



# Gender Dysphoria

**Causes, Predicting Identity, and  
Treatment Options According to  
Age of Onset**

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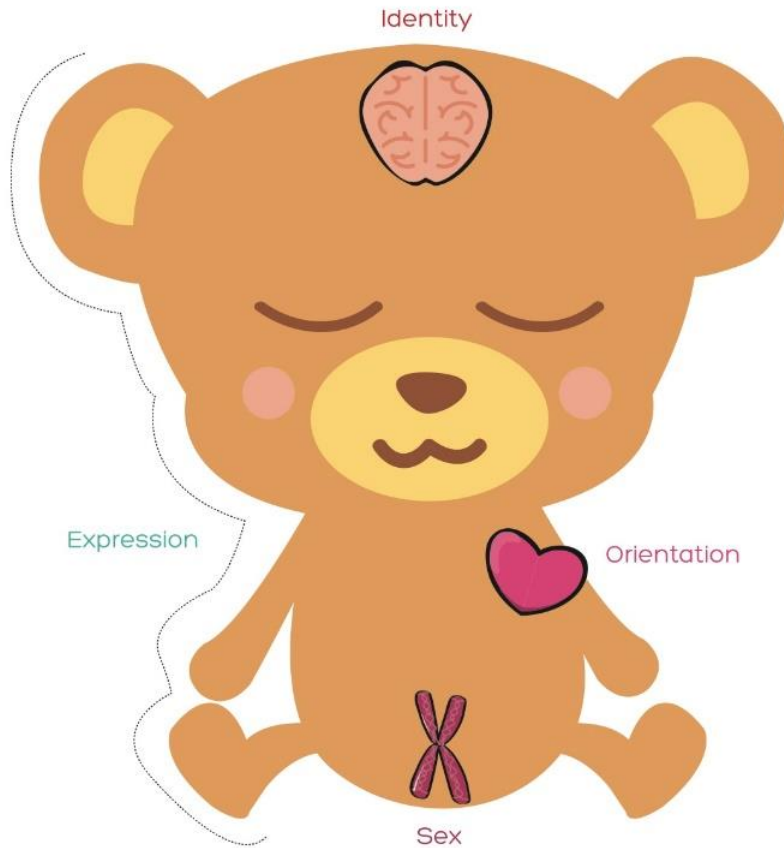
# **Gender Dysphoria**

A sense of unease that a person may have because of a mismatch between their biological sex and their gender identity (NHS, 2020).

## **Prevalence**

- Dutch study finds 4.6% of natal males and 3.2% of natal females were equally able to identify as male or female.
- DSM5: 0.005-0.014% of natal males 0.002-0.003% of natal females.
- Prevalence 2% - population of Russia

# THE GENDER BEAR



Trans/transgender - Lived experiences and sense of personal identity differ from assigned gender at birth  
 Cisgender - Lived experiences and sense of personal identity match assigned gender at birth  
 Gender queer/fluid - Identify with neither, all, or a combination of gender identities

# Co-Occurring Conditions (Cookson, 2019)

- 50% have co-occurring depression or anxiety
- 41% of Transgender individuals attempt suicide (compared to 4.6% of society)
- 26% resort to substance abuse
- 56% of individuals with gender dysphoria experience at least 4 different traumatic events
- 82% of natal females report sexual attraction to females (Gynephilia), 56.7% of natal males report sexual attraction to males (Androphilia).



