



Gender Dysphoria

What is Gender Dysphoria?

Gender Dysphoria is a condition where a person's experienced gender is incongruent with the assigned gender. Assigned gender refers to the gender that was assigned at birth depending on the appearance of the genital, while experienced gender is the gender with whom one identifies. This incongruence causes clinically significant distress and affects one's daily functioning. Gender dysphoria is independent of sexual orientation; a person with gender dysphoria may be heterosexual, homosexual, bisexual, or asexual.

Most children begin to show behaviours and interests that relate to their gender roles between ages 2 and 4 years. It is also the ages when children may begin to express gender-variant behaviours, although many of them may not express these behaviors until much later. Children with gender dysphoria often express a desire to be the other gender. A minority of them may also label themselves as the other gender. In daily life, they usually show strong preferences in dressings, toys, and activities that are commonly associated with the other gender and resist those stereotyped with their assigned gender. For example, a natal boy with gender dysphoria may prefer to wear dresses and engage in a quiet playstyle instead of rough-and-tumble play. Children with gender dysphoria may also prefer to be the other gender in fantasy or pretend play and enjoy playing with peers of the other gender. As they age and approach puberty, some of them may also show a strong dislike of their sexual organ and desire for the ones that match their experienced gender.





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Not all gender-variant behaviour in children indicates gender dysphoria. Parents should remember that gender expressions, such as preferences for hairstyles, clothing, nicknames, physical gestures, styles of behaviors, etc. may be influenced by environmental, interpersonal, and social factors. Gender nonconforming behaviour or even desire to be the other gender may be a normal variation in development without aversive consequences. Many children go through a phase of gender nonconformity and their gender expressions may change over time according to social stereotypes or personal affiliations. For most of the pre-puberty children, gender non-confirming behaviour does not persist into adolescence. Gender expressions do not define a person's gender identity. However, it is important to understand that gender expressions are different from gender identity, which cannot be changed. Parents should seek professional consultation for children upon suspicion of gender dysphoria.

How does Gender Dysphoria affect children?

Gender dysphoria may cause emotional and behavioural problems in children. Their peer relationship may also be affected due to gender-variant behaviours. Research has shown that children with gender dysphoria are generally more anxious (Wallien, Van Goozen, & Cohen-Kettenis, 2007). They also demonstrate more behavioral and emotional problems, such as aggression, hyperactivity, or depression (Steensma et. al, 2014).

Besides, gender nonconforming behaviours are often negatively evaluated by other children. As a result, children with gender dysphoria may experience poorer peer relationship, which also affects their psychological well-being (Ristori, & Steensma,





2016). Moreover, it is found that the well-being of children with gender dysphoria are better in places where society is more open to gender nonconforming behaviours (Ristori, & Steensma, 2016).

How common is Gender Dysphoria?

Formally diagnosed gender dysphoria is very rare in adults, affecting 2-14 out of 100,000, with more natal males than natal females (American Psychiatric Association, 2013). While around 1-5% of children were reported to behave like the other gender and 1-1.4 % of children expressed a desire to be the other gender (Ristori & Steensma, 2016; Zucker, 2017), the formal diagnostic rate for gender dysphoria in children has not yet been documented.

What causes Gender Dysphoria?

In some rare cases, gender dysphoria may be caused by hormonal dysfunctions or abnormalities at birth, such as androgen insensitivity syndrome and intersex conditions (Kreukels et al., 2018). For most other children, the exact cause of gender dysphoria has not been identified. It is possible that multiple biological and psychological factors contribute to the manifestation of gender dysphoria.

What conditions may coexist with Gender Dysphoria?

Around half of the children with gender dysphoria are affected by other mood or behavioural disorders, for example, anxiety, depression, and disruptive behaviours (Wallien, Swaab, & Cohen-Kettenis, 2008). Children with gender dysphoria are more





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likely to also have Autism Spectrum Disorder (ASD); research suggests that ASD is present in approximately 6.4-7.8% of children with gender dysphoria (de Vries et al., 2010; Ristori & Steensma, 2016).

Will children with Gender Dysphoria become transgender when they grow up?

The majority of children with gender dysphoria will in fact grow up with their symptoms remitted. Foreign research found that only one to three out of ten children continue to be gender dysphoric during and after puberty. Some children with remitted gender dysphoria may develop variant sexual orientations while the remaining grow up to be similar to other adolescents (Wallien & Cohen-Kettenis, 2008; Ristori & Steensma, 2016).

What is the mainstay of treatment for children with Gender Dysphoria?

Treatment for children with gender dysphoria usually targets associated emotional or behavioural problems instead of gender dysphoria itself. Treatment goals include helping children cope with problems with peers, other mental health conditions, and helping the family navigate through the condition (De Vries & Cohen-Kettenis, 2012). While treatments that aim to suppress the gender identity of children is known to be harmful and unethical (Ristori & Steensma, 2016), hormonal therapies and





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reassignment surgery are only suggested for fully confirmed gender dysphoria during or after puberty (De Vries & Cohen-Kettenis, 2012).

What can I do if my child shows features of Gender Dysphoria?

Rearing a child with gender dysphoria can be complicated and stressful. Parental guidance and parenting style also play major roles in the well-being and development of the child. Therefore, parents of children who show features of gender dysphoria are recommended to seek consultation from mental health professionals. Psychiatrists, clinical psychologists, and counselors may be able to offer strategies in parenting and managing parental stress.

