

UNDERSTANDING & NAVIGATING GENDER DYSPHORIA IN CHILDREN AND ADOLESCENTS

A GUIDE FOR PARENTS
FROM A CHILD DEVELOPMENT PERSPECTIVE



G.A Murphy, M.A

Anya Dashevsky, Psy.D

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PURPOSE

Within the past decade, cases of gender dysphoria amongst children and teens, as well as the number of referrals to gender clinics have risen exponentially worldwide. Understandably, parents of these children have many questions and concerns regarding their child's psychological, mental, and emotional well-being.

Some of these questions may look like...

- **"My child never showed any previous signs of having gender dysphoria, but once they entered puberty, they came out as trans. How do I know this is not something temporary?"**
- **"Can a child's desire to change their gender be influenced by messages in the media/social media?"**
- **"Where can I find support and resources for parents who would like to explore a watchful waiting approach to gender dysphoria?"**

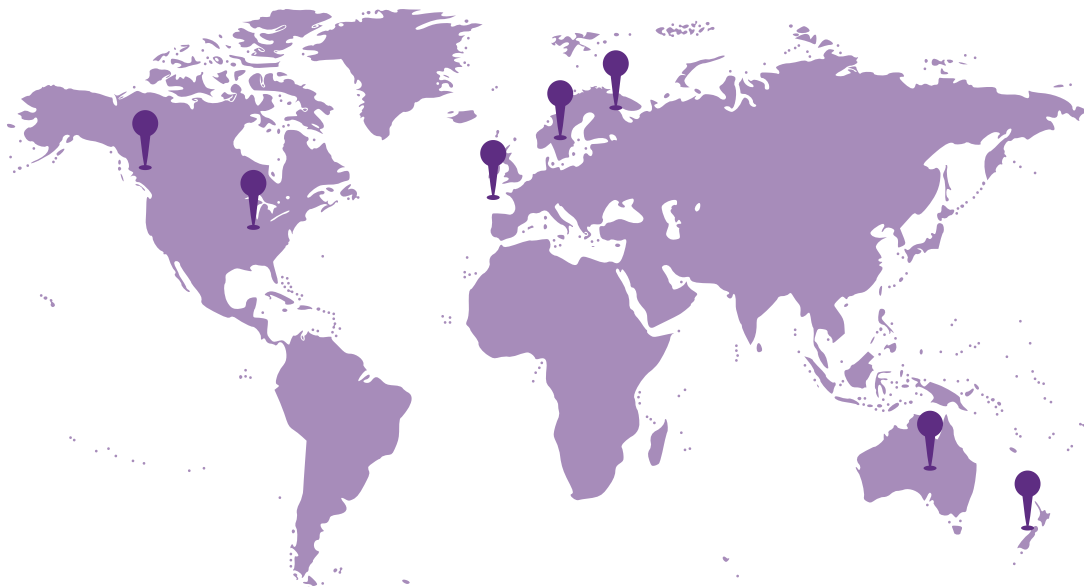
Parents of children with gender dysphoria are looking for answers to these questions. Unfortunately, the topic of gender dysphoria in children and teens has been politicized, making it hard for parents to ask these questions without being judged. The purpose of this resource is to examine gender dysphoria from a child development perspective and to assist parents in making informed decisions about how to best support their children.

GENDER DYSPHORIA

Introduction

Cases of gender dysphoria (GD) have been increasing at significant rates throughout many different countries all over the world. The United States,¹⁻⁴ Canada,⁵ the United Kingdom,⁶⁻⁷ the Netherlands,⁸ Finland,⁹ Australia,¹⁰⁻¹¹ and New Zealand¹² are some examples. Historically, the predominant population receiving medical intervention for gender dysphoria has been adult males. The research on gender dysphoria reflects this, as the primary samples for GD research have been on this population as well. In contrast, currently, the largest group of individuals referred to for treatment of Gender Dysphoria are children, more specifically, adolescent girls.^{8-9, 13-14}

