



## “Psychology Works” Fact Sheet: Gender Dysphoria in Children

### What is gender diversity?

Most people experience little doubt about their gender, seeing themselves as either male or female. For most individuals, their natal or assigned sex is congruent with their physical body and their gender identity. It is important to note, however, that many people question the idea that male and female exist on a binary or are fixed opposites. Theorists have suggested that it may be more appropriate to think of gender as lying on a continuum or having multiple categories. Others have proposed a position of gender transcendence, arguing that traits, behaviours, and roles should be divorced from gender altogether.

It is important to remember that the idea of two opposite sexes may be a recent, Western idea. Recorded history includes many descriptions of people, from a range of cultures, who did not fit into the simple categories of male or female. In some cases these people were highly regarded and viewed as holy or as blessings to their families by virtue of their insight into both female and male worlds.

Many terms have been offered to describe children and youth who challenge gender norms, including gender diverse, gender fluid, gender creative, and gender independent. There is an increasing shift by many to view childhood gender nonconformity and gender variance as part of human diversity and not a reflection of pathology or disorder (e.g., Pyne, 2014). Being gender non-conforming is not a mental health problem. There is nothing wrong or harmful about having traits and behaving in ways that do not conform to gender norms.

It is important to distinguish between gender diversity / gender independence and gender dysphoria. Gender independent children may be comfortable with their natal sex but challenge and expand the boundaries of socially prescribed male/boy and female/girl gender roles; they may reject the male/boy and female/girl binary altogether, or they may identify clearly and consistently with a gender other than their natal sex (Pyne, 2014). The term transgender is also sometimes used to refer to children who consistently and persistently express a cross-gender identity and feel that their gender is different from their natal or assigned sex. Transgender children and youth may be more likely to experience gender dysphoria (i.e., distress related to their physical body or natal sex not matching their preferred or internal sense of gender).

### What is gender dysphoria?

People with gender dysphoria have a “marked incongruence between the gender they have been assigned to (usually at birth, referred to as natal gender) and their experienced/expressed gender” (APA, 2013). Gender dysphoria refers to the unhappiness or distress about this incongruence.



Gender Dysphoria is a psychiatric diagnosis that replaces the (arguably more pathologizing) DSM-IV diagnosis of Gender Identity Disorder. The Diagnostic and Statistical Manual of Mental Disorders, 5<sup>th</sup> edition (DSM-5; American Psychiatric Association, 2013) outlines the criteria for Gender Dysphoria in Children as follows: (A) a marked incongruence between one's experienced and expressed gender and assigned gender (of at least 6 months' duration) and (B) clinically significant distress or impairment in social, school, or other important areas of functioning associated with this incongruence.

The final criterion is very important: A formal diagnosis requires that the gender incongruence leads to significant distress and/or problems for the individual. Being gender fluid, gender independent, gender diverse, or gender creative is not necessarily associated with distress or difficulties and in itself should NOT be considered a disorder.

Estimating the prevalence of gender independence and gender dysphoria among children and youth is difficult due to barriers to research, treatment, and disclosure (Meier & Harris, APA fact sheet). It is not possible to predict whether gender independent children will come to identify as cisgender (non-trans) adults, as gender fluid into adulthood, or as transgender individuals who seek social and/or medical gender transition (Pyne, RHO fact sheet). Some research suggests gender diversity decreases with age, though this may result from a pressure to conform to gender roles rather than a true change in gender identity.

Evidence overwhelmingly indicates that children are "harmed by family and societal rejection and by attempts to change their gender identity or gender expression" (Minter, 2012, p. 422). Psychologists should be aware that The World Professional Association of Transgender Health (WPATH) has declared treatments that aim to change an individual's gender identity or gender expression (sometimes referred to as "conversion therapies") are not ethical. In fact, evidence increasingly suggests attempts to change a person's gender identity does harm. Gender affirming models of treatment, which aim to destigmatize gender variance, help children build resilience and become comfortable with themselves and their preferred identity, and help parents support their child, have been associated with better mental health outcomes.

