



“Psychology Works” Fact Sheet: Gender Dysphoria in Adolescents and Adults

What is gender dysphoria?

Gender dysphoria refers to the distress that some people feel with their physical sex and/or gender role.

Some theorists propose that gender exists on a spectrum rather than being fixed opposites. Most people experience the sense that their physical bodies (i.e., female/male) are a good reflection of their gender identities (i.e., their internal sense of gender, or core gender) as women and men – they are cissexual/cisgender (the Latin prefix “cis” meaning “the same”). The term transgender (or increasingly, trans) refers to the many different ways that a person may experience their gender identity as different than the one assigned to them at birth. Some people experience a more marked inconsistency between the physical bodies they were born into and their gender identities. For example, they may have male genitalia and have been raised as male, yet identify as a woman. Still others identify more androgynously or feel they occupy a more middle space on the gender spectrum (e.g., genderqueer), and yet others might have a more fluid sense of gender (e.g., non-binary, gender-fluid). Those who feel less categorical may indicate a preference on a gender spectrum, such as being transfeminine or transmasculine.

How common is gender dysphoria?

It is a complex task to establish solid prevalence rates among hidden, and stigmatized, populations and there are no large-scale population studies of gender identity of which we are aware. Recent community-based research efforts such as Ontario’s Trans Pulse Project have proposed innovative methods to best approximate prevalence, such as respondent-driven sampling. Public health and epidemiology principles suggest that the prevalence rates of health issues capture only those who present for treatment and that these numbers represent the metaphorical “tip of the iceberg”. Of note, anecdotally, gender identity clinics across Canada have seen a significant surge in number of referrals over the past few years. Another clear referral trend is trans women and men presenting in fairly equal numbers, where it was previously thought that there were many more trans women than trans men. A recent demographic study conducted by the Trans Pulse Project shows that trans communities are diverse in age, sexual orientation, ethno-racial and educational backgrounds, and relationship and parental status.

Gender dysphoria in adolescents

Gender dysphoria in adolescence may be accompanied by depressed mood, anxiety, and behavioural problems, all of which can considerably heighten the adolescent’s distress. The Standards of Care outlined by the World Professional Association for Transgender Health (WPATH, 2012) recommend a careful assessment involving the family, and ample opportunities for an adolescent’s gender exploration.



If indicated, staged medical interventions are advised, often beginning with fully reversible ones such as puberty-delaying or –blocking hormones, to integrate and evaluate their effects before moving on to a next stage. Additional clinical competencies are required for working with adolescents.

Gender dysphoria in adults and transitioning

How people manage their gender dysphoria is a highly individual process that can depend on factors such as degree of dysphoria, financial resources, health status, and social support including relationship status and human rights protections. People may choose to live in accordance with their assigned/physical sex and not undergo any physical changes. Some might present themselves in a manner consistent with their core gender only in certain situations, such as at home or with specific groups of friends. Others may choose to live socially in accordance with their core gender through changes to their name and/or appearance, without undergoing any medical changes. Many adults with gender dysphoria do seek to change their body, however, to bring it more in line with their gender identity, a process called “medical transition”. They may do this by means of hormonal treatment, electrolysis, chest/breast surgery, cosmetic surgeries, gonadal and/or genital surgery. For those who feel it right for themselves, transition generally has a relatively high degree of satisfaction. Moreover, emerging research shows that there is a significant reduction in symptoms of distress and/or psychopathology during the process of medical transition, particularly after the initiation of hormone therapy (Heylens et al., 2014; Keo-Meier et al., 2015). Similarly, timely access to care and medical transition was among the factors associated with a strong reduction in suicide risk among a large Canadian community sample (Bauer et al., 2015).

How people access care for medical transition depends on the kind of intervention they desire and where they live in Canada. Hormone therapy can masculinize a body (with testosterone) or feminize a body (with an anti-androgen and estrogen source). Results can vary significantly depending on such factors as age and genetics. Hormones have some reversible and some irreversible effects, and can take approximately two years to determine their full effect. Increasingly, family doctors with training are prescribing hormone therapy, some on an informed consent model and some with assistance from a mental health professional with special competence in this area, or endocrinology, where indicated (LGBT Health Program, 2015).