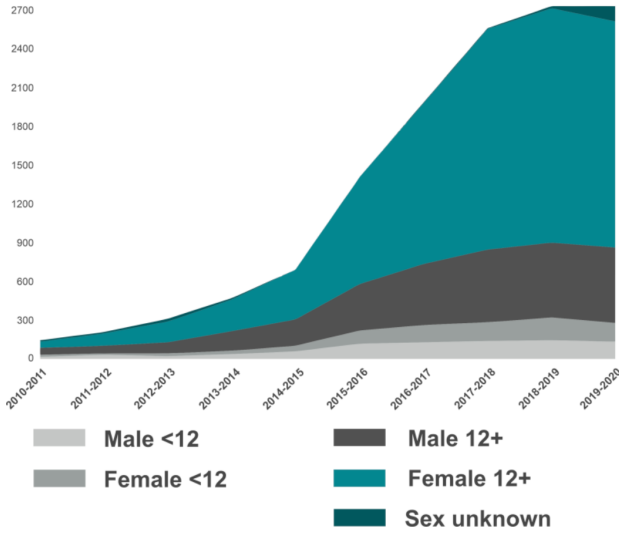
Children and adolescents are being treated for gender dysphoria at the highest rates and the largest scale in history thus far.¹⁴ However, there has been virtually no research conducted on this specific population as of yet. Therefore, there are many unknowns for patients, parents, and professionals alike. Children, adolescents, and young adults are an especially vulnerable population. Their bodies, as well as their brains, are going through continuous changes. Because currently, the majority of clients presenting to gender clinics are children, adolescents, and young adults, examining gender dysphoria from a child development perspective is necessary for understanding this complex and evolving phenomenon.



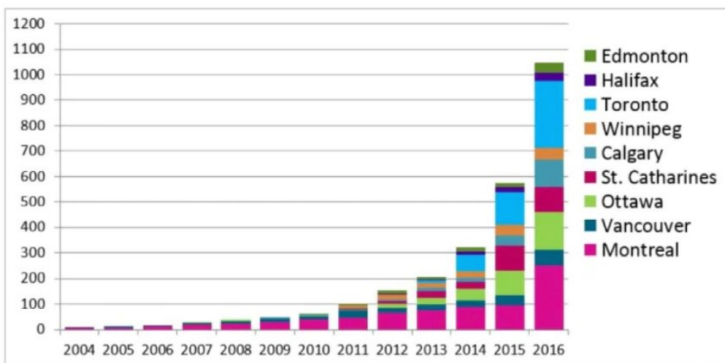


United Kingdom ⁷

Referrals to GIDS, under 18s (UK)



Canada ¹⁶



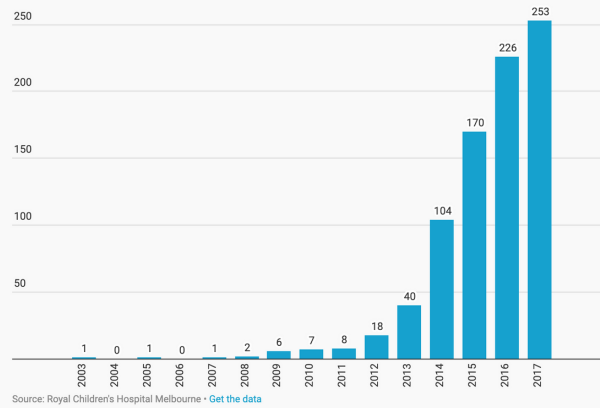
* Some referral numbers estimated. Some referrals are for prepubertal youth, though blockers are not prescribed prior to puberty.

A national study on transgender youth, Trans Youth Can!, has data showing an increase in referrals for transgender teens at clinics across Canada. (transyouthcan.ca)



Australia ¹⁵

New referrals to the RCH gender service

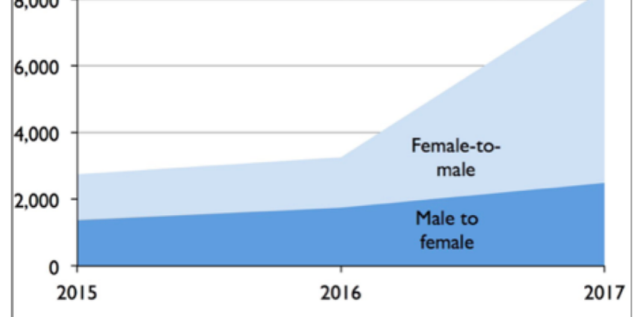


Source: Royal Children's Hospital Melbourne - Get the data



United States ¹

Transgender surgeries performed by members of the American Society of Plastic Surgeons



Definitions and Terms

The basis of gender dysphoria is a feeling of incongruence between one's mind and body.¹⁷ In order to understand gender dysphoria, it is important to establish definitions for terms that form that basis of GD.