Some (but not all) gender diverse / gender independent / gender fluid youth will want or need to transition, which may involve social transition (changing dress, name, pronoun), and, for older youth and adolescents, medical transition (hormonal and surgical intervention) (RHO fact sheet). Treatment may take the form of hormone blockers or cross-sex hormones or surgery, with the aim of bringing one's physical body in line with their felt gender. The ability to transition (socially and medically) are often essential in the treatment of gender dysphoria.

## **What is the Psychologist's Role?**

A psychologist can assist in doing an assessment to clarify a gender dysphoria diagnosis and to rule out or in other mental health concerns.

Psychologists can help children and their families cope with distress related to gender dysphoria and associated problems, and situations where others are less understanding of the child's self-expression



and behaviour. Children with gender dysphoria and their families may benefit from psychological treatments aimed at helping them with mood- and anxiety-related problems, which are not uncommon, but may or may not be related to gender issues. The psychologist can also help the child and family navigate decisions regarding timing and extent of social transition should they choose to pursue it. A psychologist also may help the child cope with any difficulties resulting from expressing their gender differently from their peers.

Finally, the family has increasingly been identified as an important system for intervention. The importance of family support and acceptance for transgender youth in terms of better mental health, self-esteem, and significantly decreased suicidality have been demonstrated in recent studies (e.g., Veale et al., 2015). Psychologists may provide assistance to parents in terms of helping them figure out how to best support their child and their gender expression. Psychologists may also play an advocacy role for children and their families in ensuring the school environment is accepting and accommodating of gender diverse youth and their gender expression.

## REFERENCES

American Psychiatric Association. (2003). *Diagnostic and statistical manual of mental disorders* (5<sup>th</sup> ed.). Washington, DC: Author.

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Minter, S. (2012). Supporting transgender children: New legal, social, and medical approaches. *Journal of Homosexuality*, 59, 422-433.

Pyne, J. (2014). Gender independent kids: A paradigm shift in approaches to gender non-conforming children. *Canadian Journal of Human Sexuality*, 23(1), 1-8.

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Veale, J. Saewyc, D., Frohard-Dourlent, H., Dobson, S., Clark, B & the Canadian Trans Youth Health Survey Research Group (2015). *Being safe, being me: Results of the Canadian Trans Youth Health Survey*. Vancouver, BC: Stigma and Resilience Among Vulnerable Youth Centre, School of Nursing, University of British Columbia.

## RESOURCES

- Canadian Professional Association for Transgender Health (CPATH). CPATH is an interdisciplinary professional organization devoted to the health care of individuals with gender variant identities. [www.cpath.ca](http://www.cpath.ca)



- World Professional Association for Transgender Health (WPATH; formerly known as the Harry Benjamin International Gender Dysphoria Association). WPATH is an international multidisciplinary professional association devoted to promoting evidence-based care for transgender health. WPATH provides clinical and ethical guidelines (Standards of Care) for the care of transgender individuals and those with gender dysphoria. [www.wpath.org](http://www.wpath.org)
- Sherbourne Health Centre. A Toronto-based health care centre that provides programs and health care services for the transgender community [www.sherbourne.on.ca/programs/transhealth.html](http://www.sherbourne.on.ca/programs/transhealth.html)
- Trans Programming at the 519. The 519 is a Toronto-based community centre that provides programs specific to the sexual-minority (lesbian, gay, bisexual, queer) and transgender communities. The trans programs provide a range of services for lower income, marginalized, and street active people. [www.the519.org/programsservices/transprograms](http://www.the519.org/programsservices/transprograms)
- Vancouver Coastal Health Transgender Health Program. This Vancouver-based program helps transgender individuals find trans-positive health and social services. <http://transhealth.vch.ca>

## Where can I get more information?

**You can consult with a registered psychologist** to find out if psychological interventions might be of help to you. Provincial, territorial and some municipal associations of psychology often maintain referral services. For the names and coordinates of provincial and territorial associations of psychology, go to <http://www.cpa.ca/public/whatisapsychologist/PTassociations/>.

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