiveness and sexual exclusivity in phallometric profiles*. Paper presented at the annual meeting of the Canadian Sex Research Forum, Fredericton, New Brunswick, Canada.
3. Stephens, S., Cantor, J. M., & Seto, M. C. (2017, March). *Can the SSPI-2 detect hebephilic sexual interest?* Paper presented at the annual meeting of the American-Psychology Law Society Annual Meeting, Seattle, WA.
4. Stephens, S., Seto, M. C., Goodwill, A. M., & Cantor, J. M. (2015, October). *Victim choice polymorphism and recidivism*. Symposium Presentation. Paper presented at the 34<sup>th</sup> annual meeting of the Association for the Treatment of Sexual Abusers, Montréal, Canada.
5. McPhail, I. V., Hermann, C. A., Fernane, S. Fernandez, Y., Cantor, J. M., & Nunes, K. L. (2014, October). *Sexual deviance in sexual offenders against children: A meta-analytic review of phallometric research*. Paper presented at the 33<sup>rd</sup> annual meeting of the Association for the Treatment of Sexual Abusers, San Diego, CA.
6. Stephens, S., Seto, M. C., Cantor, J. M., & Goodwill, A. M. (2014, October). *Is hebephilic sexual interest a criminogenic need?: A large scale recidivism study*. Paper presented at the 33<sup>rd</sup> annual meeting of the Association for the Treatment of Sexual Abusers, San Diego, CA.
7. Stephens, S., Seto, M. C., Cantor, J. M., & Lalumière, M. (2014, October). *Development and validation of the Revised Screening Scale for Pedophilic Interests (SSPI-2)*. Paper presented at the 33<sup>rd</sup> annual meeting of the Association for the Treatment of Sexual Abusers, San Diego, CA.
8. Cantor, J. M., Lafaille, S., Hannah, J., Kucyi, A., Soh, D., Girard, T. A., & Mikulis, D. M. (2014, September). *Pedophilia and the brain: White matter differences detected with DTI*. Paper presented at the 13<sup>th</sup> annual meeting of the International Association for the Treatment of Sexual Abusers, Porto, Portugal.
9. Stephens, S., Seto, M., Cantor, J. M., Goodwill, A. M., & Kuban, M. (2014, March). *The role of hebephilic sexual interests in sexual victim choice*. Paper presented at the annual meeting of the American Psychology and Law Society, New Orleans, LA.
10. McPhail, I. V., Fernane, S. A., Hermann, C. A., Fernandez, Y. M., Nunes, K. L., & Cantor, J. M. (2013, November). *Sexual deviance and sexual recidivism in sexual offenders against children: A meta-analysis*. Paper presented at the 32<sup>nd</sup> annual meeting of the Association for the Treatment of Sexual Abusers, Chicago, IL.
11. Cantor, J. M. (2013, September). *Pedophilia and the brain: Current MRI research and its implications*. Paper presented at the 21<sup>st</sup> annual World Congress for Sexual Health, Porto Alegre, Brazil. [Featured among Best Abstracts, top 10 of 500.]
12. Cantor, J. M. (Chair). (2012, March). *Innovations in sex research*. Symposium conducted at the 37<sup>th</sup> annual meeting of the Society for Sex Therapy and Research, Chicago.
13. Cantor, J. M., & Blanchard, R. (2011, August). fMRI versus phallometry in the diagnosis of pedophilia and hebephilia. In J. M. Cantor (Chair), *Neuroimaging of men’s object*



- preferences*. Symposium presented at the 37th annual meeting of the International Academy of Sex Research, Los Angeles, USA.
14. Cantor, J. M. (Chair). (2011, August). *Neuroimaging of men's object preferences*. Symposium conducted at the 37th annual meeting of the International Academy of Sex Research, Los Angeles.
  15. Cantor, J. M. (2010, October). A meta-analysis of neuroimaging studies of male sexual arousal. In S. Stolerú (Chair), *Brain processing of sexual stimuli in pedophilia: An application of functional neuroimaging*. Symposium presented at the 29<sup>th</sup> annual meeting of the Association for the Treatment of Sexual Abusers, Phoenix, AZ.
  16. Chivers, M. L., Seto, M. C., Cantor, J. C., Grimbos, T., & Roy, C. (April, 2010). *Psychophysiological assessment of sexual activity preferences in women*. Paper presented at the 35<sup>th</sup> annual meeting of the Society for Sex Therapy and Research, Boston, USA.
  17. Cantor, J. M., Girard, T. A., & Lovett-Barron, M. (2008, November). *The brain regions that respond to erotica: Sexual neuroscience for dummies*. Paper presented at the 51<sup>st</sup> annual meeting of the Society for the Scientific Study of Sexuality, San Juan, Puerto Rico.
  18. Barbaree, H., Langton, C., Blanchard, R., & Cantor, J. M. (2007, October). *The role of age-at-release in the evaluation of recidivism risk of sexual offenders*. Paper presented at the 26<sup>th</sup> annual meeting of the Association for the Treatment of Sexual Abusers, San Diego.
  19. Cantor, J. M., Kabani, N., Christensen, B. K., Zipursky, R. B., Barbaree, H. E., Dickey, R., Klassen, P. E., Mikulis, D. J., Kuban, M. E., Blak, T., Richards, B. A., Hanratty, M. K., & Blanchard, R. (2006, July). *Pedophilia and brain morphology*. Abstract and paper presented at the 32<sup>nd</sup> annual meeting of the International Academy of Sex Research, Amsterdam, Netherlands.
  20. Seto, M. C., Cantor, J. M., & Blanchard, R. (2006, March). *Child pornography offending is a diagnostic indicator of pedophilia*. Paper presented at the 2006 annual meeting of the American Psychology-Law Society Conference, St. Petersburg, Florida.
  21. Blanchard, R., Cantor, J. M., Bogaert, A. F., Breedlove, S. M., & Ellis, L. (2005, August). *Interaction of fraternal birth order and handedness in the development of male homosexuality*. Abstract and paper presented at the International Behavioral Development Symposium, Minot, North Dakota.
  22. Cantor, J. M., & Blanchard, R. (2005, July). *Quantitative reanalysis of aggregate data on IQ in sexual offenders*. Abstract and poster presented at the 31<sup>st</sup> annual meeting of the International Academy of Sex Research, Ottawa, Canada.
  23. Cantor, J. M. (2003, August). *Sex reassignment on demand: The clinician's dilemma*. Paper presented at the 111<sup>th</sup> annual meeting of the American Psychological Association, Toronto, Canada.
  24. Cantor, J. M. (2003, June). *Meta-analysis of VIQ-PIQ differences in male sex offenders*. Paper presented at the Harvey Stancer Research Day, Toronto, Ontario, Canada.
  25. Cantor, J. M. (2002, August). *Gender role in autogynephilic transsexuals: The more things change...* Paper presented at the 110<sup>th</sup> annual meeting of the American Psychological Association, Chicago.