## Gender: Cognitive Development

### Kohlberg (1966) Gender Constancy Theory

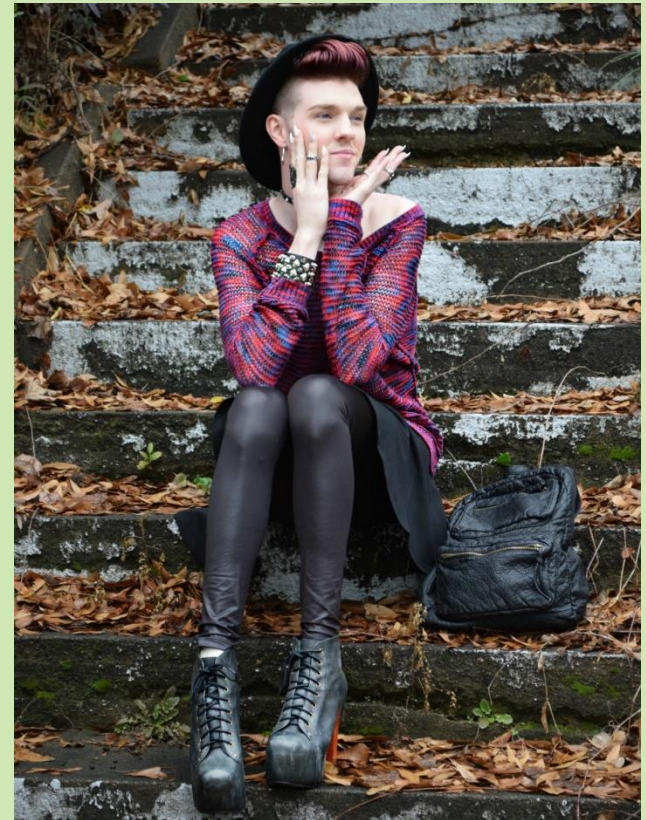
Stage	Age (y)	Description
1. Gender Identity	2-3.5	Child recognises he/she is a boy/girl
2. Gender Stability	3.5-5	Awareness that gender is fixed for life
3. Gender Constancy	5-7	Gender is constant despite changes in appearance

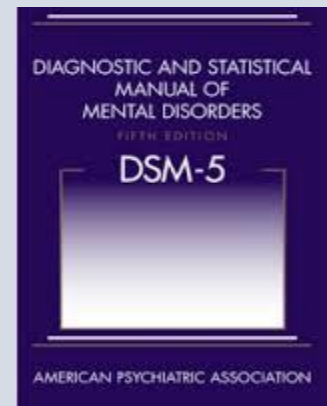




# Gender Variance

- Gender identity, expression, or behavior that falls outside of culturally defined norms associated with a specific gender.
- Usually resolves by adolescents. Usually not associated with “I am a (opposite gender).” But is associated with “I wish I were...”





# Gender Dysphoria Children DSM-V

Cross-gender behaviors usually start between ages 2 and 4

Distress lasting at least 6 months and:

Six of the following

1. Strong desire to be the other gender or insistence that one is
2. Strong preference for wearing opposite gender clothes
3. Strong preference for cross-gender roles in make-believe play
4. Strong preference for toys stereotypically used by other gender
5. Strong preference for playmates of other gender
6. Strong rejection of toys typical of one's assigned gender
7. Strong dislike of one's sexual anatomy
8. Strong desire for the physical sex characteristics that match one's experienced gender

# Causes

- Association between GD and Maternal Depression/Anxiety in the child's first 3 years of life (Marantz & Coates, 1991; Zucker, 1995)
- Association with parents with personality disorder & association with maternal emotional unavailability (Marantz & Coates, 1991)
- Insecure attachment relationships (Giovanardi et al., 2018)