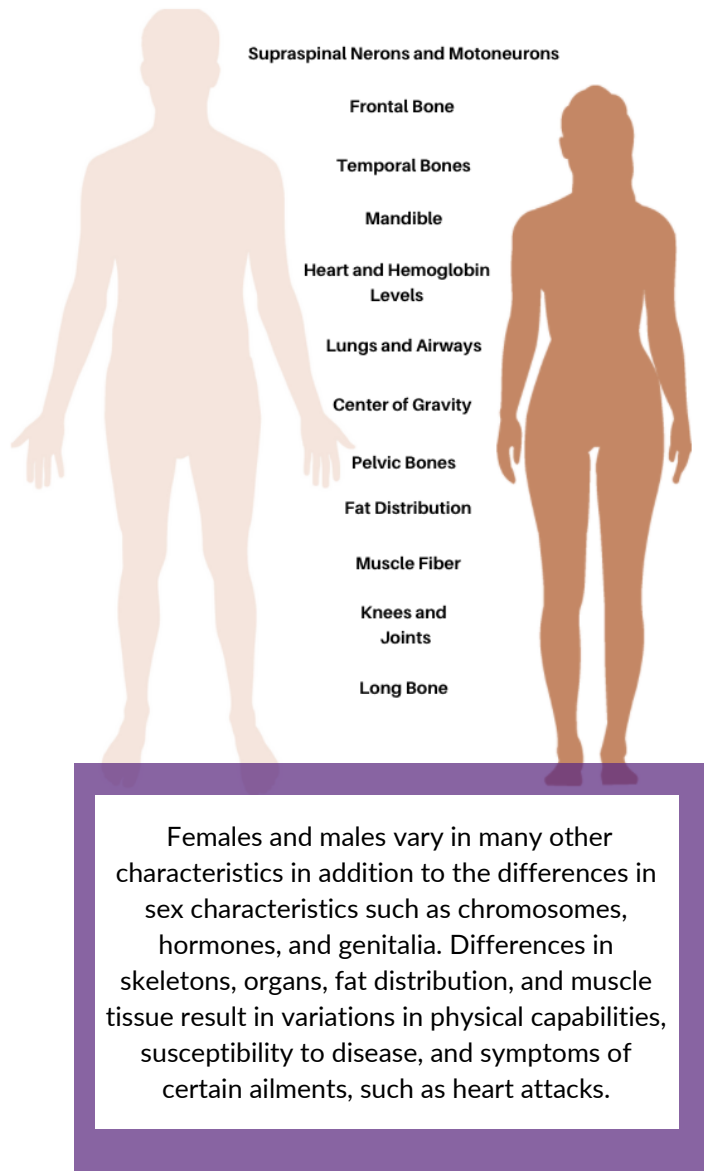
Biological Sex

Biological sex is the fundamental distinction between female and male. This distinction is based on the type of gametes produced by the individual with the purpose of reproduction.¹⁸⁻²⁰ In females, these gametes are called ova and in males, these are called sperm.

Biological sex is determined by the individuals' chromosomes, gonads, gametes produced, and internal and external organs, as well as the main hormones produced.

Sex Characteristics

Chromosomes	XX	Xy
Gonads	Ovaries	Testes
Gametes	Ova	Sperm
Internal	Uterus	
External	Vulva/Vagina	Penis/Prostate
Main Hormone Produced	Estrogen	Testosterone
	Female	Male



In addition to differences between reproductive systems, female and male bodies differ in their skeletons, DNA, and heart and lungs. In fact, every cell of the body is sexed. There are many differences between the way a female and male body is treated in healthcare in order to account for these vast differences.

Sexual Orientation: Attraction

Sexual orientation is the orientation an individual has towards another sex. For **heterosexuals**, the vast majority of the population, this means being exclusively attracted to the opposite sex. The term "straight" is used to describe heterosexual people attracted to the opposite sex.

Homosexuality is a term used to describe those who are sexually attracted towards people of their own sex. **Gay** refers to males who are attracted exclusively to other males. **Lesbian** refers to females who are attracted exclusively to other females.

Bisexuality is the term used to describe those who are sexually oriented to both members of the opposite sex and members of the same sex.



Sexual orientation is not the same as gender or gender identity.

Research suggests that sexual orientation cannot be changed.

No current research exists on the changing or "fluidity" of gender identity.



While developmental theories of identity suggest that discovering and accepting one's sexuality is a process and differs for many individuals, the majority of people come to an understanding of their sexuality in their preteen years, often around ages 9-12.²¹

Opposite-Sexed Attraction

 +  = **Heterosexual; Straight**
Exclusively Sexually Oriented to the Opposite Sex

Same-Sexed Attraction

 +  = **Homosexual; Lesbian, Gay**
Exclusively Sexually Oriented to the Female Sex by Someone of the Female Sex

 +  = **Homosexual; Gay**
Exclusively Sexually Oriented to the Male Sex by Someone of the Male Sex

Opposite and Same-Sexed Attraction

 +  = **Bisexual**
Sexually Oriented to Both the Female and Male Sex

 + 

However, homosexual boys are more likely to recognize they are gay before homosexual girls do. Research shows that many children who identify as the opposite sex in childhood later grow up to be homosexual, and no longer feel dysphoric about their gender.²²⁻²³ In which case, no medical intervention is needed.

Gender: Roles and Expectations

While the term **gender** used to be used synonymously with biological sex, the term evolved to reflect the sex-based roles, expectations, and stereotypes associated with being male or female.