26. Cantor, J. M., Christensen, B. K., Klassen, P. E., Dickey, R., & Blanchard, R. (2001, June). *IQ, memory functioning, and handedness in male sex offenders*. Paper presented at the Harvey Stancer Research Day, Toronto, Ontario, Canada.
27. Cantor, J. M. (1998, August). *Convention orientation for lesbian, gay, and bisexual students*. Papers presented at the 106<sup>th</sup> annual meeting of the American Psychological Association.
28. Cantor, J. M. (1997, August). *Discussion hour for lesbian, gay, and bisexual students*. Presented at the 105<sup>th</sup> annual meeting of the American Psychological Association.
29. Cantor, J. M. (1997, August). *Convention orientation for lesbian, gay, and bisexual students*. Paper presented at the 105<sup>th</sup> annual meeting of the American Psychological Association.
30. Cantor, J. M. (1996, August). *Discussion hour for lesbian, gay, and bisexual students*. Presented at the 104<sup>th</sup> annual meeting of the American Psychological Association.
31. Cantor, J. M. (1996, August). *Symposium: Question of inclusion: Lesbian and gay psychologists and accreditation*. Paper presented at the 104<sup>th</sup> annual meeting of the American Psychological Association, Toronto.
32. Cantor, J. M. (1996, August). *Convention orientation for lesbian, gay, and bisexual students*. Papers presented at the 104<sup>th</sup> annual meeting of the American Psychological Association.
33. Cantor, J. M. (1995, August). *Discussion hour for lesbian, gay, and bisexual students*. Presented at the 103<sup>rd</sup> annual meeting of the American Psychological Association.
34. Cantor, J. M. (1995, August). *Convention orientation for lesbian, gay, and bisexual students*. Papers presented at the 103<sup>rd</sup> annual meeting of the American Psychological Association.
35. Cantor, J. M. (1994, August). *Discussion hour for lesbian, gay, and bisexual students*. Presented at the 102<sup>nd</sup> annual meeting of the American Psychological Association.
36. Cantor, J. M. (1994, August). *Convention orientation for lesbian, gay, and bisexual students*. Papers presented at the 102<sup>nd</sup> annual meeting of the American Psychological Association.
37. Cantor, J. M., & Pilkington, N. W. (1992, August). *Homophobia in psychology programs: A survey of graduate students*. Paper presented at the Centennial Convention of the American Psychological Association, Washington, DC. (ERIC Document Reproduction Service No. ED 351 618)
38. Cantor, J. M. (1991, August). *Being gay and being a graduate student: Double the memberships, four times the problems*. Paper presented at the 99<sup>th</sup> annual meeting of the American Psychological Association, San Francisco.

## POSTER PRESENTATIONS

1. Klein, L., Stephens, S., Goodwill, A. M., Cantor, J. M., & Seto, M. C. (2015, October). *The psychological propensities of risk in undetected sexual offenders*. Poster presented at the 34<sup>th</sup> annual meeting of the Association for the Treatment of Sexual Abusers, Montréal, Canada.
2. Pullman, L. E., Stephens, S., Seto, M. C., Goodwill, A. M., & Cantor, J. M. (2015, October). *Why are incest offenders less likely to recidivate?* Poster presented at the 34<sup>th</sup> annual meeting of the Association for the Treatment of Sexual Abusers, Montréal, Canada.
3. Seto, M. C., Stephens, S. M., Cantor, J. M., Lalumiere, M. L., Sandler, J. C., & Freeman, N. A. (2015, August). *The development and validation of the Revised Screening Scale for Pedophilic Interests (SSPI-2)*. Poster presentation at the 41<sup>st</sup> annual meeting of the International Academy of Sex Research. Toronto, Canada.
4. Soh, D. W., & Cantor, J. M. (2015, August). *A peek inside a furry convention*. Poster presentation at the 41<sup>st</sup> annual meeting of the International Academy of Sex Research. Toronto, Canada.
5. VanderLaan, D. P., Lobaugh, N. J., Chakravarty, M. M., Patel, R., Chavez, S. Stojanovski, S. O., Takagi, A., Hughes, S. K., Wasserman, L., Bain, J., Cantor, J. M., & Zucker, K. J. (2015, August). *The neurohormonal hypothesis of gender dysphoria: Preliminary evidence of cortical surface area differences in adolescent natal females*. Poster presentation at the 31<sup>st</sup> annual meeting of the International Academy of Sex Research. Toronto, Canada.
6. Cantor, J. M., Lafaille, S. J., Moayedi, M., Mikulis, D. M., & Girard, T. A. (2015, June). *Diffusion tensor imaging (DTI) of the brain in pedohebephilic men: Preliminary analyses*. Harvey Stancer Research Day, Toronto, Ontario Canada.
7. Newman, J. E., Stephens, S., Seto, M. C., & Cantor, J. M. (2014, October). *The validity of the Static-99 in sexual offenders with low intellectual abilities*. Poster presentation at the 33<sup>rd</sup> annual meeting of the Association for the Treatment of Sexual Abusers, San Diego, CA.
8. Lykins, A. D., Walton, M. T., & Cantor, J. M. (2014, June). *An online assessment of personality, psychological, and sexuality trait variables associated with self-reported hypersexual behavior*. Poster presentation at the 30<sup>th</sup> annual meeting of the International Academy of Sex Research, Dubrovnik, Croatia.
9. Stephens, S., Seto, M. C., Cantor, J. M., Goodwill, A. M., & Kuban, M. (2013, November). *The utility of phallometry in the assessment of hebephilia*. Poster presented at the 32<sup>nd</sup> annual meeting of the Association for the Treatment of Sexual Abusers, Chicago.
10. Stephens, S., Seto, M. C., Cantor, J. M., Goodwill, A. M., & Kuban, M. (2013, October). *The role of hebephilic sexual interests in sexual victim choice*. Poster presented at the 32<sup>nd</sup> annual meeting of the Association for the Treatment of Sexual Abusers, Chicago.
11. Fazio, R. L., & Cantor, J. M. (2013, October). *Analysis of the Fazio Laterality Inventory (FLI) in a population with established atypical handedness*. Poster presented at the 33<sup>rd</sup> annual meeting of the National Academy of Neuropsychology, San Diego.
12. Lafaille, S., Hannah, J., Soh, D., Kucyi, A., Girard, T. A., Mikulis, D. M., & Cantor, J. M. (2013, August). *Investigating resting state networks in pedohebephiles*. Poster presented at the 29<sup>th</sup> annual meeting of the International Academy of Sex Research, Chicago.

13. McPhail, I. V., Lykins, A. D., Robinson, J. J., LeBlanc, S., & Cantor, J. M. (2013, August). *Effects of prescription medication on volumetric phallometry output*. Poster presented at the 29<sup>th</sup> annual meeting of the International Academy of Sex Research, Chicago.
14. Murray, M. E., Dyshniku, F., Fazio, R. L., & Cantor, J. M. (2013, August). *Minor physical anomalies as a window into the prenatal origins of pedophilia*. Poster presented at the 29<sup>th</sup> annual meeting of the International Academy of Sex Research, Chicago.
15. Sutton, K. S., Stephens, S., Dyshniku, F., Tulloch, T., & Cantor, J. M. (2013, August). *Pilot group treatment for "procrasturbation."* Poster presented at 39<sup>th</sup> annual meeting of the International Academy of Sex Research, Chicago.
16. Sutton, K. S., Pytyck, J., Stratton, N., Sylva, D., Kolla, N., & Cantor, J. M. (2013, August). *Client characteristics by type of hypersexuality referral: A quantitative chart review*. Poster presented at the 39<sup>th</sup> annual meeting of the International Academy of Sex Research, Chicago.
17. Fazio, R. L., & Cantor, J. M. (2013, June). *A replication and extension of the psychometric properties of the Digit Vigilance Test*. Poster presented at the 11<sup>th</sup> annual meeting of the American Academy of Clinical Neuropsychology, Chicago.
18. Lafaille, S., Moayed, M., Mikulis, D. M., Girard, T. A., Kuban, M., Blak, T., & Cantor, J. M. (2012, July). *Diffusion Tensor Imaging (DTI) of the brain in pedohebephilic men: Preliminary analyses*. Poster presented at the 38<sup>th</sup> annual meeting of the International Academy of Sex Research, Lisbon, Portugal.
19. Lykins, A. D., Cantor, J. M., Kuban, M. E., Blak, T., Dickey, R., Klassen, P. E., & Blanchard, R. (2010, July). *Sexual arousal to female children in gynephilic men*. Poster presented at the 38<sup>th</sup> annual meeting of the International Academy of Sex Research, Prague, Czech Republic.
20. Cantor, J. M., Girard, T. A., Lovett-Barron, M., & Blak, T. (2008, July). *Brain regions responding to visual sexual stimuli: Meta-analysis of PET and fMRI studies*. Abstract and poster presented at the 34<sup>th</sup> annual meeting of the International Academy of Sex Research, Leuven, Belgium.
21. Lykins, A. D., Blanchard, R., Cantor, J. M., Blak, T., & Kuban, M. E. (2008, July). *Diagnosing sexual attraction to children: Considerations for DSM-V*. Poster presented at the 34<sup>th</sup> annual meeting of the International Academy of Sex Research, Leuven, Belgium.
22. Cantor, J. M., Blak, T., Kuban, M. E., Klassen, P. E., Dickey, R. and Blanchard, R. (2007, October). *Physical height in pedophilia and hebephilia*. Poster presented at the 26<sup>th</sup> annual meeting of the Association for the Treatment of Sexual Abusers, San Diego.
23. Cantor, J. M., Blak, T., Kuban, M. E., Klassen, P. E., Dickey, R. and Blanchard, R. (2007, August). *Physical height in pedophilia and hebephilia*. Abstract and poster presented at the 33<sup>rd</sup> annual meeting of the International Academy of Sex Research, Vancouver, Canada.
24. Puts, D. A., Blanchard, R., Cardenas, R., Cantor, J., Jordan, C. L., & Breedlove, S. M. (2007, August). *Earlier puberty predicts superior performance on male-biased visuospatial tasks in men but not women*. Abstract and poster presented at the 33<sup>rd</sup> annual meeting of the International Academy of Sex Research, Vancouver, Canada.
25. Seto, M. C., Cantor, J. M., & Blanchard, R. (2005, November). *Possession of child pornography is a diagnostic indicator of pedophilia*. Poster presented at the 24<sup>th</sup> annual meeting of the Association for the Treatment of Sexual Abusers, New Orleans.