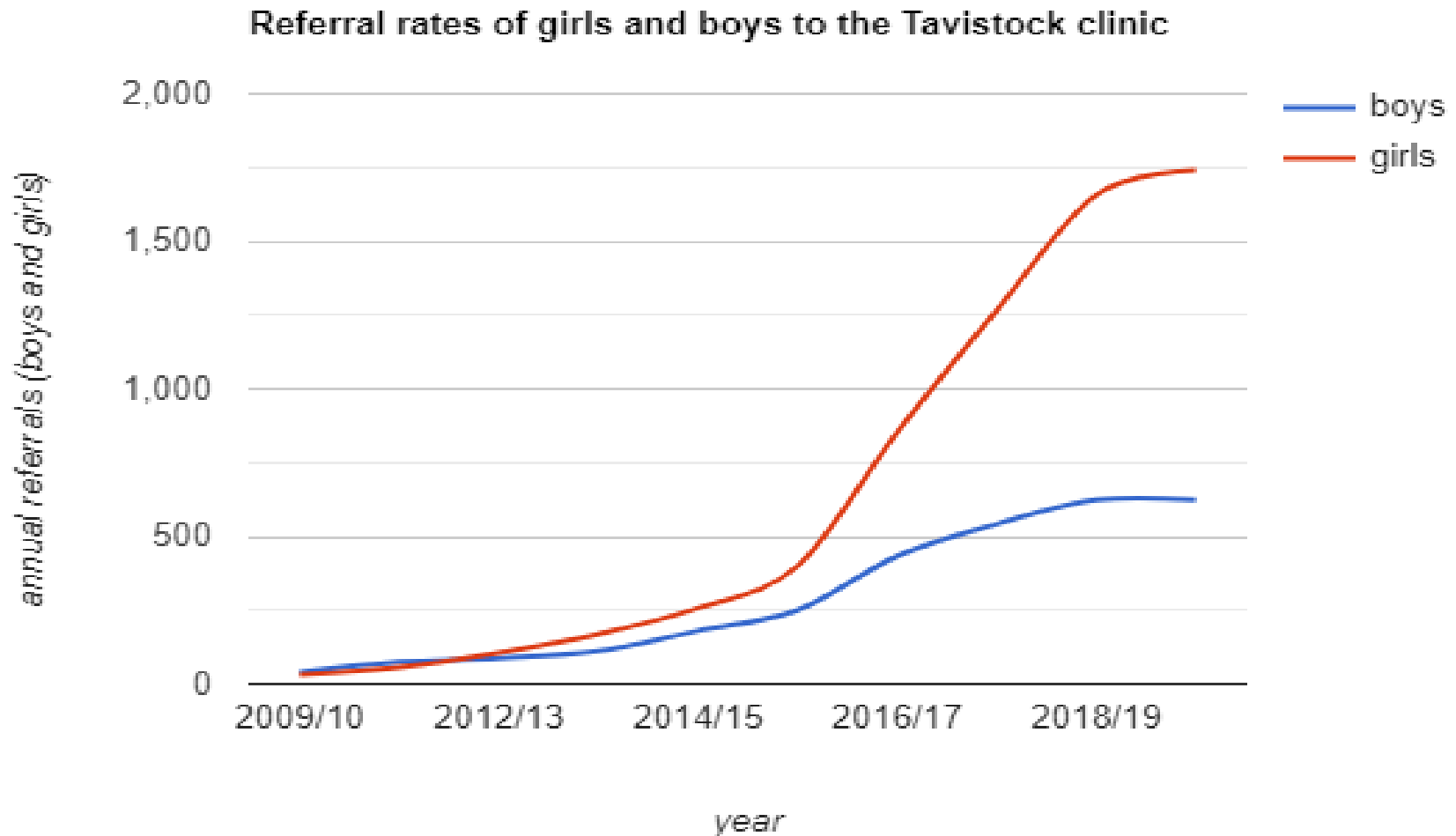
	trans	non-trans
Secure	27%	70%
Insecure	27%	20%
Disorganized	46%	10%





# hormones

- Maternal testosterone at mid-pregnancy positively predicted male-typical play behavior at 3.5 years of age for girls (Hines et al., 2015)
- Natal female free testosterone was 7 (norm .06-1.08)
- Brain studies of natal male brains in individuals with GD are similar to cisgender female, and the natal female similar to cisgender male (Zhou et al, 1995)



