GENDER DYSPHORIA

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- ***"Gender dysphoria"*** refers to psychological distress that results from an **incongruence** between one's experienced or expressed gender and one's assigned gender at birth.

GENDER IDENTITY DEVELOPMENT

- The most typically developing children begin expressing gendered behaviors and interests between ages 2 and 4 years.
- Onset of cross-gender behaviors is usually corresponds to this developmental time period.

GENDER IDENTITY DEVELOPMENT STAGES

- **Around age two:**
- Children become conscious of the physical differences between boys and girls.
- **Before their third birthday:**
- Most children can easily label themselves as either a boy or a girl.
- **By age four:**
- Most children have a stable sense of their gender identity.

- During this same time of life, children learn ***gender role behavior*** - that is, doing *"things that boys do"* or *"things that girls do."*

- However, ***cross-gender preferences and play are a normal part of gender development*** and exploration regardless of their future gender identity.

If your child is showing significant signs of distress and is struggling in school, with friends, or with other areas of functioning, it can be important

AGE OF ONSET …

- Gender Dysphoria can develop in any ages.
- But typically, develops in early childhood.
- Most studies reported patients could ***remember experiencing some feelings of gender dysphoria by the age of 7.***
- Presentations & factors related to distress and impairment vary with age.

- Young children are less likely to express extreme and persistent anatomic dysphoria.

- In adolescents and adults, incongruence between experienced gender and somatic sex is a central feature of the diagnosis.

- A ***very young child*** may show **signs of distress** (e.g., intense crying) only when parents tell the child that he or she is "really" not a member of the other gender but only "desires" to be.

- Distress ***may not be manifest*** in environments supportive of the child's desire to live in the role of the other gender and may emerge only if the desire is interfered with.

- In ***preschool-age children***, both pervasive cross-gender behaviors and the **expressed desire** to be the other gender may be present.

- Rarely, labeling oneself as a member of the other gender may occur.
- In some cases, the ***expressed desire*** to be the other gender appears later, usually at entry into ***elementary school.***