26. Blanchard, R., Cantor, J. M., Bogaert, A. F., Breedlove, S. M., & Ellis, L. (2005, July). *Interaction of fraternal birth order and handedness in the development of male homosexuality*. Abstract and poster presented at the 31<sup>st</sup> annual meeting of the International Academy of Sex Research, Ottawa, Canada.
27. Cantor, J. M., & Blanchard, R. (2003, July). *The reported VIQ–PIQ differences in male sex offenders are artifactual?* Abstract and poster presented at the 29<sup>th</sup> annual meeting of the International Academy of Sex Research, Bloomington, Indiana.
28. Christensen, B. K., Cantor, J. M., Millikin, C., & Blanchard, R. (2002, February). *Factor analysis of two brief memory tests: Preliminary evidence for modality-specific measurement*. Poster presented at the 30<sup>th</sup> annual meeting of the International Neuropsychological Society, Toronto, Ontario, Canada.
29. Cantor, J. M., Blanchard, R., Paterson, A., Bogaert, A. (2000, June). *How many gay men owe their sexual orientation to fraternal birth order?* Abstract and poster presented at the International Behavioral Development Symposium, Minot, North Dakota.
30. Cantor, J. M., Binik, Y., & Pfaus, J. G. (1996, November). *Fluoxetine inhibition of male rat sexual behavior: Reversal by oxytocin*. Poster presented at the 26<sup>th</sup> annual meeting of the Society for Neurosciences, Washington, DC.
31. Cantor, J. M., Binik, Y., & Pfaus, J. G. (1996, June). *An animal model of fluoxetine-induced sexual dysfunction: Dose dependence and time course*. Poster presented at the 28<sup>th</sup> annual Conference on Reproductive Behavior, Montréal, Canada.
32. Cantor, J. M., O'Connor, M. G., Kaplan, B., & Cermak, L. S. (1993, June). *Transient events test of retrograde memory: Performance of amnesic and unimpaired populations*. Poster presented at the 2<sup>nd</sup> annual science symposium of the Massachusetts Neuropsychological Society, Cambridge, MA.



## EDITORIAL AND PEER-REVIEWING ACTIVITIES

### **Editor-in-Chief**

*Sexual Abuse: A Journal of Research and Treatment* Jan., 2010–Dec., 2014

### **Editorial Board Memberships**

*Journal of Sexual Aggression* Jan., 2010–Dec., 2021  
*Journal of Sex Research, The* Jan., 2008–Aug., 2020  
*Sexual Abuse: A Journal of Research and Treatment* Jan., 2006–Dec., 2019  
*Archives of Sexual Behavior* Jan., 2004–Present  
*The Clinical Psychologist* Jan., 2004–Dec., 2005

### **Ad hoc Journal Reviewer Activity**

*American Journal of Psychiatry*  
*Annual Review of Sex Research*  
*Archives of General Psychiatry*  
*Assessment*  
*Biological Psychiatry*  
*BMC Psychiatry*  
*Brain Structure and Function*  
*British Journal of Psychiatry*  
*British Medical Journal*  
*Canadian Journal of Behavioural Science*  
*Canadian Journal of Psychiatry*  
*Cerebral Cortex*  
*Clinical Case Studies*  
*Comprehensive Psychiatry*  
*Developmental Psychology*  
*European Psychologist*  
*Frontiers in Human Neuroscience*  
*Human Brain Mapping*  
*International Journal of Epidemiology*  
*International Journal of Impotence Research*  
*International Journal of Sexual Health*  
*International Journal of Transgenderism*  
*Journal of Abnormal Psychology*  
*Journal of Clinical Psychology*  
*Journal of Consulting and Clinical Psychology*  
*Journal of Forensic Psychology Practice*  
*Journal for the Scientific Study of Religion*  
*Journal of Sexual Aggression*  
*Journal of Sexual Medicine*  
*Journal of Psychiatric Research*  
*Nature Neuroscience*  
*Neurobiology Reviews*  
*Neuroscience & Biobehavioral Reviews*  
*Neuroscience Letters*  
*Proceedings of the Royal Society B*  
*(Biological Sciences)*  
*Psychological Assessment*  
*Psychological Medicine*  
*Psychological Science*  
*Psychology of Men & Masculinity*  
*Sex Roles*  
*Sexual and Marital Therapy*  
*Sexual and Relationship Therapy*  
*Sexuality & Culture*  
*Sexuality Research and Social Policy*  
*The Clinical Psychologist*  
*Traumatology*  
*World Journal of Biological Psychiatry*

## GRANT REVIEW PANELS

- 2017–2021 Member, College of Reviewers, *Canadian Institutes of Health Research*, Canada.
- 2017 Committee Member, Peer Review Committee—Doctoral Research Awards A. *Canadian Institutes of Health Research*, Canada.
- 2017 Member, International Review Board, Research collaborations on behavioural disorders related to violence, neglect, maltreatment and abuse in childhood and adolescence. *Bundesministerium für Bildung und Forschung [Ministry of Education and Research]*, Germany.
- 2016 Reviewer. National Science Center [*Narodowe Centrum Nauki*], Poland.
- 2016 Committee Member, Peer Review Committee—Doctoral Research Awards A. *Canadian Institutes of Health Research*, Canada.
- 2015 Assessor (Peer Reviewer). Discovery Grants Program. *Australian Research Council*, Australia.
- 2015 Reviewer. *Czech Science Foundation*, Czech Republic.
- 2015 Reviewer, “Off the beaten track” grant scheme. *Volkswagen Foundation*, Germany.
- 2015 External Reviewer, Discovery Grants program—Biological Systems and Functions. *National Sciences and Engineering Research Council of Canada*, Canada
- 2015 Committee Member, Peer Review Committee—Doctoral Research Awards A. *Canadian Institutes of Health Research*, Canada.
- 2014 Assessor (Peer Reviewer). Discovery Grants Program. *Australian Research Council*, Australia.
- 2014 External Reviewer, Discovery Grants program—Biological Systems and Functions. *National Sciences and Engineering Research Council of Canada*, Canada.
- 2014 Panel Member, Dean’s Fund—Clinical Science Panel. *University of Toronto Faculty of Medicine*, Canada.
- 2014 Committee Member, Peer Review Committee—Doctoral Research Awards A. *Canadian Institutes of Health Research*, Canada.
- 2013 Panel Member, Grant Miller Cancer Research Grant Panel. *University of Toronto Faculty of Medicine*, Canada.