Boys and men are expected to fit into the masculine gender stereotype, while girls and women are expected to fit into feminine stereotypes and roles associated with being female.

Gender Non-Conformity

Gender non-conforming refers to the act of not conforming to the roles and presentations associated with one's biological sex.

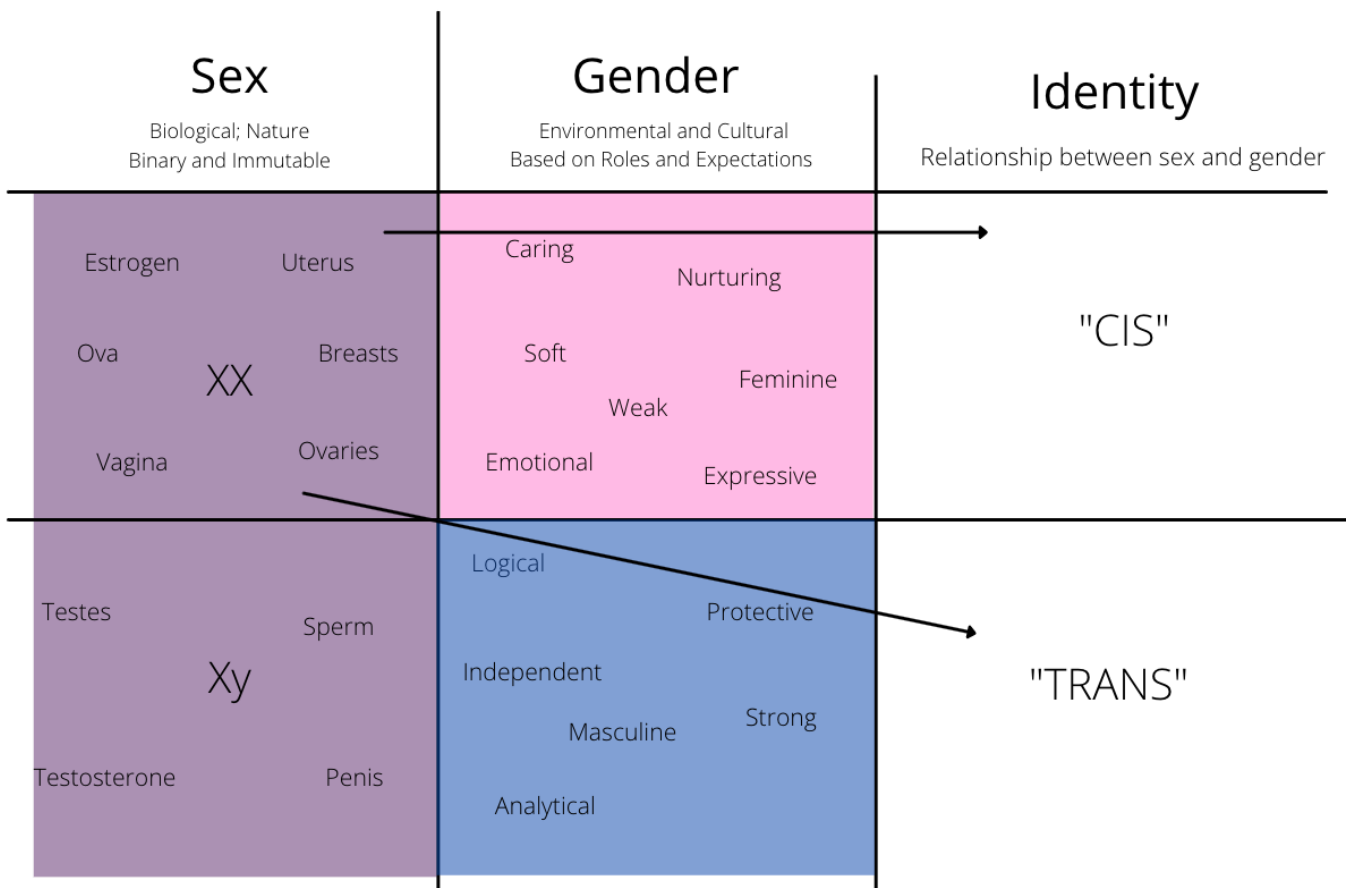
Nonconformity to the expectations, roles, or stereotypes associated with one's sex, ethnic group, or culture has been documented throughout history. Over-identifying or not identifying with these roles is a natural part of identity development, especially during adolescence, and may be stable or change over time, depending on the individual.