ANATOMIC DYSPHORIA

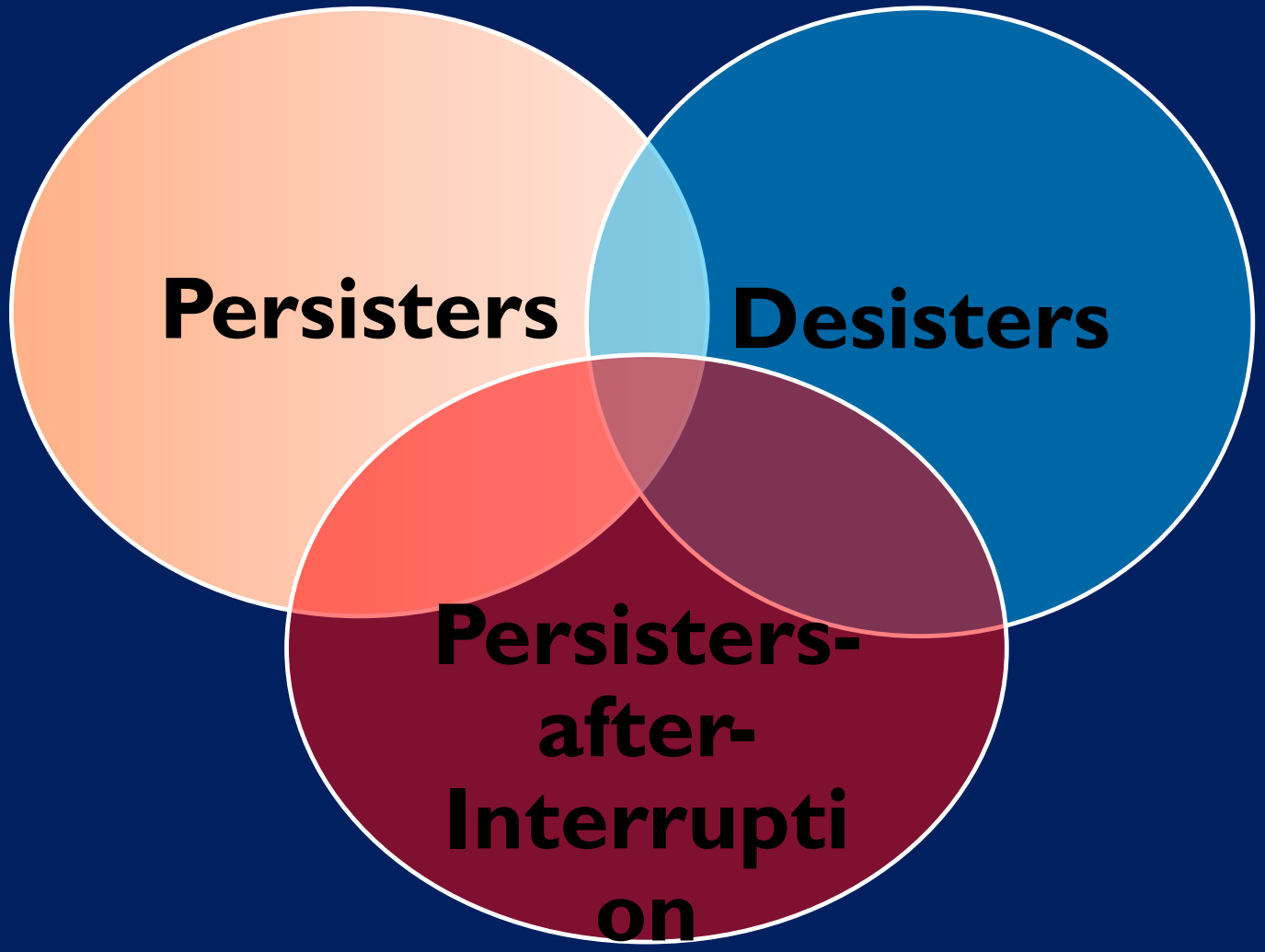
- A small minority of children express discomfort with their sexual anatomy.
- They will desire to have a sexual anatomy corresponding to the experienced gender.
- Expressions of ***anatomic dysphoria*** become more common as children approach and anticipate ***puberty.***

- In ***adolescents and adults***, distress may manifest because of strong incongruence between experienced gender and somatic sex.

- Such distress may be mitigated by supportive environments and knowledge that biomedical treatments exist to reduce incongruence.

- Impairment (e.g., school refusal, development of depression, anxiety, and substance abuse) may be a consequence of gender dysphoria.

PATHWAYS IN CHILDREN WITH GENDER DYSPHORIA



- Rates of persistence of gender dysphoria from childhood into adolescence or adulthood vary.
- In natal males, persistence has ranged from 2.2% to 30%.
- In natal females, persistence has ranged from 12% to 50%.

Persistence of gender dysphoria is modestly correlated with dimensional measures of severity ascertained at the time of a childhood baseline assessment.

SINCE "TRANSSEXUALISM" TO "GENDER DYSPHORIA"

- Despite increased attention to transgender people, the first two editions of *DSM* contained no mention of gender identity.
- Gender identity disorder first appeared as a diagnosis in the **DSM-III (1980),** where it appeared under three relevant diagnostic entities:
  - *Gender Identity Disorder of Childhood (GIDC)*
  - *Transsexualism (for adolescents and adults)*
  - *Psychosexual Disorder NOS*

- The **DSM-III-R (1987)** added "Gender Identity Disorder of Adolescence and Adulthood, Non-Transsexual Type". There were four relevant diagnostic entities:
  - *GIDC*
  - *Transsexualism*
  - *Gender Identity Disorder of Adolescence or Adulthood, Non-transsexual Type (GIDAANT)*
  - *Gender Identity Disorder NOS*

- With the release of **DSM–IV in 1994**, "transsexualism" was replaced with "gender identity disorder in adults and adolescence" in an effort to reduce stigma.