- 2013 Panel Member, Dean of Medicine Fund New Faculty Grant Clinical Science Panel. *University of Toronto Faculty of Medicine, Canada.*
- 2012 Board Member, International Review Board, Research collaborations on behavioural disorders related to violence, neglect, maltreatment and abuse in childhood and adolescence (2<sup>nd</sup> round). *Bundesministerium für Bildung und Forschung [Ministry of Education and Research], Germany.*
- 2012 External Reviewer, University of Ottawa Medical Research Fund. *University of Ottawa Department of Psychiatry, Canada.*
- 2012 External Reviewer, Behavioural Sciences—B. *Canadian Institutes of Health Research, Canada.*
- 2011 Board Member, International Review Board, Research collaborations on behavioural disorders related to violence, neglect, maltreatment and abuse in childhood and adolescence. *Bundesministerium für Bildung und Forschung [Ministry of Education and Research], Germany.*



## TEACHING AND TRAINING

### Postdoctoral Research Supervision

#### Law & Mental Health Program, Centre for Addiction and Mental Health, Toronto, Canada

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Dr. Katherine S. Sutton	Sept., 2012–Dec., 2013
Dr. Rachel Fazio	Sept., 2012–Aug., 2013
Dr. Amy Lykins	Sept., 2008–Nov., 2009

### Doctoral Research Supervision

#### Centre for Addiction and Mental Health, Toronto, Canada

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Michael Walton • University of New England, Australia	Sept., 2017–Aug., 2018
Debra Soh • York University	May, 2013–Aug., 2017
Skye Stephens • Ryerson University	April, 2012–June, 2016

### Masters Research Supervision

#### Centre for Addiction and Mental Health, Toronto, Canada

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Nicole Cormier • Ryerson University	June, 2012–present
Debra Soh • Ryerson University	May, 2009–April, 2010

### Undergraduate Research Supervision

#### Centre for Addiction and Mental Health, Toronto, Canada

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Kylie Reale • Ryerson University	Spring, 2014
Jarrett Hannah • University of Rochester	Summer, 2013
Michael Humeniuk • University of Toronto	Summer, 2012

### Clinical Supervision (Doctoral Internship)

#### Clinical Internship Program, Centre for Addiction and Mental Health, Toronto, Canada

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Katherine S. Sutton • Queen's University	2011–2012
David Sylva • Northwestern University	2011–2012
Jordan Rullo • University of Utah	2010–2011
Lea Thaler • University of Nevada, Las Vegas	2010–2011
Carolin Klein • University of British Columbia	2009–2010
Bobby R. Walling • University of Manitoba	2009–2010

## TEACHING AND TRAINING

### **Clinical Supervision (Doctoral- and Masters- level practica) Centre for Addiction and Mental Health, Toronto, Canada**

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Tyler Tulloch • Ryerson University	2013–2014
Natalie Stratton • Ryerson University	Summer, 2013
Fiona Dyshniku • University of Windsor	Summer, 2013
Mackenzie Becker • McMaster University	Summer, 2013
Skye Stephens • Ryerson University	2012–2013
Vivian Nyantakyi • Capella University	2010–2011
Cailey Hartwick • University of Guelph	Fall, 2010
Tricia Teeft • Humber College	Summer, 2010
Allison Reeves • Ontario Institute for Studies in Education/Univ. of Toronto	2009–2010
Helen Bailey • Ryerson University	Summer, 2009
Edna Aryee • Ontario Institute for Studies in Education/Univ. of Toronto	2008–2009
Iryna Ivanova • Ontario Institute for Studies in Education/Univ. of Toronto	2008–2009
Jennifer Robinson • Ontario Institute for Studies in Education/Univ. of Toronto	2008–2009
Zoë Laksman • Adler School of Professional Psychology	2005–2006
Diana Mandelew • Adler School of Professional Psychology	2005–2006
Susan Wnuk • York University	2004–2005
Hiten Lad • Adler School of Professional Psychology	2004–2005
Natasha Williams • Adler School of Professional Psychology	2003–2004
Lisa Couperthwaite • Ontario Institute for Studies in Education/Univ. of Toronto	2003–2004
Lori Gray, née Robichaud • University of Windsor	Summer, 2003
Sandra Belfry • Ontario Institute for Studies in Education/Univ. of Toronto	2002–2003
Althea Monteiro • York University	Summer, 2002
Samantha Dworsky • York University	2001–2002
Kerry Collins • University of Windsor	Summer, 2001
Jennifer Fogarty • Waterloo University	2000–2001
Emily Cripps • Waterloo University	Summer, 2000
Lee Beckstead • University of Utah	2000

## PROFESSIONAL SOCIETY ACTIVITIES

### OFFICES HELD

- 2018–2019 Local Host. Society for Sex Therapy and Research.
- 2015 Member, International Scientific Committee, World Association for Sexual Health.
- 2015 Member, Program Planning and Conference Committee, Association for the Treatment of Sexual Abusers
- 2012–2013 Chair, Student Research Awards Committee, Society for Sex Therapy & Research
- 2012–2013 Member, Program Planning and Conference Committee, Association for the Treatment of Sexual Abusers
- 2011–2012 Chair, Student Research Awards Committee, Society for Sex Therapy & Research
- 2010–2011 Scientific Program Committee, International Academy of Sex Research
- 2002–2004 Membership Committee • APA Division 12 (Clinical Psychology)
- 2002–2003 Chair, Committee on Science Issues, APA Division 44
- 2002 Observer, Grant Review Committee • Canadian Institutes of Health Research Behavioural Sciences (B)
- 2001–2009 Reviewer • APA Division 44 Convention Program Committee
- 2001, 2002 Reviewer • APA Malyon-Smith Scholarship Committee
- 2000–2005 Task Force on Transgender Issues, APA Division 44
- 1998–1999 Consultant, APA Board of Directors Working Group on Psychology Marketplace
- 1997 Student Representative • APA Board of Professional Affairs' Institute on TeleHealth
- 1997–1998 Founder and Chair • APA/APAGS Task Force on New Psychologists' Concerns
- 1997–1999 Student Representative • APA/CAPP Sub-Committee for a National Strategy for Prescription Privileges
- 1997–1999 Liaison • APA Committee for the Advancement of Professional Practice
- 1997–1998 Liaison • APA Board of Professional Affairs
- 1993–1997 Founder and Chair • APA/APAGS Committee on LGB Concerns

## PROFESSIONAL SOCIETY ACTIVITIES

### MEMBERSHIPS

- 2017–2021 Member • *Canadian Sex Research Forum*
- 2009–Present Member • *Society for Sex Therapy and Research*
- 2007–Present Fellow • *Association for the Treatment and Prevention of Sexual Abuse*
- 2006–Present Full Member (elected) • *International Academy of Sex Research*
- 2006–Present Research and Clinical Member • *Association for the Treatment and Prevention of Sexual Abuse*
- 2003–2006 Associate Member (elected) • *International Academy of Sex Research*
- 2002 Founding Member • CPA Section on Sexual Orientation and Gender Identity
- 2001–2013 Member • *Canadian Psychological Association (CPA)*
- 2000–2015 Member • *American Association for the Advancement of Science*
- 2000–2015 Member • *American Psychological Association (APA)*
- APA Division 12 (Clinical Psychology)
- APA Division 44 (Society for the Psychological Study of LGB Issues)
- 2000–2020 Member • *Society for the Scientific Study of Sexuality*
- 1995–2000 Student Member • *Society for the Scientific Study of Sexuality*
- 1993–2000 Student Affiliate • *American Psychological Association*
- 1990–1999 Member, American Psychological Association of Graduate Students (APAGS)

## **CLINICAL LICENSURE/REGISTRATION**

Certificate of Registration, Number 3793  
College of Psychologists of Ontario, Ontario, Canada

## **AWARDS AND HONORS**

### **2022 Distinguished Contribution Award**

Association for the Treatment and Prevention of Sexual Abuse (ATSA)

### **2011 Howard E. Barbaree Award for Excellence in Research**

Centre for Addiction and Mental Health, Law and Mental Health Program

### **2004 fMRI Visiting Fellowship Program at Massachusetts General Hospital**

American Psychological Association Advanced Training Institute and NIH

### **1999–2001 CAMH Post-Doctoral Research Fellowship**

Centre for Addiction and Mental Health Foundation and Ontario Ministry of Health

### **1998 Award for Distinguished Contribution by a Student**

American Psychological Association, Division 44

### **1995 Dissertation Research Grant**

Society for the Scientific Study of Sexuality

### **1994–1996 McGill University Doctoral Scholarship**

### **1994 Award for Outstanding Contribution to Undergraduate Teaching**

“TA of the Year Award,” from the McGill Psychology Undergraduate Student Association

## MAJOR MEDIA

(Complete list available upon request.)

