IN THE UNITED STATES DISTRICT COURT
FOR THE NORTHERN DISTRICT OF FLORIDA
Tallahassee Division

JANE DOE et al.,

Plaintiffs,

Civil No. 4:23-cv-00114-RH-MAF

v.

JOSEPH A. LADAPO et al.,

Defendants.

REBUTTAL EXPERT REPORT OF ARON JANSSEN, M.D.
ON BEHALF OF PLAINTIFFS

September 5, 2023

Prepared by
Aron Janssen, M.D.

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I. INTRODUCTION

1. I am a board-certified child and adolescent psychiatrist specializing in the treatment of gender dysphoria in children and adolescents. I have been retained by counsel for Plaintiffs in the above-captioned lawsuit to provide an expert opinion on the standards of care for treating individuals diagnosed with gender dysphoria. I submit this report in rebuttal to the expert report submitted on behalf of the Defendants in this case by Dr. Sven Román.

A. *Qualifications*

2. My professional background, experiences, publications, and presentations are detailed in my curriculum vitae and in my earlier expert reports submitted in this case and the companion case of *Dekker v. Weida*. I incorporate all of those materials into this rebuttal report by reference.

B. *Compensation*

3. I am being compensated at an hourly rate of $450/hour plus expenses for my time spent in connection with this case. My compensation does not depend on the outcome of this litigation, the opinions I express, or the testimony I may provide.

C. *Prior Testimony*

4. In the previous four years, I have provided expert testimony by deposition or at trial in *Dekker v. Weida*, No. 4:22-cv-00325-RH-MAF (N.D. Fla.), *B.P.J. v. West Virginia State Board of Education* et al., No. 2:21-cv-00316 (S.D.W.V.), *L.E. v. Lee* et al, No. 3.21-cv-00835 (M.D. Tenn), and *Loe v. Texas*, No. D-1-GN-23-003616 (District Court of Texas, Travis County).

D. *Bases for Opinions*

5. In preparing this rebuttal report, I have relied on my training and years of research and clinical experience as detailed in my CV and my previous expert reports in this action and *Dekker,* the materials cited in text or listed in the bibliographies attached to my previous reports in this action and *Dekker,* and any additional materials cited in this rebuttal report. The sources cited in each of these are the same types of materials that experts in my field of study regularly rely upon when forming opinions on the subject, which include authoritative, scientific peer-reviewed publications. I reserve the right to revise and supplement the opinions expressed in this declaration or the bases for them if any new information becomes available in the future, including as a result of new scientific research or publications or in response to statements and issues that may arise in my area of expertise. I may also further supplement these opinions in response to information produced by Defendants in discovery and in response to additional information from Defendants' designated experts.

II. REBUTTAL EXPERT OPINIONS

A. *Dr. Román Does Not Appear to Have the Necessary Training or Clinical Experience to Opine on the Standard of Care for Gender Dysphoria in Adolescents*

6. Much of Dr. Román's report consists of quoting from various news articles and policy documents and offering his description of the history of certain events and policy developments relating to the treatment of gender dysphoria in adolescents taking place in Sweden and other European countries. To the extent Dr. Román's report includes his opinions concerning the standards for diagnosis and treatment of gender dysphoria in adolescents, however, he appears to lack sufficient training or clinical experience to offer an expert opinion on those subjects. Additionally, his report relies on media accounts, websites, and similar sources that

are not peer-reviewed research studies or other materials of the type that an expert in the field would rely upon in forming opinions on these subjects.

7. Based on his report and curriculum vitae, Dr. Román does not appear to have sufficient training or experience to offer expert opinions regarding the standard of care for treatment of gender dysphoria in children and adolescents. Dr. Román states that he has "met with" approximately 35 children who have been diagnosed with gender dysphoria. He does not describe the ages of these children or in what capacity he met with them. He also states that he has not referred patients for medical treatment for gender dysphoria, which suggests that he has never monitored or supervised minor patients during their treatment with medication for gender dysphoria. In my view, this reflects insufficient clinical experience to offer an opinion concerning the diagnosis and medical treatment of gender dysphoria in adolescents.

8. Much of Dr. Román's experience with treatment of gender dysphoria in adolescents appears to relate to his involvement with the Gender Identity Challenge (GENID) association, which he describes as a group of parents who were "concern[ed]" or "distressed" that their minor or young adult children had received medical treatment for gender dysphoria. (Expert Decl. of Dr. Sven Román, dated Aug. 16, 2023 ("Report"), ¶¶ 9, 13.) In my view, involvement with a group of this type, without meaningful research or clinical experience treating transgender adolescents, is not a sufficient basis for offering expert opinions on medical treatment of gender dysphoria.