- In **DSM-IV** and **DSM-IV-TR**, there were three relevant diagnostic entities:
- *Gender Identity Disorder (GID) (with separate criteria sets for children vs adolescents/adults)*
- *Transvestic Fetishism (with Gender Dysphoria)*
- *GIDNOS*

- **DSM-V (2013)** replaced gender identity disorder (GID) with gender dysphoria (GD).

- In **DSM-5-TR (2019)** terminology has been updated to conform to current preferred usage.

- Over these three editions of the DSM, the Gender Identity Disorders have had different placements in the manual:

- In **DSM-III,** the diagnoses were in the section called *Psychosexual Disorders*
- In **DSM-III-R,** the diagnoses were in the section called *Disorders Usually First Evident in Infancy, Childhood, or Adolescence*
- In **DSM-IV,** the diagnoses were in the section called *Sexual and Gender Identity Dis*
- In **DSM-5** and **DSM-5-TR** the diagnoses were in the section called *Sexual and Gender Identity Dis*

One concern about the DSM criteria for Gender Dysphoria

(in all of the editions) is that there is little systematic research that

documents evidence for inter clinician reliability of the diagnosis.

- DSM criteria **may not adequately differentiate** children with GD from those children who **merely show a pattern of extreme "gender nonconforming" behavior** but who are not "truly" GD.

- Interestingly, clinicians were prone to **"profound underdiagnosis"** of GD (they did not make the diagnosis even when the vignette included information that was consistent with the DSM-IV criteria).

DSM-5 CHANGES IN CRITERIA

- **Gender identity disorder (GID) was replaced with gender dysphoria**
  - ***First,*** the term GID did not fully capture the **"incongruence"** between one's assigned gender and one's somatic sex
  - ***Second,*** eliminating the word "disorder" would **reduce stigma**
  - ***Third,*** the term "gender dysphoria," has a **rich and long history** in clinical sexology

DSM-5 CHANGES IN CRITERIA

- To avoid the overdiagnosing, **the desire to be of the other gender (A1) has been proposed as a necessary symptom.**

- The persistent desire to be of the other gender **does not explicitly required to be verbalized** and allows the clinician inferring it based on other evidences.

- *For example, in unaccepting environments some children may inhibit their verbalized expression to be of the other gender, but that the desire may become more manifest in a more accepting environment (after rapport is established with a clinician)*

DSM-5 CHANGES IN CRITERIA

- A **6-month duration** criterion has been proposed as a lower bound, which may help clinicians rule out symptoms of a transient nature.

- Subtyping as a function of the presence versus absence of a **disorder of sex development (DSD)** (physical intersex conditions) has been proposed.

- *There is good clinical evidence that individuals with a DSD can experience gender dysphoria and also the presence of a DSD is likely a predisposing factor*

DSM-5 CRITERIA FOR GENDER DYSPHORIA IN CHILDREN

A. A marked incongruence between one's experienced/expressed gender and assigned gender, of at least 6 months duration, as manifested by at least 6 of the following indicators (including A1):

1. A strong desire to be of the other gender or an insistence that he or she is the other gender (or some alternative gender different from one's assigned gender)

2. A strong preference for cross-dressing or simulating other gender **attire**; **clothing**

3. A strong preference for cross-gender roles in make-believe or fantasy **play**

4. A strong preference for the **toys, games, or activities** typical of the other gender

5. A strong **rejection** of typically **toys, games, and activities** and a strong avoidance of appropriate play

6. A strong preference for **playmates** of the other gender

7. A strong **dislike of one's sexual anatomy**

8. A strong **desire for the primary and/or secondary sex characteristics** that match one's experienced gender.

DSM-5 CRITERIA FOR GENDER DYSPHORIA IN CHILDREN

B. The condition is associated with clinically significant distress or impairment in social, occupational, or other important areas of functioning, or with a significantly increased risk of suffering, such as distress or disability.