### **Feature-length Documentaries**

Vice Canada Reports. [Age of Consent](#). 14 Jan 2017.

Canadian Broadcasting Company. [I, Pedophile](#). Firsthand documentaries. 10 Mar 2016.

### **Appearances and Interviews**

11 Mar 2020. Ibbitson, John. [It is crucial that Parliament gets the conversion-therapy ban right](#). *The Globe & Mail*.

25 Jan 2020. [Ook de hulpvaardige buurman kan verzamelaar van kinderporno zin](#). *De Morgen*.

3 Nov 2019. [Village of the damned](#). *60 Minutes Australia*.

1 Nov 2019. HÅKON F. HØYDAL. [Norsk nettovergriper: – Jeg hater meg selv: Nordmannen laster ned overgrepsmateriale fra nettet – og oppfordrer politiet til å gi amnesti for slike som ham](#).

10 Oct 2019. Smith, T. [Growing efforts are looking at how—or if—#MeToo offenders can be reformed](#). *National Public Radio*.

29 Sep 2019. Carey, B. [Preying on Children: The Emerging Psychology of Pedophiles](#). *New York Times*.

29 Apr 2019. Mathieu, Isabelle. [La poupée qui a troublé les Terre-Neuviens](#). *La Tribune*.

21 Mar 2019. [Pope Francis wants psychological testing to prevent problem priests. But can it really do that?](#) *The Washington Post*.

12 Dec 2018. [Child sex dolls: Illegal in Canada, and dozens seized at the border](#). Ontario Today with Rita Celli. *CBC*.

12 Dec 2018. Celli, R. & Harris, K. [Dozens of child sex dolls seized by Canadian border agents](#). *CBC News*.

27 Apr 2018. Rogers, Brook A. [The online ‘incel’ culture is real—and dangerous](#). *New York Post*.

25 Apr 2018. Yang, J. [Number cited in cryptic Facebook post matches Alek Minassian’s military ID: Source](#). *Toronto Star*.

24 Apr 2018 [Understanding ‘incel’](#). *CTV News*.

27 Nov 2017. Carey, B. [Therapy for Sexual Misconduct? It’s Mostly Unproven](#). *New York Times*.

14 Nov 2017. Tremonti, A. M. [The Current](#). *CBC*.

9 Nov 2017. Christensen, J. Why men use masturbation to harass women. *CNN*.

<http://www.cnn.com/2017/11/09/health/masturbation-sexual-harassment/index.html>

7 Nov 2017. Nazaryan, A. [Why is the alt-right obsessed with pedophilia?](#) *Newsweek*.

15 Oct 2017. Ouatik, B. Découvre. [Pédophilie et science](#). *CBC Radio Canada*.

12 Oct 2017. Ouatik, B. [Peut-on guérir la pédophilie?](#) *CBC Radio Canada*.

11 Sep 2017. Burns, C. [The young paedophiles who say they don’t abuse children](#). *BBC News*.

18 Aug 2017. Interview. *National Post Radio*. Sirius XM Canada.

16 Aug 2017. Blackwell, Tom. [Man says he was cured of pedophilia at Ottawa clinic: ‘It’s like a weight that’s been lifted’: But skeptics worry about the impact of sending pedophiles into the world convinced their curse has been vanquished](#). *National Post*.

26 Apr 2017. Zalkind, S. [Prep schools hid sex abuse just like the catholic church](#). *VICE*.

24 Apr 2017. Sastre, P. [Pédophilie: une panique morale jamais n'abolira un crime](#). *Slate France*.

12 Feb 2017. Payette, G. [Child sex doll trial opens Pandora’s box of questions](#). *CBC News*.

26 Nov 2016. [Det morke uvettet](#) [“The unknown darkness”]. *Fedrelandsvennen*.

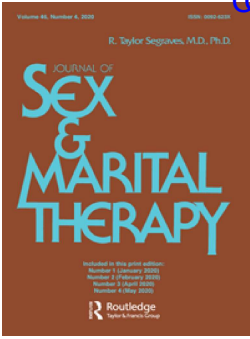
13 July 2016. [Paedophilia: Shedding light on the dark field](#). *The Economist*.

- 1 Jul 2016. Debusschere, B. [Niet iedereen die kinderporno kijkt, is een pedofiel: De mythes rond pedofilie ontkracht](#). *De Morgen*.
- 12 Apr 2016. O'Connor, R. [Terence Martin: The Tasmanian MP whose medication 'turned him into a paedophile'](#). *The Independent*.
- 8 Mar 2016. Bielski, Z. [‘The most viscerally hated group on earth’: Documentary explores how intervention can stop pedophiles](#). *The Globe and Mail*.
- 1 Mar 2016. Elmhirst, S. [What should we do about paedophiles?](#) *The Guardian*.
- 24 Feb 2016. [The man whose brain tumour ‘turned him into a paedophile’](#). *The Independent*.
- 24 Nov 2015. Byron, T. [The truth about child sex abuse](#). *BBC Two*.
- 20 Aug 2015. [The Jared Fogle case: Why we understand so little about abuse](#). *Washington Post*.
- 19 Aug 2015. Blackwell, T. [Treat sex offenders for impotence—to keep them out of trouble, Canadian psychiatrist says](#). *National Post*.
- 2 Aug 2015. Menendez, J. [BBC News Hour](#). *BBC World Service*.
- 13 Jul 2015. [The nature of pedophilia](#). *BBC Radio 4*.
- 9 Jul 2015. [The sex-offender test: How a computerized assessment can help determine the fate of men who’ve been accused of sexually abusing children](#). *The Atlantic*.
- 10 Apr 2015. [NWT failed to prevent sex offender from abusing stepdaughter again](#). *CBC News*.
- 10 Feb 2015. Savage, D. [“The ethical sadist.”](#) In *Savage Love*. *The Stranger*.
- 31 Jan 2015. [Begrip voor/van pedofilie](#) [Understanding pedophilia]. *de Volkskrant*.
- 9 Dec 2014. Carey, B. [When a rapist’s weapon is a pill](#). *New York Times*.
- 1 Dec 2014. Singal, J. [Can virtual reality help pedophiles?](#) *New York Magazine*.
- 17 Nov 2014. [Say pedófile, busco aydua](#). *El Pais*.
- 4 Sep 2014. [Born that way?](#) *Ideas, with Paul Kennedy*. CBC Radio One.
- 27 Aug 2014. [Interrogating the statistics for the prevalence of paedophilia](#). BBC.
- 25 Jul 2014. Stephenson, W. [The prevalence of paedophilia](#). *BBC World Service*.
- 21 Jul 2014. Hildebrandt, A. [Virtuous Pedophiles group gives support therapy cannot](#). *CBC*.
- 26 Jan 2014. [Paedophilia a result of faulty wiring, scientists suggest](#). *Daily Mail*.
- 22 Dec 2013. Kane, L. [Is pedophilia a sexual orientation?](#) *Toronto Star*.
- 21 Jul 2013. Miller, L. [The turn-on switch: Fetish theory, post-Freud](#). *New York Magazine*.
- 1 Jul 2013. Morin, H. [Pédophilie: la difficile quête d'une origine biologique](#). *Le Monde*.
- 2 Jun 2013. Malcolm, L. [The psychology of paedophilia](#). *Australian National Radio*.
- 1 Mar 2013. Kay, J. [The mobbing of Tom Flanagan is unwarranted and cruel](#). *National Post*.
- 6 Feb 2013. [Boy Scouts board delays vote on lifting ban on gays](#). *L.A. Times*.
- 31 Aug 2012. [CNN Newsroom interview with Ashleigh Banfield](#). *CNN*.
- 24 Jun 2012. [CNN Newsroom interview with Don Lemon](#). *CNN*.