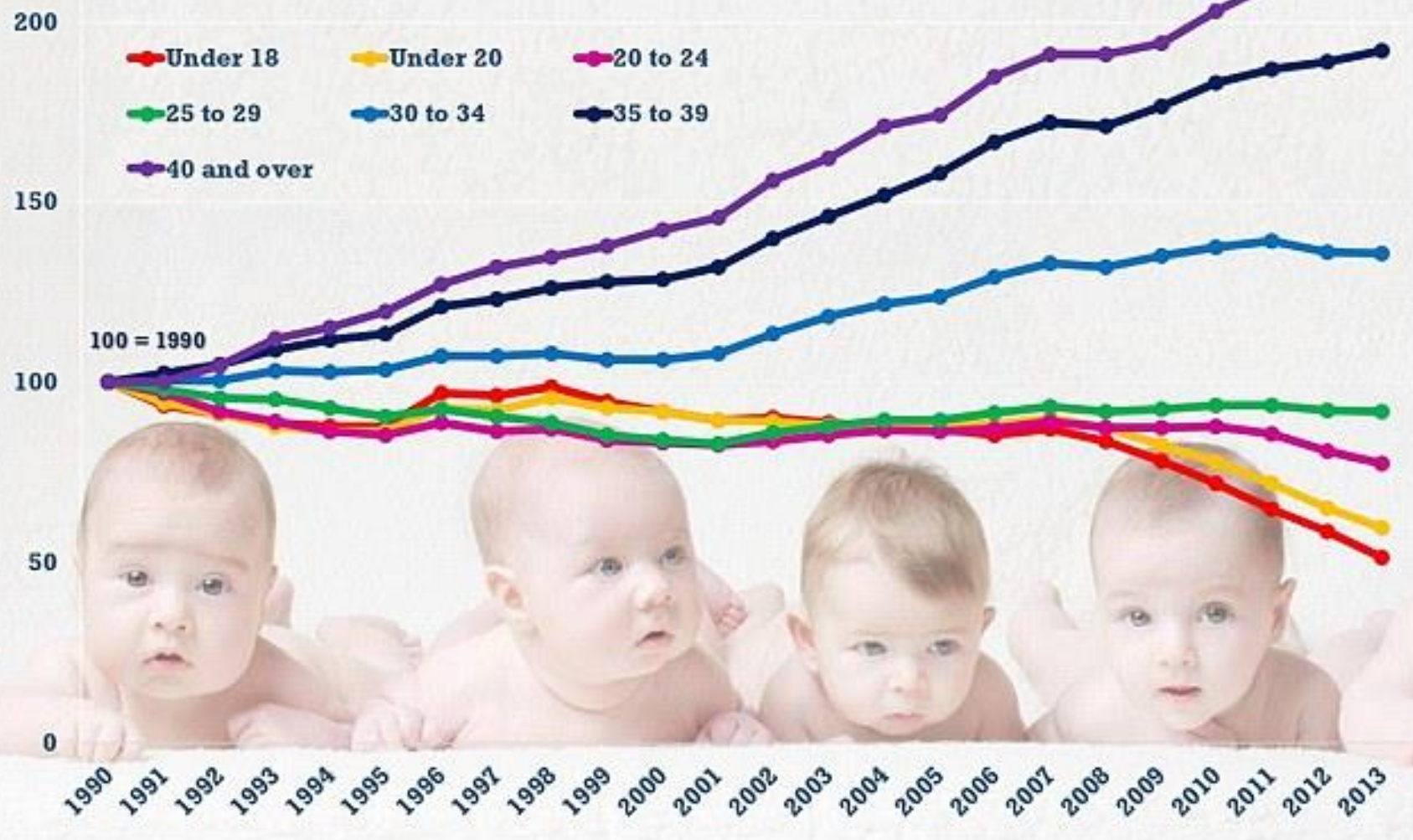
Pre and peri-natal sex hormone exposure

Huge increase in Gender Dysphoria starting in early 2000s

Over representation of natal girls (Aitken et al., 2015)