<h3>Sex</h3> <p>Biological Nature Binary and Immutable</p>	<h3>Gender</h3> <p>Environmental and Cultural Based on Roles and Expectations</p>
<p>Estrogen Uterus</p> <p>Ova Breasts</p> <p style="text-align: center;">XX</p> <p>Vagina Ovaries</p>	<p>Caring Nurturing</p> <p>Soft Feminine</p> <p style="text-align: center;">Weak</p> <p>Emotional Expressive</p>
<p>Testes Sperm</p> <p style="text-align: center;">Xy</p> <p>Testosterone Penis</p>	<p>Logical Protective</p> <p>Independent Strong</p> <p style="text-align: center;">Masculine</p> <p>Analytical</p>

Gender Identity: Feelings

Gender identity has evolved from the idea of gender. Gender identity can be understood as the way in which an individual feels about their relationship to their biological sex and/or the gender roles assigned to their sex. Before the normalization of social and medical transition, many individuals who did not identify with their gender roles were still recognized as their birth sex, despite their outward expression. However, there has since been a shift in the culture, resulting in an increase in children and adolescents identified as "trans".

The belief that gender nonconformity is an indication that a child is "transgender" may contribute to the pathologizing of young people who express themselves outside the cultural roles and expectations of their sex. How one feels about their gender can be influenced by the cultural context and what labels are used to explain differences in behavior. Contemporary theories of identity have divided many children and adolescents into two groups: "cis" and "trans".



Classification

History

Gender Dysphoria:

A Timeline of the Classification of Gender Dysphoria and Related Diagnoses in the DSM

1968

In the second edition of the diagnostic and statistical manual of mental disorders (DSM-II), transvestitism was named under the parent category, "sexual deviations".



1980

In the third edition of the diagnostic and statistical manual of mental disorders (DSM-III), transvestitism was changed to transsexualism and listed under "psychosexual disorders", along with a category for children called, gender identity disorder of childhood.



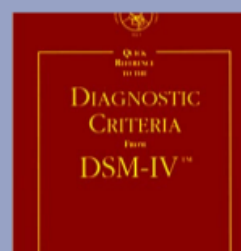
1987

The revised version of the third edition of the DSM (DSM-III-R) featured transsexualism as a diagnosis, as well as gender identity disorder (GID). Two types of GID were featured: childhood and adolescence and adulthood (non-transsexual type). This was under the category of "disorders usually first evident in infancy, childhood, or adolescence".



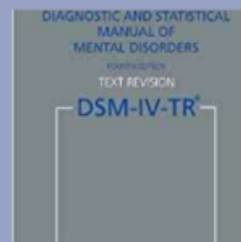
1994

The fourth edition of DSM, (DSM-IV), the diagnosis of gender identity disorder remained the same. In addition, transvestic fetishism (with or without gender dysphoria) was included.



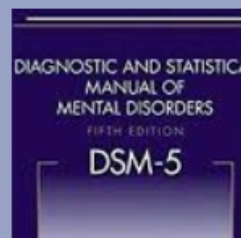
2000

In the revised version of the fourth edition of DSM, (DSM-IV-TR), the diagnosis of gender identity disorder remained the same. In addition, transvestic fetishism (with or without gender dysphoria) remained.



2013

In the DSM-IV, gender identity disorder was changed to gender dysphoria. In addition, transvestic disorder was included under paraphilic disorders.



Current Diagnostic Criteria

Gender Dysphoria in Children

A marked incongruence between one's experienced/expressed gender, of at least 6 months' duration, as manifested by at least six of the following

- A strong desire to be the other gender or an insistence that one is the other gender
- In boys, a strong preference for cross-dressing or simulating female attire; in girls, a strong preference for wearing typical masculine clothing and a strong resistance to the wearing of typical feminine clothing
- A strong preference for cross-gender roles in make-believe play or fantasy play
- A strong preference for the toys, games, or activities stereotypically used or engaged in by the other gender
- A strong preference for playmates of the other gender
- In boys, a strong rejection of typically masculine toys, games, and activities and a strong avoidance of rough-and-tumble play; in girls, a strong rejection of typically feminine toys, games, and activities
- A strong dislike of one's sexual anatomy
- A strong desire for the primary and/or secondary sex characteristics that match one's experienced gender

The condition is associated with clinically significant distress or impairment in social, school, or other important areas of functioning

Gender Dysphoria in Adolescents and Adults

A marked incongruence between one's experienced/expressed gender, of at least 6 months' duration, as manifested by at least two of the following

- A marked incongruence with one's experienced/expressed gender and primary and/or secondary sex characteristics (or in young adolescents, the anticipated secondary sex characteristics)
- A strong desire to be ride of one's primary and/or secondary sex characteristics because of a marked incongruence with one's experienced/expressed gender (or in young adolescents, a desire to prevent the development of the anticipated secondary sex characteristics)
- A strong desire for the primary and/or secondary sex characteristics of the other gender
- A strong desire to be of the other gender
- A strong desire to be treated as the other gender
- A strong conviction that one has the typical feelings and reactions of the other gender

Transvestic Disorder

Over a period of at least 6 months, in a heterosexual male, recurrent, intense sexually arousing fantasies, sexual urges, or behaviors involving cross dressing

The fantasies, sexual urges, or behaviors cause clinically significant distress or impairment in social, occupational, or other important areas

Specify if:

With Fetishism (sexually aroused by fabrics, materials, or garments)

With Autogynephilia (sexually aroused by thought or image of self as female)

VULNERABLE POPULATIONS

Who is Most at Risk for Gender Dysphoria?

