

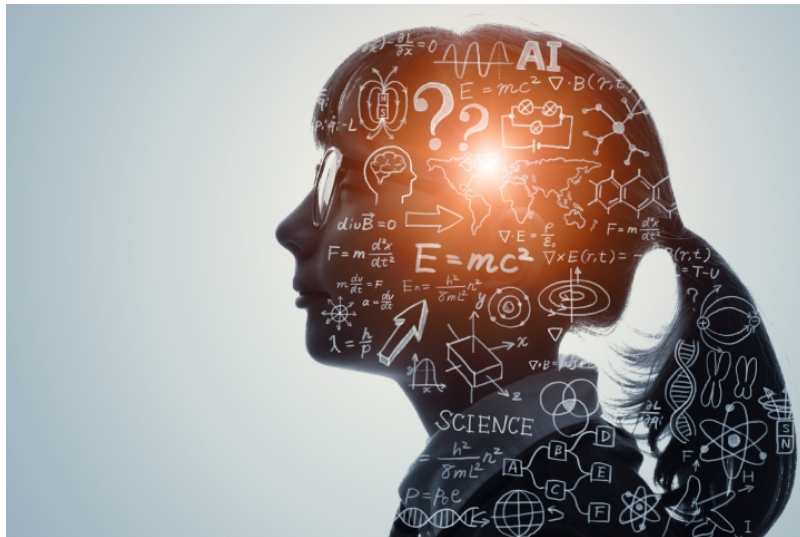


Written by [Luis Miguel](#) on February 13, 2024

Academic Journals Rejected Research Suggesting Puberty Blockers Lower IQ

A leading neuropsychologist found that puberty-blocking drugs may significantly lower the IQs of the children to whom they are given — and claims her findings were rejected by three different academic journals over accusations of being “biased.”

As [The Daily Mail](#) reports, Sallie Baxendale, a professor and neuropsychologist at University College London, last year published her research examining the effect of life-altering puberty blockers. Per her findings, made public by the peer-reviewed journal [Acta Paediatrica](#), young girls who used these drugs lost seven to 15 IQ points.



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Her report reads:

In the only human study that established a baseline prior to treatment, Mul et al. examined the response to treatment with puberty blockers on a number of psychosocial outcomes including the Child Behaviour Checklist and performance on the shortened version of the Wechsler Intelligence Scales for Children in a group of 25 girls treated for early puberty. Three years after treatment commenced, the group as a whole had experienced a loss in both performance IQ and full scale IQ, with a decline of 7 points in the latter. While statistically significant at $p < 0.01$, the authors state that the decrease in IQ was not ‘clinically relevant’, a conclusion repeated in a later citation of the study. While the average loss of IQ points was 7, it is noteworthy that at least one patient in this study experienced a significant loss of 15 points or more, since the highest IQ score in the group was 138 at baseline and this dropped to 123 following treatment.

Different abilities develop at different times and at different rates but at any point during their development, a child’s scores on the tests that comprise the IQ battery can be compared to that of their age-matched peers. In order to maintain a stable IQ, the child will need to keep pace with the development of that seen in their peers. Of course, some children are very able, others less so. But the key characteristic of IQ is that it should remain stable throughout a child’s development. Regardless of whether an individual performs at the 10th, 50th or 90th percentile when they are 8, they should continue to do so when they are 16. Any loss of IQ associated with treatment with puberty blockers indicates that the child’s cognitive development is not keeping pace with that of his/her peers.

In an article at [Unherd](#) in which she recounts her experiences with the work and her interactions with her peers, Baxendale notes that she has not called for puberty blockers to be banned. With her review, she merely sought to summarize the research that has thus far been performed on the subject of



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puberty blockers' effect on IQ.

Nevertheless, she says she experienced unusual resistance to her work from anonymous peers at the three journals by which she was rejected.

As Baxendale writes:

However, I have never encountered the kinds of concerns that some of the reviewers expressed in response to my review of puberty blockers. In this case, it wasn't the methods they objected to, it was the actual findings.

None of the reviewers identified any studies that I had missed that demonstrated safe and reversible impacts of puberty blockers on cognitive development, or presented any evidence contrary to my conclusions that the work just hasn't been done. However, one suggested the evidence may be out there, it just hadn't been published. They suggested that I trawl through non-peer reviewed conference presentations to look for unpublished studies that might tell a more positive story. The reviewer appeared to be under the naïve apprehension that studies proving that puberty blockers were safe and effective would have difficulty being published. The very low quality of studies in this field, and the positive spin on any results reported by gender clinicians suggest that this is unlikely to be the case.

Baxendale went on to explain that an additional reviewer expressed worries that disseminating the findings from these studies could potentially contribute to the stigmatization of an already-marginalized group. A third individual recommended emphasizing the positive aspects of what puberty blockers could accomplish, and a fourth peer argued that publishing a review lacked merit when there was insufficient literature to examine. Yet another person sought to discredit the neuroscientific consensus that puberty is a crucial period of brain development, panning this view as nothing more than Baxendale's opinion.

One reviewer even took issue with Baxendale's use of sex-based terms such as "natal sex," "male-to-female," and "female-to-male," arguing that the mere use of such terminology displayed a "bias" against puberty blockers on Baxendale's part.

As Baxendale says in her own words:

This reviewer argued that lots of things needed to be sorted out before a clear case for the "riskiness" of puberty blockers could be made, even circumstantially. Indeed, they appeared to be advocating for a default position of assuming medical treatments are safe, until proven otherwise.

Clearly, the real bias is that of the academic community, which is trying to suppress one of the most important findings in this day and age regarding "gender transition" treatments. If the public at large knew that children were having their IQ lowered by a full standard deviation by using puberty blockers, the outcry would be immense.



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