Subtypes:

With a disorder of sex development

Without a disorder of sex development

DSM-5 CRITERIA FOR GENDER DYSPHORIA IN ADOLESCENCE

A. A marked incongruence between one's experienced/expressed gender and natal gender of at least 6 months in duration, as manifested by at least two of the following indicators (including A1):

1. A marked incongruence between one's experienced/expressed gender and primary and/or secondary sex characteristics (or in young adolescents, the anticipated secondary sex characteristics)

2. A strong desire **to be rid of one's primary and/or secondary sex characteristics** because of a marked incongruence with one's experienced/expressed gender

3. A strong **desire for the primary and/or secondary sex characteristics** of the other gender

4. A strong **desire to be of the other gender** (or some alternative gender different from one's designated gender)

5. A strong **desire to be treated as the other gender**

6. A strong **conviction that one has the typical feelings and reactions of the other gender**

DSM-5 CRITERIA FOR GENDER DYSPHORIA IN ADOLESCENCE

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

Specify if:

The condition exists with a disorder of sex development

The condition is post-transitional

*The individual has transitioned to full-time living in the **desired gender** (with or without legalization of gender change) and has undergone (or is preparing to have) at least one **cross-sex medical procedure** or treatment regimen—namely, regular **cross-sex hormone treatment** or gender reassignment surgery confirming the desired gender (e.g., penectomy, vaginoplasty in **natal males;** mastectomy or phalloplasty in **natal females**).*

DSM-5-TR CHANGES IN CRITERIA

- **DSM-5-TR (2019)** has been updated the terminology to conform to current preferred usage.
- The ***"desired gender"*** is replaced with ***"experienced gender".***
- The term ***"natal male/natal female"*** is replaced with ***"individual assigned male at birth"*** or "individual assigned female at birth".
- The term ***"cross-sex treatment regimen"*** is replaced with ***"gender-affirming treatment regimen".***

Over the years, several research teams have reported on various sex-typed measures that can be used in the assessment of gender variance.