Gender affirming surgeries are covered by many (but not all) of the provincial and territorial Ministries as insured services under the public health care plan. Among those where coverage is available, not all available surgeries are considered insured services. Even in cases of provinces with good coverage, there may be financial costs, such as travel, and the emotional toll of long wait lists for surgical assessments and/or surgery. In order to access these surgeries, clients must meet criteria for Gender Dysphoria (GD), along with what are considered eligibility and readiness criteria. The Diagnostic and Statistical Manual of Mental Disorders (DSM-5; American Psychiatric Association, 2013) outlines the criteria for GD as a “marked incongruence between one’s experienced/expressed gender and assigned gender” for a minimum of six continuous months, defined by at least 2 of the following: (1) marked incongruence between experienced gender and primary and/or secondary sex characteristics, (2) a strong desire to be rid of one’s primary and/or secondary sex characteristics on account of a marked incongruence with



experienced gender, (3) a strong desire for the primary and/or secondary sex characteristics of the other gender, (4) a strong desire to be the other gender, (5) to be treated as the other gender, or (6) a strong conviction that one has the typical feelings of the other gender (there is language to also acknowledge an alternative gender). To meet criteria, there must be evidence of distress about the incongruence. GD subtyping is with, or without, a disorder of sexual development. There is now a post-transition specifier for those living full-time as themselves with the help of one transition-related medical intervention.

The World Professional Association for Transgender Health (WPATH) Standards of Care (SOC) (Coleman et al., 2012) are a set of international guidelines for the care in working with trans clients, whose interpretations may differ based on national and regional context and health policies. The SOC have different eligibility and readiness criteria for different surgeries; the more significant the surgery, the higher the bar. Candidate recommendations for surgery are provided by a mental health professional with diagnostic powers (including psychologists and psychological associates) and special competency in Gender Dysphoria. Recommendations for gonadal and genital surgeries require two mental health recommendations and that clients be of legal age (18). Eligibility criteria for gonadal and genital surgeries is one year of continuous hormone therapy. A further eligibility criterion for genital surgeries is one continuous year of Gender Role Experience, where the person presents in their core gender in everyday public life, as part of a lived informed consent. There is also a set of readiness criteria for every surgery, which includes aspects such as having good mental health stability, social support, and knowledge of the intervention, its risks and a thoughtful aftercare plan. Requirements vary across provinces and territories, however, and individuals who are considering physical interventions are advised to consult with a local or regional mental health professional with competence in this area. Some provinces have identified providers or organizations empowered to carry out assessments for publically-funded surgeries. The Canadian Professional Association for Transgender Health (CPATH; contact information below) may be a useful resource.

There have been more recent provincial and federal policy changes to reflect the reality that some trans people, for a variety of reasons, do not have transition-related surgeries (TRS- also known by some as sex reassignment surgeries). For example, the Ontario Human Rights Commission's case of XY (2013) found that the bar of needing TRS to change one's sex designation on provincial identity documents was discriminatory and now a letter from a medical doctor or psychologist suffices. Federally, a changed birth certificate can now be the basis for a changed sex designation on one's Canadian passport (2015). Some community members are calling for the option of a gender neutral identity marker.

What causes gender dysphoria?

The exact cause of gender dysphoria remains unknown. Researchers have been trying to understand how much of gender identity is the result of nature (biological influences) or nurture (social or environmental influences). There is evidence to suggest that both have a role. There are debates about at what age gender identity is considered fixed, however, many would generally agree this is around the time of puberty. This means for those who clearly meet criteria for GD, therapy will not change their identity, nor



would it be considered ethical do try to do so. If indicated, a social and/or medical transition is considered the treatment of choice.

Although gender dysphoria has been viewed as a mental health issue in recent history, it was not always this way. 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 by virtue of their insight into both female and male worlds (e.g., 2-Spirited People of the 1st Nations, 2008). It is important to remember that the idea of two opposite sexes may be a recent, Western idea.

What is the Role of Psychologists?

The psychologist’s role in working with adults with gender dysphoria is varied and generally includes the following:

- Assessing and identifying a client’s gender dysphoria;
- diagnosing and providing treatment for any co-occurring mental health conditions (such as anxiety or mood-related problems) or substance use;
- exploring with the client the range of treatment options and their implications;
- determining readiness for hormonal or surgical treatments;
- helping clients adjust to their changing life circumstances as they transition;
- educating family members, employers, and institutions about gender dysphoria; and
- advocating on behalf of individuals to ensure that school and work environments are accepting and accommodating of gender diverse adolescents and adults, and their gender expression.

References

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2-Spirited People of the 1st Nations (2008). Our relatives said: A wise practices guide – voices of Aboriginal trans people. Toronto: <http://www.2spirits.com/>

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. <http://www.cpath.ca>
- *Rainbow Health Ontario*. This provincial program offers educational trainings, public policy advocacy and an online resource database to improve the health of LGBT people and access to competent care. <http://www.rainbowhealthontario.ca/>
- *Vancouver Coastal Health Transgender Health Information Program*. This BC-wide information hub providing access to information about gender affirming care and supports. <http://transhealth.vch.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 ethical guidelines concerning the care of individuals with gender dysphoria, as well as a membership directory and resource lists. <http://www.wpath.org>

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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Your opinion matters! Please contact us with any questions or comments about any of the *Psychology Works* Fact Sheets: factsheets@cpa.ca

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