Females



Currently, the majority of children and adolescents being referred to gender services are female, especially at the onset of puberty. Females with polycystic ovary syndrome (PCOS) may be at increased risk.

Adolescents



Within the past decade, the largest group of individuals seeking gender services are adolescents.

Individuals with ADHD or ASD



Many individuals with gender dysphoria have coexisting attention-deficit/hyperactivity disorder (ADHD) or autism spectrum disorder (ASD). For girls, an ASD diagnosis may be missed or they may be diagnosed with mental health issues instead.

Gifted Individuals



Clinical observations have shown that many gender-questioning children and adolescents have high intelligence, or are gifted.

Individuals with Comorbidities



Individuals with gender dysphoria often have coexisting mental health conditions such as anxiety, depression, obsessive compulsive disorder (OCD), and eating disorders. Many have engaged in self-injury before the onset of GD.

Gay, Lesbian, and Bisexual Individuals

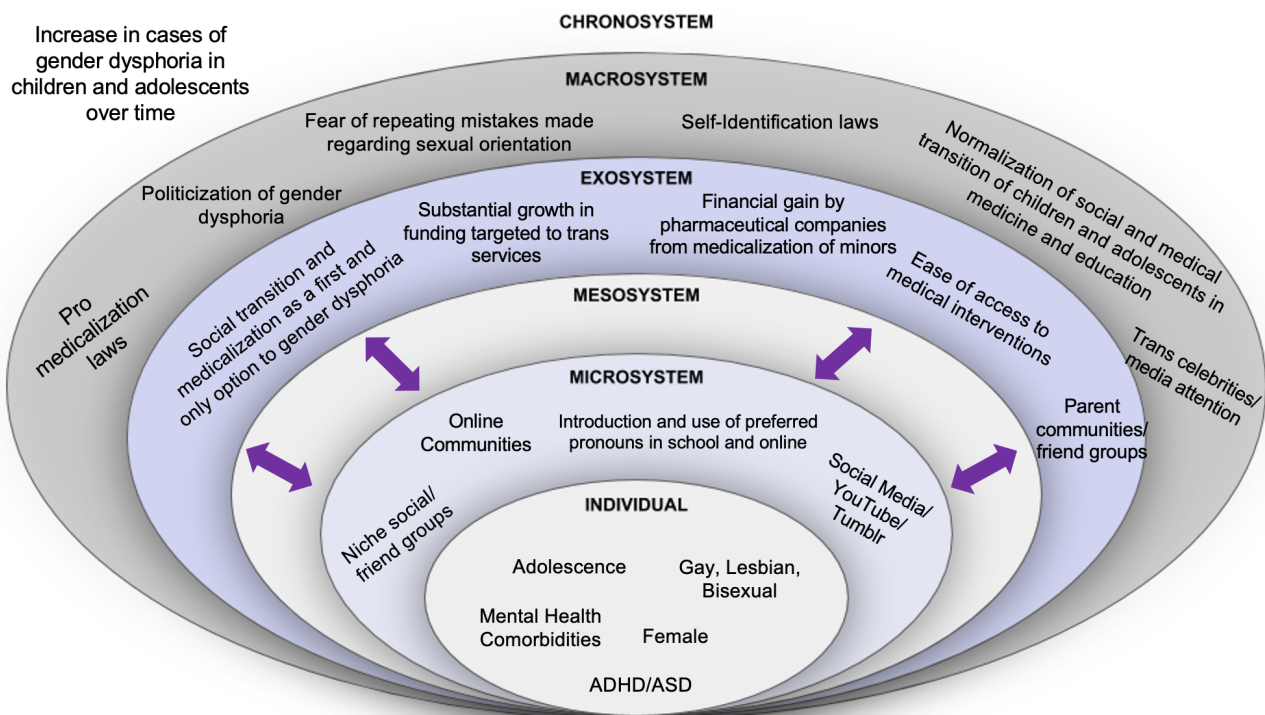


Gay, lesbian, and bisexual children and adolescents are more likely to experience gender dysphoria.