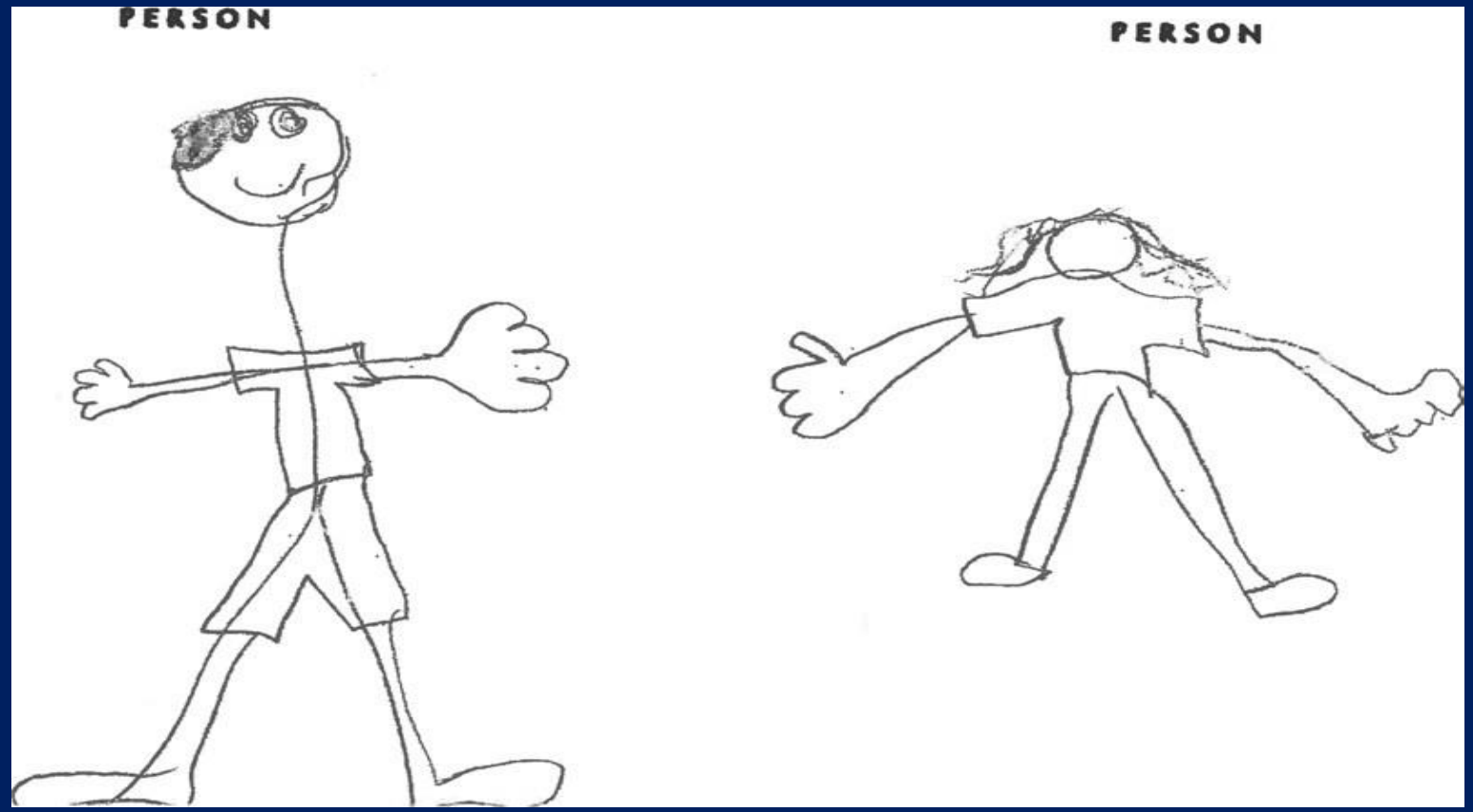
SEX-TYPED ASSESSMENT PROTOCOL

- **Child Measures**
  - Draw-a-Person test
  - Free Play Task
  - Playmate and Play Style Preferences
  - Structured Interview
  - Color Preference Task
  - Gender Constancy Tasks
  - Gender Identity Interview for Children
- **Parent Measures**
  - Temperament Questionnaire
  - Games Inventory
  - Gender Identity Questionnaire for Children