As a general guideline, it is not suggested to prohibit gender-variant behaviours as it may have a negative effect on children's psychological well-being. However, as symptoms of gender dysphoria in the majority of children are found to remit around puberty, it is not advisable to allow children to live as the other gender socially before puberty as it may be difficult to change back if they identify themselves with the assigned gender later.

Living as the other gender socially includes being given a different name, being referred to with another pronoun ("her" for an assigned boy), or always wearing the clothing of the other gender. Parents should try to strike a balance between accepting the gender dysphoria of the children and affirming them the reality (that they are physically their





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assigned gender). Parents may encourage children to keep in contact with both gender and engage in activities that are in line with their assigned gender while setting appropriate limits for gender-variant behaviours to protect children from potential hostility from others (De Vries & Cohen-Kettenis, 2012).

Ultimately, it is most important to show children that they are loved and accepted unconditionally, regardless of their gender identity or expressions.

Parents may:

- ✓ Read books and learn more about the subject in order to have scientific and accurate information when talking to children about gender.
- ✓ Seek help and support for themselves if having a difficult time accepting children's gender identity. Parents may refer to credible websites, printed materials, or seek help from support groups and mental health providers.
- ✓ Have an open mind to hear about children's desires or struggles, rather than trying to suppress or change children's identity.
- ✓ Encourage children to communicate potential problems, such as bullying or peer pressure.
- ✓ Pay attention to children's emotional states and watch out for signs of behavioral problems as many children with gender dysphoria experience mood problems.
- ✓ Try to strike a balance between accepting children's gender identity and affirming children the fact that they are physically their assigned gender.
- ✓ Encourage children to keep in contact with both gender and engage in activities that are in line with their assigned gender while setting appropriate limits for





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gender-variant behaviours to protect children from potential hostility from others (De Vries & Cohen-Kettenis, 2012).

Parents are advised not to:

- ✖ Try to suppress or change children's gender identity.
- ✖ Prohibit gender-variant behaviors as it may have a negative impact on children's psychological well-being, such as feeling ashamed of who they are.
- ✖ Allow children to live as the other gender socially before puberty, such as being given a different name, being referred to with another pronoun ("her" for an assigned boy), or always wearing the clothing of the other gender, as it may be difficult for children to change back if they identify themselves with the assigned gender later in the puberty.

Relevant Information:

- Hospital Authority Outpatient Clinics:
https://www.ha.org.hk/visitor/ha_visitor_index.aspContent_ID=10052&Lang=ENG&Dimension=100&Parent_ID=10042
- Transgender Resource Centre:
<https://tgr.org.hk/index.php/zh/>

References:





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- American Psychiatric Association. (2013). Diagnostic and statistical manual of mental disorders (DSM-5®). American Psychiatric Pub.
- Caring for Kids <https://www.caringforkids.cps.ca/handouts/gender-identity>
- Cohen-Kettenis, P. T., Wallien, M., Johnson, L. L., Owen-Anderson, A. F., Bradley, S. J., & Zucker, K. J. (2006). A parent-report gender identity questionnaire for children: A cross-national, cross-clinic comparative analysis. *Clinical Child Psychology and Psychiatry*, 11(3), 397-405.
- de Vries, A.L.C., Noens, I.L.J., Cohen-Kettenis, P.T, van Berckelaer-Onnes, I.A., & Doreleijers, T.A. (2010). Autism Spectrum Disorders in Gender Dysphoric Children and Adolescents. *Journal of Autism and Developmental Disorders*, 40, 930–936.
- de Vries, A. L., & Cohen-Kettenis, P. T. (2012). Clinical management of gender dysphoria in children and adolescents: the Dutch approach. *Journal of homosexuality*, 59(3), 301-320.
- Kreukels, B. P., Köhler, B., Nordenström, A., Roehle, R., Thyen, U., Bouvattier, C., ... & Arlt, W. (2018). Gender dysphoria and gender change in disorders of sex development/intersex conditions: results from the dsd-LIFE study. *The journal of sexual medicine*, 15(5), 777-785.
- Ristori, J., & Steensma, T. D. (2016). Gender dysphoria in childhood. *International Review of Psychiatry*, 28(1), 13-20.
- Steensma, T. D., Zucker, K. J., Kreukels, B. P., VanderLaan, D. P., Wood, H., Fuentes, A., & Cohen-Kettenis, P. T. (2014). Behavioral and emotional problems on the Teacher's Report Form: A cross-national, cross-clinic comparative analysis of gender dysphoric children and adolescents. *Journal of abnormal child psychology*, 42(4), 635-647.
- Wallien, M. S., & Cohen-Kettenis, P. T. (2008). Psychosexual outcome of gender-dysphoric children. *Journal of the American Academy of Child & Adolescent Psychiatry*, 47(12), 1413-1423.
- Wallien, M. S., Swaab, H., & Cohen-Kettenis, P. T. (2008). Psychiatric co-morbidity among clinically referred children with gender identity disorder. *Causes, Psychosocial functioning and Consequences*, 75.
- Wallien, M. S., Van Goozen, S. H., & Cohen-Kettenis, P. T. (2007). Physiological correlates of anxiety in children with gender identity disorder. *European child & adolescent psychiatry*, 16(5), 309-315.
- Zucker, K. J. (2017). Epidemiology of gender dysphoria and transgender identity. *Sexual health*, 14(5), 404-411.

