

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 six of the following, one of which **MUST** be Criterion 1:
1. A strong desire to be of the other gender or an insistence that one is the other gender (or some alternative gender different from one's assigned gender).
 2. In boys (assigned gender), a strong preference for cross-dressing or simulating female attire; or in girls (assigned gender), a strong preference for wearing only typical masculine clothing and a strong resistance to the wearing of typical feminine clothing.
 3. A strong preference for cross-gender roles in make-believe play or fantasy play.
 4. A strong preference for the toys, games, or activities stereotypically used or engaged in by the other gender.
 5. A strong preference for playmates of the other gender.

Gender Dysphoria (in Children)

- A.
 - 6. In boys (assigned gender), a strong rejection of typically masculine toys, games, and activities and a strong avoidance of rough-and-tumble play; or in girls (assigned gender), a strong rejection of typically feminine toys, games, and activities.
 - 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.
- B. 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. A marked incongruence between one's experienced/expressed gender and assigned gender, of at least 6 months' duration, as manifested by at least two of the following:
 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 (or in young adolescents, a desire to prevent the development of the anticipated secondary sex characteristics)
 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 assigned gender).
 5. A strong desire to be treated as the other gender (or some alternative gender different from one's assigned gender).

Gender Dysphoria (in Adolescents and Adults)

- A. 6. A strong conviction that one has the typical feelings and reactions of the other gender (or some alternative gender different from one's assigned gender).
- B. The condition is associated with clinically significant distress or impairment in social, occupational, or other important areas of functioning.

Gender Dysphoria

Specifiers:

With a Disorder of Sex Development
Posttransition

(DSM-IV Specifiers, no longer used):

Sexually Attracted to Males

Sexually Attracted to Females

Sexually Attracted to Both

Sexually Attracted to Neither

Gender Dysphoria – Features

Prevalence ranges from 0.005-0.014% for males and 0.002-0.003% for females.

Onset of cross-gender interests usually present between 2-4 years of age, and decrease upon school entry.

By early adulthood, 75% of GD boys report homosexual or bisexual attraction (DSM-IV-TR, APA, 2000). While no statistics exist, most GD girls report homosexual attraction (1 out of 72, Blanchard, 1990).

Many GD individuals take hormones to stimulate secondary sex characteristics of the opposite gender (and reduce those of their own gender). In pre-pubescent children with GD, hormones may be taken to prevent the manifestation of secondary sex characteristics.

Post-surgical adjustment is related to pre-surgical adjustment. Most transsexuals report satisfaction with sex-change surgery (medical complications mediates satisfaction levels) but 10% regret having the procedure.

Gender Dysphoria – Etiology

There is no definitive research supporting the etiology of GD, however, research shows that gender is determined by chromosomal factors, and stereotypical gender-appearance (e.g., facial hair, slender vs. broader jawlines, shoulder vs. hip breadth, etc.) is determined by chromosomal and hormonal factors.

Gender socialization and identification, particularly gender-role identification is determined more by the environment and factors related to nurture (vs. nature).

Gender Dysphoria – Etiology

Sociocultural Theories

- Children see differential responses of the culture to genders and “choose” to be the perceived preferential gender
- Homosexual attractions are understood to be a minority orientation and as such, individuals are more likely to reject their biological gender and adopt the opposite gender-identification in order to decrease their conflict about their same-gender romantic attractions
- It seems to be nowadays that adolescents and young adults “rebel” against classification/categorization and see gender-identification as choice vs. as social norm

Gender Dysphoria – Etiology

Biological Theories

- Zygotes (fertilized embryonic cells) develop as females unless male hormones are secreted (determined by “Y” chromosome) during the first trimester, in which case the development takes on a male course (e.g., development of testes and penis)
- Chromosomal abnormalities can result in underdevelopment of gender-based genitalia as well as under/oversecretion of hormones that influence stereotypical gender appearance. At times, this can result in a hermaphroditic or non-gendered appearance
- Hormonal imbalances can result in a wide-range of stereotypical gender-associated features, both gender-consistent and gender-inconsistent

Gender Dysphoria – Treatment

The most common treatment is supportive psychotherapy, mostly utilizing a CBT approach, to help individuals connect and integrate their experience of their identity and their bodies.

Addressing societal gender role expectations vs. gender and gender role identifications (external and internal) is critical as a basis for guiding treatment.

Most treatment attempts to integrate (increase the consistency between) one's felt/experienced gender identity and one's experience of society's (family's, etc.) expectations of their gender role. Often, gender role expectations are connected to and facilitated by physical appearance (body and facial features, dress, build, etc.).

Gender Dysphoria – Treatment

This can include appearing in ways that increase consistency (e.g., dressing and living as the opposite gender), with or without surgical alteration of the body, changing one's environment to allow one to live in a manner that is more comfortable for them/receives less criticism/negative responses from others.

For some people with Gender Dysphoria, treatment includes stepwise movement towards surgical transitioning.

Good treatment also includes family therapy, though not all families are open to participating in this. For some family members and individuals with Gender Dysphoria, loss of the former gender identity is a critical issue and how well they grieve can complicate the clinical picture.