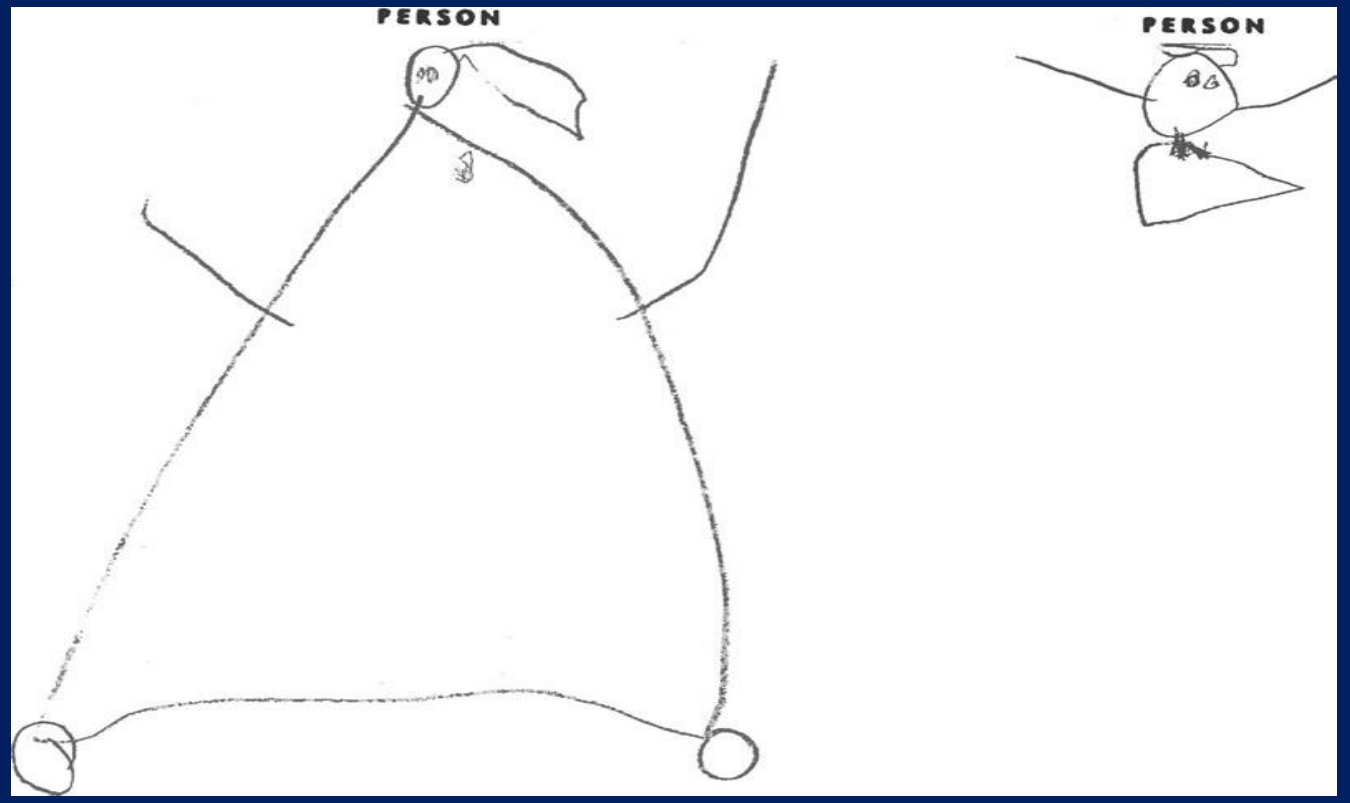
- Some measures are relatively brief and can be easily used by the practicing clinician.

- Other measures are more difficult to use outside of a specialized research unit, since standard sets of stimuli (eg, certain toys and dress-up apparel) are required.

- In general the use of these measures can compliment the clinical interview and can provide a more dimensionalized picture of the child's clinical presentation.



THE DRAWINGS OF A 6-YEAR-OLD GIRL WITH GID.
SHE DREW A **BOY FIRST**, WHICH WAS **TALLER** THAN HER. DRAWING OF A GIRL, WHICH SHE IDENTIFIED AS "ME HAVING A BAD HAIR DAY." NOTE ALSO THAT THE **BOY DRAWING HAD DETAILED** FACIAL FEATURES, BUT THAT THE DRAWING OF THE GIRL WAS DEVOID OF FACIAL FEATURES.



THE DRAWINGS OF A 5-YEAR-OLD BOY WITH GID.
HE **DREW A GIRL FIRST,** WHICH WAS **NOTABLY LARGER** THAN THE SUBSEQUENT DRAWING OF A BOY. NOTE ALSO THAT **THE BOY LACKED REPRESENTATIONS OF FEET,** WHICH CONTRASTED TO THE GIRL.

- Thus, in addition to simply noting whether a child draws a person of the same-sex or opposite-sex first, there are also qualitative features of the person representations that may be clinically informative.

- Be cautious about definitive conclusions from the use of **single measures**.
- Be very careful in **avoiding false-positive** clinical judgments.

A comprehensive assessment, multi-method, multi-informant protocols are the gold standard.

Thanks for your attention