LAYERS OF INFLUENCE

Child Development Theories

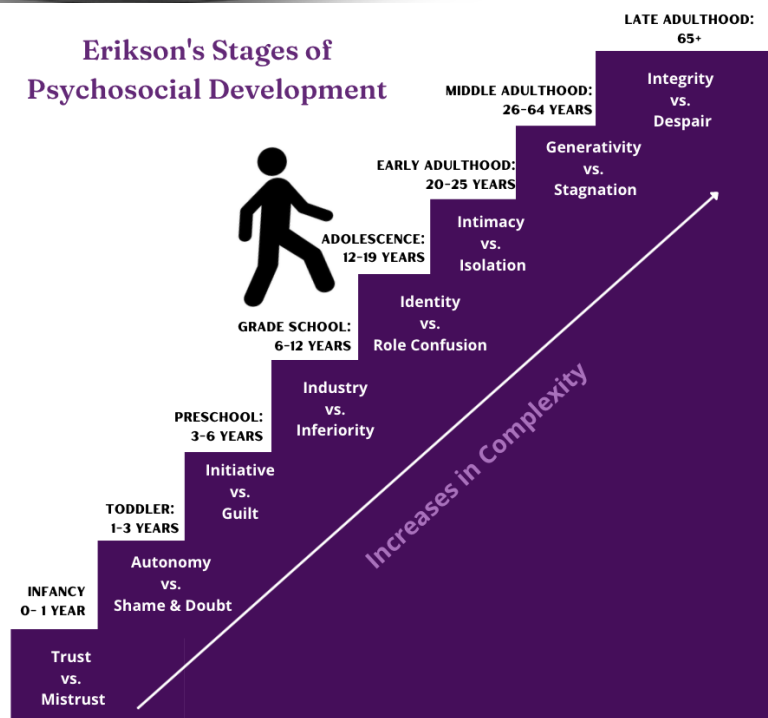
Urie Bronfenbrenner's **Ecological Systems Theory** is a theory in the field of child development in which the individual is believed to be influenced by factors at many different levels in their environment.²⁴ In the case of gender dysphoria, a variety of factors, including the influence of social media and the normalization of medical interventions may play a role in the increase in cases in recent years.



Erik Erikson's Stages of Psychosocial Development

Erik Erikson's **Stages of Psychosocial Development** is a developmental theory which describes the conflicts individuals experience during each stage in their lives.²⁵ Adolescents are going through the stage of identity versus role confusion, in which they seek to find their role in life by trying out new identities, experiences, and roles.

Erikson's Stages of Psychosocial Development



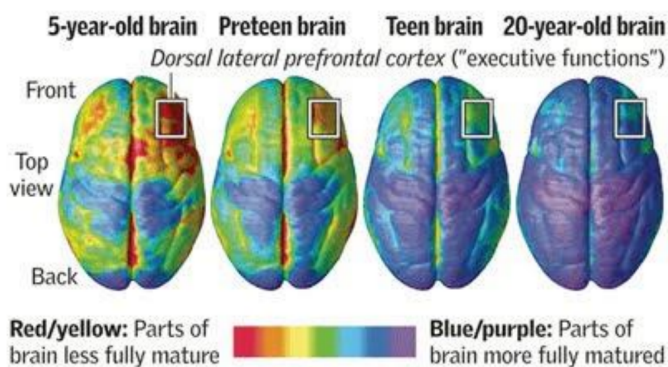
Prefrontal Cortex (PFC)

- Rational Thinking
- Decision-Making
- Long-Term Planning and Judgement
- Time Management
- Emotional Regulation
- Impulse Control
- Predicting Consequences



Judgment last to develop ²⁶

The area of the brain that controls "executive functions" — including weighing long-term consequences and controlling impulses — is among the last to fully mature. Brain development from childhood to adulthood:



Sources: National Institute of Mental Health; Paul Thompson, Ph.D., UCLA Laboratory of Neuro Imaging

Thomas McKay | The Denver Post

During adolescence, the brain undergoes intense changes in response to hormones at the onset of puberty²⁷. The prefrontal cortex (PFC), which controls decision making and long-term planning, does not finish developing until mid-late 20's. Due to the intense changes that happen in the brain during puberty, adolescents are at a vulnerable time in which they seek novel experiences and may engage in risky or impulsive behavior.

GENDER AFFIRMING TREATMENT

Currently Accepted Paradigm in Many Affected Countries

Social Transition

Social transition refers to the process of presenting socially and in public as the opposite sex. This may involve dressing as the opposite sex and requesting others to use a new name and pronouns.

Ages
9-13+

Cross-Sex Hormones

The next step in treating gender dysphoria using the affirming method is the use of cross-sex hormones. The injection of opposite sex hormones feminizes masculine features and masculines feminine features in order to affirm one's identity.

Ages 15-16+

Ages 3+

Puberty Blockers

Often, the second step in the gender affirming method of treatment is the use of puberty blockers, which effectively stop puberty from proceeding.