## EXPERT WITNESS TESTIMONY

1. 2023 L.W. v Dept of Health Middle District, TN
2. 2023 K.C. v Medical Lic Board of Indiana Southern District, IN
3. 2022 Baunee v Dept of Corrections Onondaga County, NY
4. 2022 Bridge v Oklahoma State Dept of Education Western District, OK
5. 2022 Dekker, et al. v Florida Agency for Health Care Admin Tallahassee, FL
6. 2022 Roe v Utah High School Activities Assn. Salt Lake County, UT
7. 2022 A.M. v Indiana Public Schools Southern District, IN
8. 2022 Ricard v Kansas Geery County, KS
9. 2022 Re Commitment of Baunee Syracuse, NY
10. 2022 Hersom & Doe v WVa Health & Human Services Southern District, WV
11. 2022 Eknes-Tucker v Alabama Montgomery Cnty, AL
12. 2022 PFLAG, et al. v Texas Travis County, TX
13. 2022 Doe v Texas Travis County, TX
14. 2022 BPJ v West Virginia Board of Education Southern District, WV
15. 2021 Cross et al. v Loudoun School Board Loudoun, VA
16. 2021 Cox v Indiana Child Services Child Services, IN
17. 2021 Josephson v University of Kentucky Western District, KY
18. 2021 Re Commitment of Michael Hughes (Frye Hearing) Cook County, IL
19. 2021 Arizona v Arnett Clifton Maricopa County, AZ
20. 2019 US v Peter Bright Southern District, NY
21. 2019 Spiegel-Savoie v Savoie-Sexten (Custody Hearing) Boston, MA
22. 2019 Re Commitment of Steven Casper (Frye Hearing) Kendall County, IL
23. 2019 Re Commitment of Inger (Frye Hearing) Poughkeepsie, NY
24. 2019 Canada vs John Fitzpatrick (Sentencing Hearing) Toronto, ON, Canada
25. 2018 Re Commitment of Little (Frye Hearing) Utica, NY
26. 2017 Re Commitment of Nicholas Bauer (Frye Hearing) Lee County, IL
27. 2017 US vs William Leford (Presentencing Hearing) Warnock, GA
28. 2015 Florida v Jon Herb Naples, FL
29. 2010 Re Detention of William Dutcher Seattle, WA





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## Transgender and Gender Diverse Children and Adolescents: Fact-Checking of AAP Policy

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### ABSTRACT

The American Academy of Pediatrics (AAP) recently published a policy statement: *Ensuring comprehensive care and support for transgender and gender-diverse children and adolescents*. Although almost all clinics and professional associations in the world use what's called the *watchful waiting* approach to helping gender diverse (GD) children, the AAP statement instead rejected that consensus, endorsing *gender affirmation* as the only acceptable approach. Remarkably, not only did the AAP statement fail to include any of the actual outcomes literature on such cases, but it also misrepresented the contents of its citations, which repeatedly said the very opposite of what AAP attributed to them.

The American Academy of Pediatrics (AAP) recently published a policy statement entitled, *Ensuring comprehensive care and support for transgender and gender-diverse children and adolescents* (Rafferty, AAP Committee on Psychosocial Aspects of Child and Family Health, AAP Committee on Adolescence, AAP Section on Lesbian, Gay, Bisexual, and Transgender Health and Wellness, 2018). These are children who manifest discontent with the sex they were born as and desire to live as the other sex (or as some alternative gender role). The policy was quite a remarkable document: Although almost all clinics and professional associations in the world use what's called the *watchful waiting* approach to helping transgender and gender diverse (GD) children, the AAP statement rejected that consensus, endorsing only *gender affirmation*. That is, where the consensus is to delay any transitions after the onset of puberty, AAP instead rejected waiting before transition. With AAP taking such a dramatic departure from other professional associations, I was immediately curious about what evidence led them to that conclusion. As I read the works on which they based their policy, however, I was pretty surprised—rather alarmed, actually: These documents simply did not say what AAP claimed they did. In fact, the references that AAP cited as the basis of their policy instead outright contradicted that policy, repeatedly endorsing *watchful waiting*.

The AAP statement was also remarkable in what it left out—namely, the actual outcomes research on GD children. In total, there have been 11 follow-up studies of GD children, of which AAP cited one (Wallien & Cohen-Kettenis, 2008), doing so without actually mentioning the outcome data it contained. The literature on outcomes was neither reviewed, summarized, nor subjected to meta-analysis to be considered in the aggregate—It was merely disappeared. (The list of all existing studies appears in the appendix.) As they make clear, *every* follow-up study of GD children, without exception, found the same thing: Over puberty, the majority of GD children cease to want to transition. AAP is, of course, free to establish whatever policy it likes on

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whatever basis it likes. But any assertion that their policy is based on evidence is demonstrably false, as detailed below.

AAP divided clinical approaches into three types—conversion therapy, watchful waiting, and gender affirmation. It rejected the first two and endorsed *gender affirmation* as the only acceptable alternative. Most readers will likely be familiar already with attempts to use conversion therapy to change sexual orientation. With regard to gender identity, AAP wrote:

“[C]onversion” or “reparative” treatment models are used to prevent children and adolescents from identifying as transgender or to dissuade them from exhibiting gender-diverse expressions.... Reparative approaches have been proven to be not only unsuccessful<sup>38</sup> but also deleterious and are considered outside the mainstream of traditional medical practice.<sup>29,39–42</sup>

The citations were:

38. Haldeman DC. The practice and ethics of sexual orientation conversion therapy. *J Consult Clin Psychol.* 1994;62(2):221–227.
29. Adelson SL; American Academy of Child and Adolescent Psychiatry (AACAP) Committee on Quality Issues (CQI). Practice parameter on gay, lesbian, or bisexual sexual orientation, gender nonconformity, and gender discordance in children and adolescents. *J Am Acad Child Adolesc Psychiatry.* 2012;51(9):957–974.
39. Byne W. Regulations restrict practice of conversion therapy. *LGBT Health.* 2016;3(2):97–99.
40. Cohen-Kettenis PT, Delemarre van de Waal HA, Gooren LJ. The treatment of adolescent transsexuals: changing insights. *J Sex Med.* 2008;5(8):1892–1897.
41. Bryant K. Making gender identity disorder of childhood: historical lessons for contemporary debates. *Sex Res Soc Policy.* 2006;3(3):23–39.
42. World Professional Association for Transgender Health. *WPATH De-Psyopathologisation Statement.* Minneapolis, MN: World Professional Association for Transgender Health; 2010.

AAP’s claims struck me as odd because *there are no studies of conversion therapy for gender identity*. Studies of conversion therapy have been limited to *sexual orientation*, and, moreover, to the sexual orientation of *adults*, not to gender identity and not of children in any case. The article AAP cited to support their claim (reference number 38) is indeed a classic and well-known review, but it is a review of sexual orientation research *only*. Neither gender identity, nor even children, received a single mention in it. Indeed, the narrower scope of that article should be clear to anyone reading even just its title: “The practice and ethics of *sexual orientation* conversion therapy” [italics added].

AAP continued, saying that conversion approaches for GD children have already been rejected by medical consensus, citing five sources. This claim struck me as just as odd, however—I recalled associations banning conversion therapy for sexual orientation, but not for gender identity, exactly because there is no evidence for generalizing from adult sexual orientation to childhood gender identity. So, I started checking AAP’s citations for that, and these sources too pertained only to sexual orientation, not gender identity (specifics below). What AAP’s sources *did* repeatedly emphasize was that:

- A. Sexual orientation of adults is unaffected by conversion therapy and any other [known] intervention;
- B. Gender dysphoria in childhood before puberty desists in the majority of cases, becoming (cis-gendered) homosexuality in adulthood, again regardless of any [known] intervention; and
- C. Gender dysphoria in childhood persisting after puberty tends to persist entirely.