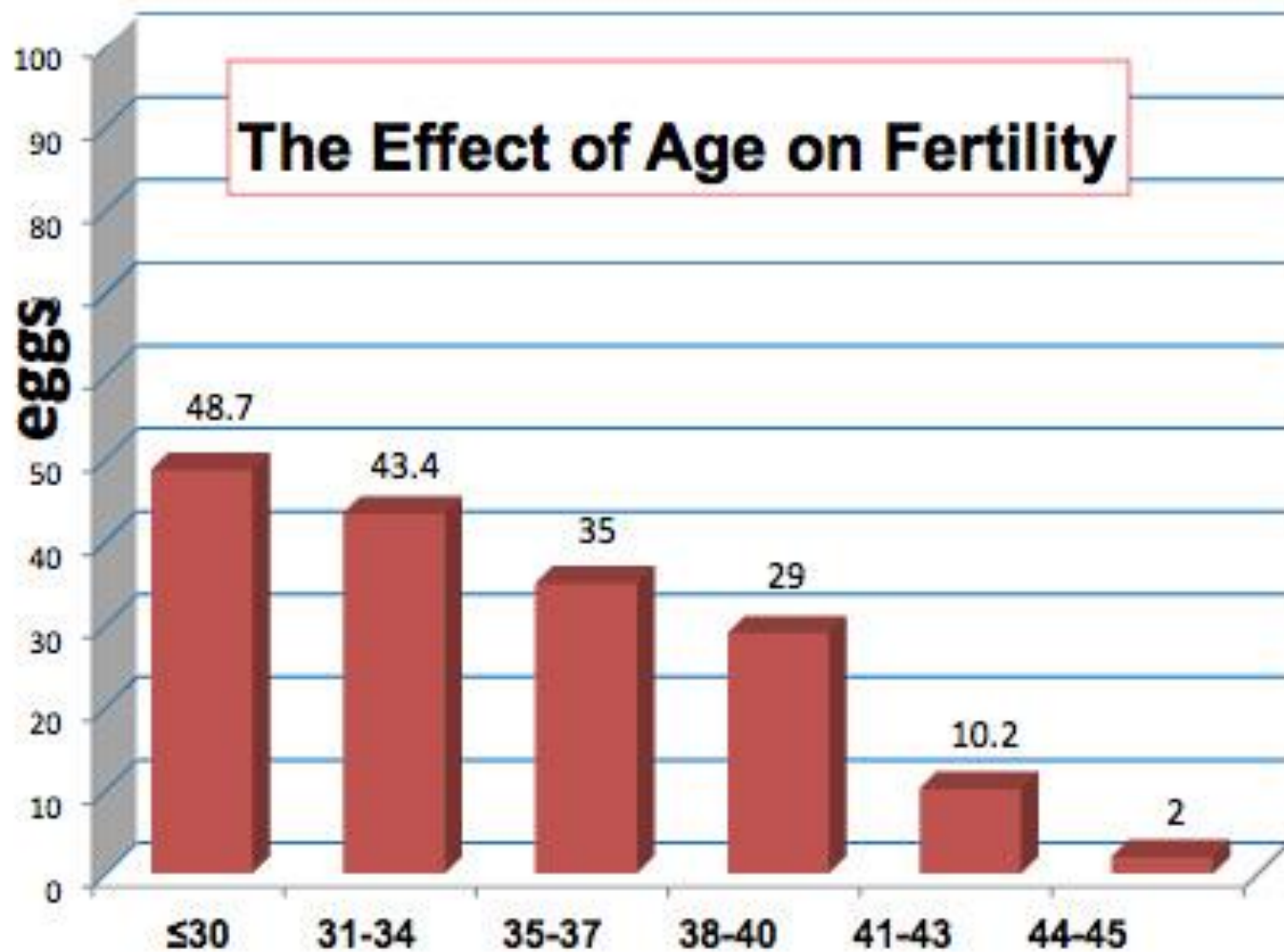
# THE RISE OF THE OLDER MOTHER

Relative Changes in Age-Specific Conception Rates, 1990 to 2013



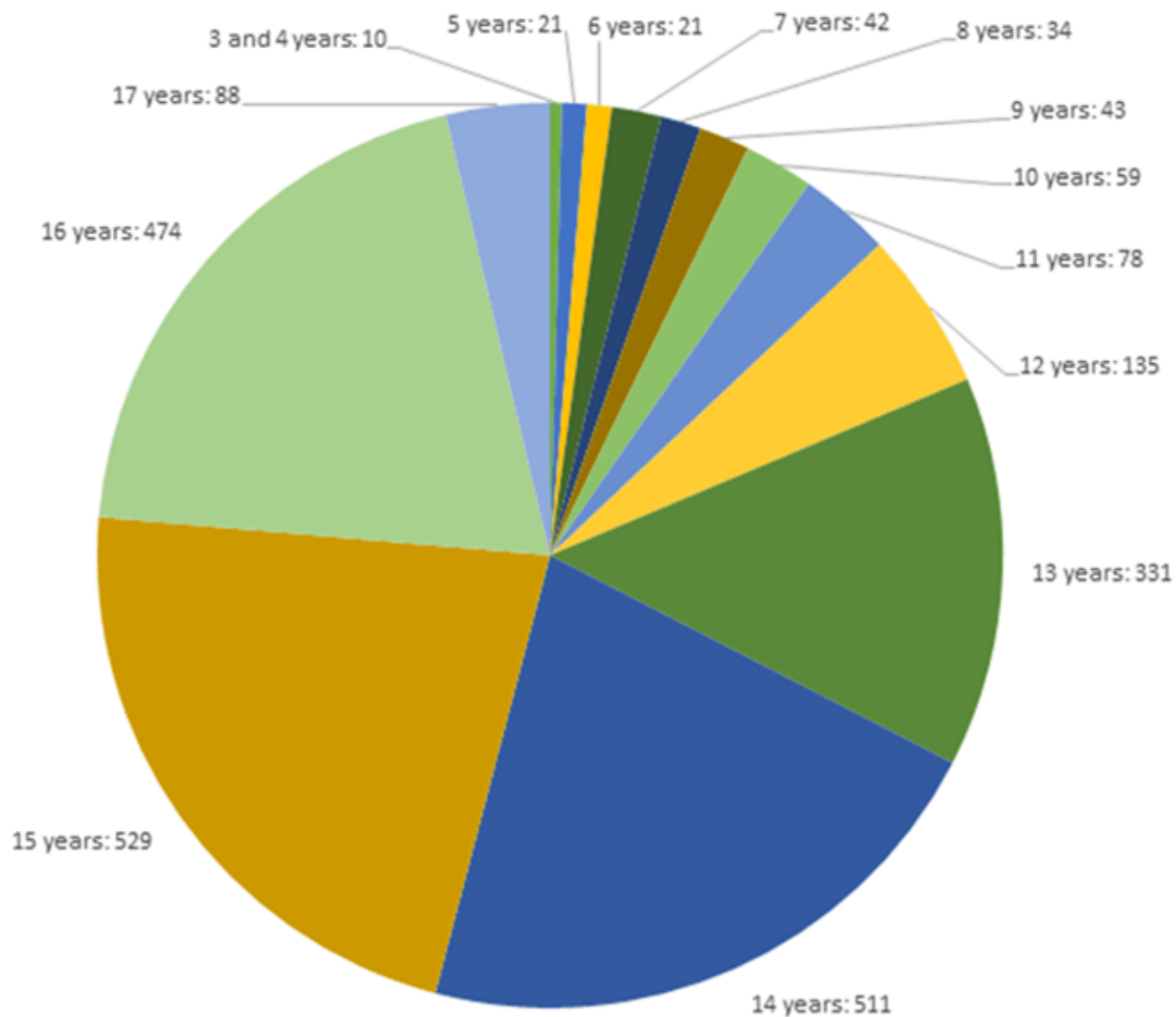
## The Effect of Age on Fertility

% Normal  
eggs



Age Groups (years)

Number of referrals at each age in FY 2018-19





Persisters vs Desisters

84%

Desist after  
Childhood



# Is it 16% Persist after Childhood



\*Steensma et al. (2011)

## Or 30% males and 64% females

77 participants 3.4 years later	Bio Males	Bio Females	Total
No follow up	19 (32%)	4 (22%)	23 (30%)
Desist	28 (70%)	5 (36%)	33 (61%)
Persist	12 (30%)	9 (64%)	21 (36%)

Wallien & Cohen-Kettenis (2008)

# Predicting Desisting / Persisting

## Persisters

- High degree of gender-variant behavior
- Higher intensity of GD
- Children who state “I am a boy” vs “I want to be a boy”
- True longing for a different body



## Desisters

- A desire to have a different body in order to fulfill a preferred gender role. They do not have a true aversion against their body.

# Psychological Concerns

- Since 2000 prepubescent children living as their identified gender increased from 1.6% to 8.9% with 33.3% living as their preferred gender but not announcing a pronoun change
- Gender Variant (GV) children are at significantly greater risk for: poor peer relations, poor family relations, psychologically vulnerable, depression, anxiety Cohen-Kettenis et al., 2003, Zucker et al., 2012, Grossman & D'Augelli, 2006, Hill & Menvielle, 2009, Singh et al., 2011, Steensma et al., 2014, Coates & Person 1085, Rekers & Morey, 1989, Zucker & Bradley, 1995
- Parental and peer support usually mitigates the risk Simons et al., 2013, Olsen et al., 2016
- Young children who socially transitioned and were supported in their gender identity had normal levels of depression (8-9%) compared to 58.1% of non-social transitioned and only slightly elevated anxiety (Olsen et al., 2016)



# 3 Options

Discourage cross-gender interests & behaviors



Wait and See if it is just a phase



Gender-affirmative treatment. Support transition to cross-gender role. Beneficial for children who will turn out to be persisters, but for desisters, will require social transition twice.



# Treatment pre-puberty

- Parental and peer support was significantly associated with higher life satisfaction and fewer depressive symptoms. Simons et al., 2013
- How and at what pace to intervene with GV children and families
  - Families who believe GV is innate are more likely to be accepting and embrace their child's preferred gender presentation.
  - Parents who believe GV can be changed look to environmental causes (Gray et al., 2016)
- Parents will seek out treatment approaches based on their own beliefs. (Gray et al., 2016)
- Dutch Protocol for children with GD: providing information to children and their families, psychological support, parental or/and family counseling.