9. Additionally, the sources cited in Dr. Román's report include many that are not peer-reviewed scientific research articles, but instead are popular news publications, television programs, and books written for a general audience rather than medical professionals. Some of the cited materials are opinion pieces (a term that Dr. Román himself uses) that apparently appeared in general interest

publications and were intended to influence policymakers or the public to support restrictions on medical treatment for transgender adolescents. While not commenting on the quality of these publications as news sources, they are not references from which psychiatrists should make assertions about their clinical practice. These sources are not scientific research, and they are not materials on which an expert in the field would rely in forming an opinion on the medical treatment of gender dysphoria in adolescents.

B. *There Is No Scientific Evidence to Support Dr. Román's Speculation that an Increase in Gender Dysphoria Diagnoses in Adolescents Is Attributable to "Social Contagion"*

10. Like many of Defendants' other experts, Dr. Román advances a theory that an increasing number of people who are assigned female at birth are suddenly identifying as males in mid-to- late adolescence as a result of peer pressure and social contagion. For this opinion he relies primarily on media accounts and publications by opponents of medical treatment for transgender adolescents. None of Dr. Román's speculation is supported by actual medical evidence.

11. The theory that some adolescents experience "Rapid Onset Gender Dysphoria" as a result of social influences is based almost exclusively on one highly controversial study (Littman, 2018). This study was based on an anonymous survey, allegedly of parents, about the etiology of their child's gender dysphoria. Participants were recruited from websites promoting this social contagion theory, and the children were not surveyed or assessed by a clinician. Those serious methodological flaws render the study meaningless. The only conclusion that can be drawn from that study is that a self-selected sample of anonymous people recruited through websites that predisposed participants to believe transgender identity can be influenced by social factors do, in fact, believe those social factors influence children to identify as transgender.

12. The opinions of Dr. Román and many of Defendants' other experts reflect the same speculation that more people are identifying as transgender because of social influences. Whether it is attributed to social media, peer pressure, or, in Dr. Román's view, the introduction of the iPhone in 2007 (Report, ¶ 14), there is no medical research to suggest that any of these factors have led to an increase in youth identifying as transgender.

13. It is a normal developmental process for adolescents to seek out peers with shared experiences. This is not unique to transgender and gender-diverse young people. All types of minoritized youth tend to seek out affinity groups with those that share their experiences. In my experience, transgender youth also seek out those social connections. It is not the social connections that leads to the identity, but it is the identity that leads to seeking out these social connections.

C. *The Existence of Co-Occurring Mental Health Diagnoses Does Not Provide a Medical Justification for Withholding Treatment for Gender Dysphoria*

14. Dr. Román states that he does not refer adolescent patients for medical treatment for gender dysphoria because in his experience, all such patients "have other psychiatric conditions in addition to their professed gender dysphoria." (Report, ¶ 2.) Whatever Dr. Román's experience may be, the available research shows that many transgender adolescents with gender dysphoria do not have other co-occurring mental health diagnoses. In one study, for example, 67.6% of patients had no concurrent psychiatric disorder.[1]

15. Dr. Román also states that "parents report that children often relinquish their gender dysphoria when receiving psychotherapy or other interventions to

[1] de Vries, A. L., Doreleijers, T. A., Steensma, T. D., & Cohen-Kettenis, P. T., *Psychiatric Comorbidity in Gender Dysphoric Adolescents*, 52 J. of Child Psychol. and Psychiatry 1195, 1195-1202. (2011).

address psychiatric comorbidities."[2] There is no medical evidence to support the speculation that an adolescent's gender dysphoria will spontaneously disappear if other co-occurring conditions are treated.

16. Research and clinical experience repeatedly reaffirm that gender transition significantly improves the mental and physical health of transgender young people and is the only treatment that has been demonstrably effective for gender dysphoria.

17. I have extensive clinical and research experience working with transgender youth who have co-occurring mental health diagnoses. The WPATH Standards of Care specifically recommend that providers who assess adolescents for gender-affirming care should have experience and training to distinguish between gender dysphoria and other mental health conditions or developmental anxieties. But the existence of a co-occurring mental health diagnosis is not—by itself—a reason to withhold care for gender dysphoria. It is important that co-occurring conditions are treated. And if co-occurring conditions impair the individual's capacity to understand the interventions in question, we have to treat those conditions before any medical care for gender dysphoria would be initiated. But there is no evidence that treating co-occurring mental health conditions resolves gender dysphoria. In the same way that we would not expect that treating anxiety is going to get rid of ADHD, treating anxiety, for example, is not going to get rid of gender dysphoria.

18. I hold each of the opinions expressed in this report with a reasonable degree of scientific certainty, based on the materials I have reviewed and on my education, experience, and knowledge. I reserve the right to supplement, amend, or modify my opinions upon review of further information, including, but not limited to, testimony, documents, and reports I receive after the date of this report.

[2] *Id.*

I declare under penalty of perjury under the laws of the United States of America that the foregoing is true and correct.

Executed this 5th day of September 2023.

Aron Janssen, M.D.