That is, in the context of GD children, it simply makes no sense to refer to externally induced “conversion”: The majority of children “convert” to cisgender or “desist” from transgender

regardless of any attempt to change them. “Conversion” only makes sense with regard to adult sexual orientation because (unlike childhood gender identity), adult homosexuality never or nearly never spontaneously changes to heterosexuality. Although gender identity and sexual orientation may often be analogous and discussed together with regard to social or political values and to civil rights, they are nonetheless distinct—with distinct origins, needs, and responses to medical and mental health care choices. Although AAP emphasized to the reader that “gender identity is not synonymous with ‘sexual orientation’” (Rafferty et al., 2018, p. 3), they went ahead to treat them as such nonetheless.

To return to checking AAP’s fidelity to its sources: Reference 29 was a practice guideline from the Committee on Quality Issues of the American Academy of Child and Adolescent Psychiatry (AACAP). Despite AAP applying this source to *gender identity*, AACAP was quite unambiguous regarding their intent to speak to sexual orientation and *only* to sexual orientation: “Principle 6. Clinicians should be aware that there is no evidence that *sexual orientation* can be altered through therapy, and that attempts to do so may be harmful. There is no established evidence that change in a predominant, enduring *homosexual* pattern of development is possible. Although sexual fantasies can, to some degree, be suppressed or repressed by those who are ashamed of or in conflict about them, sexual desire is not a choice. However, behavior, social role, and—to a degree—identity and self-acceptance are. Although operant conditioning modifies sexual fetishes, it does not alter *homosexuality*. Psychiatric efforts to alter *sexual orientation* through ‘reparative therapy’ *in adults* have found little or no change in *sexual orientation*, while causing significant risk of harm to self-esteem” (AACAP, 2012, p. 967, italics added).

Whereas AAP cites AACAP to support gender affirmation as the only alternative for treating GD children, AACAP’s actual view was decidedly neutral, noting the lack of evidence: “Given the lack of empirical evidence from randomized, controlled trials of the efficacy of treatment aimed at eliminating gender discordance, the potential risks of treatment, and longitudinal evidence that gender discordance persists in only a small minority of untreated cases arising in childhood, further research is needed on predictors of persistence and desistence of childhood gender discordance as well as the long-term risks and benefits of intervention before any treatment to eliminate gender discordance can be endorsed” (AACAP, 2012, p. 969). Moreover, whereas AAP rejected watchful waiting, what AACAP recommended was: “In general, it is desirable to help adolescents who may be experiencing gender distress and dysphoria to defer sex reassignment until adulthood” (AACAP, 2012, p. 969). So, not only did AAP attribute to AACAP something AACAP never said, but also AAP withheld from readers AACAP’s actual view.

Next, in reference 39, Byne (2016) also addressed only sexual orientation, doing so very clearly: “Reparative therapy is a subset of conversion therapies based on the premise that *same-sex attraction* are reparations for childhood trauma. Thus, practitioners of reparative therapy believe that exploring, isolating, and repairing these childhood emotional wounds will often result in reducing *same-sex attractions*” (Byne, 2016, p. 97). Byne does not say this of gender identity, as the AAP statement misrepresents.

In AAP reference 40, Cohen-Kettenis et al. (2008) did finally pertain to gender identity; however, this article never mentions conversion therapy. (!) Rather, in this study, the authors presented that clinic’s lowering of their minimum age for cross-sex hormone treatment from age 18 to 16, which they did on the basis of a series of studies showing the high rates of success with this age group. Although it did strike me as odd that AAP picked as support against conversion therapy an article that did not mention conversion therapy, I could imagine AAP cited the article as an example of what the “mainstream of traditional medical practice” consists of (the logic being that conversion therapy falls outside what an ‘ideal’ clinic like this one provides). However, what this clinic provides is the very *watchful waiting* approach that AAP rejected. The approach

espoused by Cohen-Kettenis (and the other clinics mentioned in the source—Gent, Boston, Oslo, and now formerly, Toronto) is to make puberty-halting interventions available at age 12 because: “[P]ubertal suppression may give adolescents, together with the attending health professional, more time to explore their gender identity, without the distress of the developing secondary sex characteristics. The precision of the diagnosis may thus be improved” (Cohen-Kettenis et al., 2008, p. 1894).

Reference 41 presented a very interesting history spanning the 1960s–1990s about how feminine boys and tomboyish girls came to be recognized as mostly pre-homosexual, and how that status came to be entered into the DSM at the same time as homosexuality was being *removed* from the DSM. Conversion therapy is never mentioned. Indeed, to the extent that Bryant mentions treatment at all, it is to say that treatment is entirely irrelevant to his analysis: “An important omission from the *DSM* is a discussion of the kinds of treatment that GIDC children should receive. (This omission is a general orientation of the *DSM* and not unique to GIDC)” (Bryant, 2006, p. 35). How this article supports AAP’s claim is a mystery. Moreover, how AAP could cite a 2006 history discussing events of the 1990s and earlier to support a claim about the *current* consensus in this quickly evolving discussion remains all the more unfathomable.

Cited last in this section was a one-paragraph press release from the World Professional Association for Transgender Health. Written during the early stages of the American Psychiatric Association’s (APA’s) update of the DSM, the statement asserted simply that “The WPATH Board of Directors strongly urges the de-psychopathologisation of gender variance worldwide.” Very reasonable debate can (and should) be had regarding whether gender dysphoria should be removed from the DSM as homosexuality was, and WPATH was well within its purview to assert that it should. Now that the DSM revision process is years completed however, history has seen that APA ultimately retained the diagnostic categories, rejecting WPATH’s urging. This makes AAP’s logic entirely backwards: That WPATH’s request to depathologize gender dysphoria was *rejected* suggests that it is WPATH’s view—and therefore the AAP policy—which fall “outside the mainstream of traditional medical practice.” (!)

AAP based this entire line of reasoning on their belief that conversion therapy is being used “to prevent children and adolescents from identifying as transgender” (Rafferty et al., 2018, p. 4). That claim is left without citation or support. In contrast, what is said by AAP’s sources is “delaying affirmation should *not* be construed as conversion therapy or an attempt to change gender identity” in the first place (Byne, 2016, p. 2). Nonetheless, AAP seems to be doing exactly that: simply relabeling any alternative approach as equivalent to conversion therapy.

Although AAP (and anyone else) may reject (what they label to be) conversion therapy purely on the basis of political or personal values, there is no evidence to back the AAP’s stated claim about the existing science on gender identity at all, never mind gender identity of children.

AAP also dismissed the watchful waiting approach out of hand, not citing any evidence, but repeatedly calling it “outdated.” The criticisms AAP provided, however, again defied the existing evidence, with even its own sources repeatedly calling watchful waiting the current standard. According to AAP:

[G]ender affirmation is in contrast to the outdated approach in which a child’s gender-diverse assertions are held as “possibly true” until an arbitrary age (often after pubertal onset) when they can be considered valid, an approach that authors of the literature have termed “watchful waiting.” This outdated approach does not serve the child because critical support is withheld. Watchful waiting is based on binary notions of gender in which gender diversity and fluidity is pathologized; in watchful waiting, it is also assumed that notions of gender identity become fixed at a certain age. The approach is also influenced by a group of early studies with validity concerns, methodologic flaws, and limited follow-up on children who identified as TGD and, by adolescence, did not seek further treatment (“desisters”).<sup>45,47</sup>

The citations from AAP’s reference list are:



45. Ehrensaft D, Giammattei SV, Storck K, Tishelman AC, Keo-Meier C. Prepubertal social gender transitions: what we know; what we can learn—a view from a gender affirmative lens. *Int J Transgend*. 2018;19(2):251–268
47. Olson KR. Prepubescent transgender children: what we do and do not know. *J Am Acad Child Adolesc Psychiatry*. 2016;55(3):155–156.e3

I was surprised first by the AAP's claim that watchful waiting's delay to puberty was somehow "arbitrary." The literature, including AAP's sources, repeatedly indicated the pivotal importance of puberty, noting that outcomes strongly diverge at that point. According to AAP reference 29, in "*prepubertal* boys with gender discordance—including many without any mental health treatment—the cross gender wishes usually fade over time and do not persist into adulthood, with only 2.2% to 11.9% continuing to experience gender discordance" (Adelson & AACAP, 2012, p. 963, italics added), whereas "when gender variance with the desire to be the other sex is present *in adolescence*, this desire usually does persist through adulthood" (Adelson & AACAP, 2012, p. 964, italics added). Similarly, according to AAP reference 40, "Symptoms of GID *at prepubertal ages* decrease or even disappear in a considerable percentage of children (estimates range from 80–95%). Therefore, any intervention in childhood would seem premature and inappropriate. However, GID persisting *into early puberty* appears to be highly persistent" (Cohen-Kettenis et al., 2008, p. 1895, italics added). That follow-up studies of prepubertal transition differ from postpubertal transition is the very meaning of non-arbitrary. AAP gave readers exactly the reverse of what was contained in its own sources. If AAP were correct in saying that puberty is an arbitrarily selected age, then AAP will be able to offer another point to wait for with as much empirical backing as puberty has.