Ages 13+

Surgeries

The "final step" in gender affirmation is surgical intervention. For females, this usually means a double mastectomy ("top surgery"), hysterectomy, and phalloplasty ("bottom surgery"). For males this usually refers to penile inversion, orchiectomy, and vaginoplasty ("bottom surgery").

Gender Affirming Treatment

WHAT WE KNOW:

Children and adolescents referred for gender services often present with multiple comorbidities not targeted through gender affirmation.

A certain percentage of people who transition as children and adolescents later regret medical intervention years after initial satisfaction with affirmation, and "de-transition".

Use of cross-sex hormones results in loss of fertility, loss of sexual sensation, and adverse medical complications such as cardiac issues and increased risk of certain cancers.

There is evidence of short-term satisfaction with medicalization on adults who identify as transgender.

WHAT WE STILL DON'T KNOW:

The long-term consequences of social transition on the mental health of children and adolescents are unknown.

The long-term physical effects of off-label usage of puberty blockers and cross-sex hormones remain largely unknown.

The long-term satisfaction rates with medicalization interventions amongst children and adolescents remain largely unknown.

There is currently no research on the overall outcomes of transition for people who first present with gender dysphoria in adolescence.

The effectiveness of gender affirmation as a one and only treatment for distress around gender.

There is no research on the long-term outcomes of children who have socially transitioned at a young age.

DEVELOPMENTALLY-INFORMED INTERVENTIONS

While alternatives to social and medical transition for gender dysphoria have not yet been investigated, incorporating a gender exploratory framework, as well as evidence-based practices and strategies that have been proven effective for other mental health conditions, may provide therapeutic relief to those with gender dysphoria.

Exploratory and Psychodynamic Therapies

Exploratory therapies center and support client autonomy by facilitating a deeper understanding of the factors influencing gender dysphoria (GD), which individuals may not be fully conscious of. Psychodynamic approaches to therapy explore the psychological roots of emotional suffering. Self-reflection and self-examination, as well as the relationship between therapist and patient are used as a window into problematic relationship patterns in the patient's life.

Mindfulness Interventions



Mindfulness interventions have been proven effective for individuals suffering from anxiety, trauma, and other mental health issues.

Family Systems Therapy



Internal family systems therapy (IFS) is an evidence-based practice that includes the entire family system in problem-solving. Underlying relational issues within the family may contribute to adolescent identity issues.

Acceptance and Commitment Therapy



Acceptance and Commitment Therapy (ACT), as well as other forms of acceptance therapy, such as radical acceptance, are evidence-based practices that can help with accepting one's circumstances

Foster Critical Thinking Skills



For children and adolescents, it is important to foster critical thinking skills such as thinking more flexibly and in shades of gray, expanding their perspectives, and teaching media literacy skills.

Body-Based Interventions



For those who have experienced trauma, especially sexual or physical abuse, reconnecting with one's body through different techniques (physical exercise, focusing on what the body can "do") have been proven effective.

Reexamine Use of Screens



Increased screen use is correlated with increases in rates of gender dysphoria. Caregivers should set limits on screen use and ensure that children are spending enough time away from screens and offline.

RESOURCES

Support Networks, Resources, and Other Media

- [Gender Exploratory Therapy Association](#)
- [Statsforgender](#)
- [Transgendertrend](#)
- [Inspired Teen Therapy](#)
- [The Gender Mapping Project](#)
- [Society for Evidence-Based Gender Medicine](#)
- [Genspect](#)
- [Gender Dysphoria Support Network](#)
- [Gender: A Wider Lens Podcast](#)
- [Partners for Ethical Care](#)

Books and Other Reading

- Irreversible Damage by Abigail Shrier
- Material Girls: Why Reality Matters for Feminism by Kathleen Stock
- The End of Gender by Debra Soh
- When Harry Became Sally: Responding to the Transgender Movement by Ryan T. Anderson
- Trans: When Ideology Meets Reality by Helen Joyce
- [When Sons Become Daughters](#) by Angus Fox

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Authors & Affiliations

Dr. Anya Dashevsky is a clinical psychologist in private practice. She specializes in working with gifted and twice-exceptional children and adolescents, as well as with children with a variety of neurodevelopmental conditions.

G.A Murphy is a researcher in autism spectrum disorder (ASD) with a special interest in ASD in females and across the lifespan. She holds a Bachelor of Arts in Psychology and a Master of Arts in Child Development.

This resource was made in association with the **Gender Exploratory Therapy Association** with the purpose of reaching as many parents and caregivers of children and adolescents with gender dysphoria (GD) in need of information regarding gender dysphoria (GD), the current model of treatment, and the complex and everchanging nature of child development. This resource was created from a child development perspective, informed by theories of child development, as well as the physical and neurodevelopment that occurs throughout the human lifespan.