# Gender Dysphoria Adolescents – DSM-V

Distress lasting at least 6 months and:

Two of the following

1. Incongruence between expressed gender / biological gender
2. Strong desire to be rid of sex characteristics
3. Strong desire for the primary/secondary sex characteristics of the other gender
4. Strong desire to be the other gender
5. Strong desire to be treated as the other gender
6. Strong conviction that one has the feelings/reactions of the other gender

**“I so prefer someone who just treats me like a human being.”**

# Adolescents



- GD persisting beyond 10 to 13 years of age will likely not desist (Kaltiala-Heino, 2018; Zucker, 2010)
- Being “out” at school improves self-esteem, decreases neurotic disorders, and has a positive impact on academic performance (Kosciw et al., 2015)
- Of those who had disclosed their gender identity to their parents:
  - 34% considered parents “very supportive”
  - 25% “somewhat supportive
  - 42% not very or not at all supportive (Travers et al., 2012)

# Adolescent treatment

- Patients with GD should be provided with care that helps prevent self-injurious behavior and suicidal ideation/attempts
- According to the Dutch Protocol:
  - Medical treatment should be considered at age 12 and in Tanner II-III stage of puberty (scrotal or breast enlargement – first external signs of puberty)
    - Puberty blockers
    - Hormones.





# Rapid onset gender dysphoria

- 10 x global increase in post-pubertal, self-diagnosed trans teens (Deutsch, 2016; Dhenje et al., 2014).

Social contagion phenomenon

Instant “special” status

Reduction in gatekeeping



# Resources

Out Texas Foundation

<http://outtexasfoundation.org/texas-lgbt-resources>

LGBT Community Centers

<http://www.lgbtcenters.org/Centers/find-a-center.aspx>

National Suicide Prevention Lifeline

1-800-273-TALK (8255)

Trevor Project

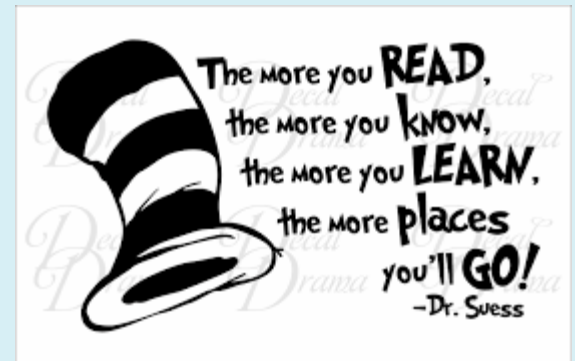
1-866-4-U-TREVOR (488-7386)

Waterloo Counseling Center

512-444-9922

# Books by Age group Pre-K to 7

- My Princess Boy (Pre-K-1)
- Play Free (Pre-K-1)
- Red (Pre-K-1)
- Jacob's New Dress (Pre-K-2)
- The Adventures of Tulip, Birthday Wish Fairy (Pre-K-3)
- All I want To Be IS Me (Pre-K-3)
- I am Jazz (K-5)
- 10,000 dresses (ages 1-3)
- Be Who You Are (1-4)
- The Boy in the Dress (5-7)
- Gracefully Grayson (5-7)



# Suggested Reading 12-18 youth

- I am J by Chris Beam
- Almost Perfect by Brian Katcher
- Parrotfish by Ellen Wittlinger
- Transgender Explained, for Those who are not by Joanne Herman
- Becoming Alec by Darwin Ward
- Mom, I Need to Be a Girl by Just Evelyn
- Luna by Julie Anne Peters
- Transgender History by Susan Stryker



# Resources

For Transgender Persons in Crisis:

- The Trevor Project's 24/7 Lifeline at 866-4-U-TREVOR (866-488-7386)
- Trevor Chat, the Trevor Project's online messaging service
- The National Suicide Prevention Lifeline at 800-273-TALK (8255)
- Trans Lifeline at 877-565-8860



- National Center for Transgender Equality (NCTE) (advocacy)
- Transgender Law Center (TLC) (legal services and advocacy)
- Gender Proud (advocacy)
- Sylvia Rivera Law Project (SRLP) (legal services)
- Transgender Legal Defense and Education Fund (TLDEF) (legal services)
- Trans People of Color Coalition (TPOCC) (advocacy)
- Trans Women of Color Collective (TWOCC) (advocacy)
- Black Trans Advocacy (advocacy)

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