Next, it was not clear on what basis AAP could say that watchful waiting withholds support—AAP cited no support for its claim. The people in such programs often receive substantial support during this period. Also unclear is on what basis AAP could already know exactly which treatments are "critical" and which are not—Answering that question is the very purpose of this entire endeavor. Indeed, the logic of AAP's claim appears entirely circular: It is only if one were already pre-convinced that gender affirmation is the only acceptable alternative that would make watchful waiting seem to withhold critical support—What it delays is gender affirmation, the method one has already decided to be critical.

Although AAP's next claim did not have a citation appearing at the end of its sentence, binary notions of gender were mentioned both in references 45 and 47. Specifically, both pointed out that existing outcome studies have been about people transitioning from one sex to the other, rather than from one sex to an in-between status or a combination of masculine/feminine features. Neither reference presented this as a reason to reject the results from the existing studies of complete transition however (which is how AAP cast it). Although it is indeed true that the outcome data have been about complete transition, some future study showing that partial transition shows a different outcome would not invalidate what is known about complete transition. Indeed, data showing that partial transition gives better outcomes than complete transition would, once again, support the watchful waiting approach which AAP rejected.

Next was a vague reference alleging concerns and criticisms about early studies. Had AAP indicated what those alleged concerns and flaws were (or which studies they were), then it would be possible to evaluate or address them. Nonetheless, the argument is a red herring: Because all of the later studies showed the same result as did the early studies, any such allegation is necessarily moot.

Reference 47 was a one-and-a-half page commentary in which the author off-handedly mentions criticisms previously made of three of the eleven outcome studies of GD children, but does not provide any analysis or discussion. The only specific claim was that studies (whether early or late) had limited follow-up periods—the logic being that had outcome researchers lengthened the follow-up period, then people who seemed to have desisted might have returned to the clinic as

cases of “persistence-after-interruption.” Although one could debate the merits of that prediction, AAP instead simply withheld from the reader the result from the original researchers having tested that very prediction directly: Steensma and Cohen-Kettenis (2015) conducted another analysis of their cohort, by then ages 19–28 (mean age 25.9 years), and found that 3.3% (5 people of the sample of 150) later returned. That is, in long-term follow-up, the childhood sample showed 66.7% desistance instead of 70.0% desistance.

Reference 45 did not support the claim that watchful-waiting is “outdated” either. Indeed, that source said the very opposite, explicitly referring to watchful waiting as the *current* approach: “Put another way, if clinicians are straying from SOC 7 guidelines for social transitions, not abiding by the watchful waiting model *avored by the standards*, we will have adolescents who have been consistently living in their affirmed gender since age 3, 4, or 5” (Ehrensaft et al., 2018, p. 255). Moreover, Ehrensaft et al. said there are cases in which they too would still use watchful waiting: “When a child’s gender identity is unclear, the watchful waiting approach can give the child and their family time to develop a clearer understanding and is not necessarily in contrast to the needs of the child” (p. 259). Ehrensaft et al. are indeed critical of the watchful waiting model (which they feel is applied too conservatively), but they do not come close to the position the AAP policy espouses. Where Ehrensaft summarizes the potential benefits and potential risks both to transitioning and not transitioning, the AAP presents an ironically binary narrative.

In its policy statement, AAP told neither the truth nor the whole truth, committing sins both of commission and of omission, asserting claims easily falsified by anyone caring to do any fact-checking at all. AAP claimed, “This policy statement is focused specifically on children and youth that identify as TGD rather than the larger LGBTQ population”; however, much of that evidence was about sexual orientation, not gender identity. AAP claimed, “Current available research and expert opinion from clinical and research leaders ... will serve as the basis for recommendations” (pp. 1–2); however, they provided recommendations entirely unsupported and even in direct opposition to that research and opinion.

AAP is advocating for something far in excess of mainstream practice and medical consensus. In the presence of compelling evidence, that is just what is called for. The problems with Rafferty, however, do not constitute merely a misquote, a misinterpretation of an ambiguous statement, or a missing reference or two. Rather, AAP’s statement is a systematic exclusion and misrepresentation of entire literatures. Not only did AAP fail to provide compelling evidence, it failed to provide the evidence at all. Indeed, AAP’s recommendations are *despite* the existing evidence.

## Disclosure statement

No potential conflict of interest was reported by the author.

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- Wallien, M. S. C., & Cohen-Kettenis, P. T. (2008). Psychosexual outcome of gender-dysphoric children. *Journal of the American Academy of Child and Adolescent Psychiatry*, 47, 1413–1423. doi:10.1097/CHI.0b013e31818956b9



## Appendix

Count	Group	Study
2/16	gay*	Lebovitz, P. S. (1972). Feminine behavior in boys: Aspects of its outcome. <i>American Journal of Psychiatry</i> , 128, 1283–1289.
4/16	trans-/crossdress	
10/16	straight*/uncertain	
2/16	trans-	Zuger, B. (1978). Effeminate behavior present in boys from childhood: Ten additional years of follow-up. <i>Comprehensive Psychiatry</i> , 19, 363–369.
2/16	uncertain	
12/16	gay	
0/9	trans-	Money, J., & Russo, A. J. (1979). Homosexual outcome of discordant gender identity/role: Longitudinal follow-up. <i>Journal of Pediatric Psychology</i> , 4, 29–41.
9/9	gay	
2/45	trans-/crossdress	Zuger, B. (1984). Early effeminate behavior in boys: Outcome and significance for homosexuality. <i>Journal of Nervous and Mental Disease</i> , 172, 90–97.
10/45	uncertain	
33/45	gay	
1/10	trans-	Davenport, C. W. (1986). A follow-up study of 10 feminine boys. <i>Archives of Sexual Behavior</i> , 15, 511–517.
2/10	gay	
3/10	uncertain	
4/10	straight	
1/44	trans-	Green, R. (1987). <i>The "sissy boy syndrome" and the development of homosexuality</i> . New Haven, CT: Yale University Press.
43/44	cis-	
0/8	trans-	Kosky, R. J. (1987). Gender-disordered children: Does inpatient treatment help? <i>Medical Journal of Australia</i> , 146, 565–569.
8/8	cis-	
21/54	trans-	Wallien, M. S. C., & Cohen-Kettenis, P. T. (2008). Psychosexual outcome of gender-dysphoric children. <i>Journal of the American Academy of Child and Adolescent Psychiatry</i> , 47, 1413–1423.
33/54	cis-	
3/25	trans-	Drummond, K. D., Bradley, S. J., Badali-Peterson, M., & Zucker, K. J. (2008). A follow-up study of girls with gender identity disorder. <i>Developmental Psychology</i> , 44, 34–45.
6/25	lesbian/bi-	
16/25	straight	
17/139	trans-	Singh, D. (2012). <i>A follow-up study of boys with gender identity disorder</i> . Unpublished doctoral dissertation, University of Toronto.
122/139	cis-	
47/127	trans-	Steensma, T. D., McGuire, J. K., Kreukels, B. P. C., Beekman, A. J., & Cohen-Kettenis, P. T. (2013). Factors associated with desistence and persistence of childhood gender dysphoria: A quantitative follow-up study. <i>Journal of the American Academy of Child and Adolescent Psychiatry</i> , 52, 582–590.
80/127	cis-	

\*For brevity, the list uses "gay" for "gay and cis-", "straight" for "straight and cis-", etc.