

Gender Dysphoria in Children and Adolescents

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Disclosure Slide

- **Relationships with commercial interests:**
 - **Grants/Research Support:** None
 - **Speakers Bureau/Honoraria:** None
 - **Consulting Fees:** None
 - **Other:** None
- **Potential for conflict(s) of interest:**
 - I have no potential conflicts of interest to disclose

Acknowledgments

- I would like to acknowledge that this slide set was adapted from materials provided by **RAINBOW HEALTH ONTARIO** and **SHERBOURNE HEALTH** from their online resources, trans and gender diverse primary care presentation, and other resources with permission from Silvano Hernando, RP, Clinical Educator, RHO
- I would like to acknowledge **CATHERINE MASER RN** with Sick Kids Transgender Clinic for her support and expertise

Learning Objectives

At the end of this presentation, participants will be able to:

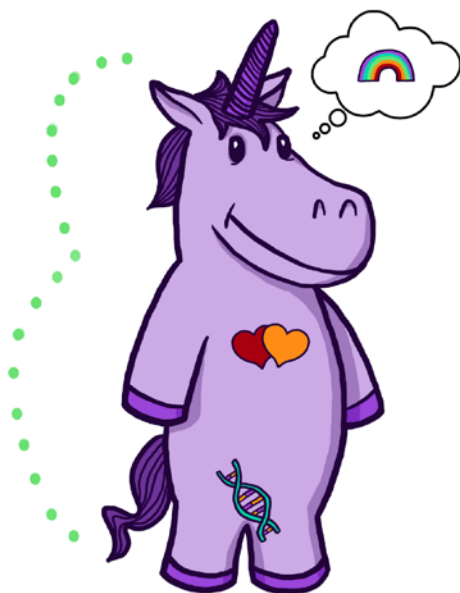
1. Recognize signs and symptoms of gender dysphoria in children and adolescents and appropriately refer for assessment and diagnosis.
2. Advocate for your pediatric and adolescent patients with gender dysphoria and provide support and collaboration in their care.

Gender Terms

GENDER UNICORN

The Gender Unicorn

Graphic by:
TSER
Trans Student Educational Resources



Gender Identity

Female/Woman/Girl
Male/Man/Boy
Other Gender(s)

Gender Expression

Feminine
Masculine
Other

Sex Assigned at Birth

Female Male Other/Intersex

Physically Attracted to

Women
Men
Other Gender(s)

Emotionally Attracted to

Women
Men
Other Gender(s)

To learn more, go to:
www.transstudent.org/gender

Design by Landyn Pan and Anna Moore

Gender Terms

Adapted from "Gender Identity" on the CPS Caring for Kids website

Sex assigned at birth:

When children are born, they are assigned "male" or "female" based on their external sex organs.

Gender identity:

Gender identity is "who you know yourself to be". While gender has generally been used to mean male or female, we now understand that gender exists on a spectrum.

Gender expression:

This is how you express your gender to others, whether through behaviour, clothing, hairstyle, or the name you choose to go by.

Sexual orientation:

This refers to the gender of the people to whom you are typically sexually and/or romantically attracted.

Gender Terms

Adapted from "Gender Identity" on the CPS Caring for Kids website

- **Transgender:** gender identity is not the same as their assigned sex at birth
- **Cisgender:** gender identity is the same as their assigned sex at birth
- **Gender non-conforming:** gender identity, role or expression differs from what is normative for their gender assigned at birth in a given culture and historical period.
- **Gender dysphoria:** Describes the level of discomfort or suffering associated with the conflict that can exist between a person's assigned sex at birth and their true gender.
- **NOTE:** some transgender children experience no distress about their bodies, but others may be very uncomfortable with their assigned sex, especially at the start of puberty when their body starts to change.

Statistics

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Did You Know?

Adapted from Trans and Gender Diverse Primary Care Slide Set by RHO and Sherbourne Health

There are about
86 000 self-
identified trans
people in Ontario

Very conservative
estimate of 0.6%
in adults and 1.2-
4.1% in teens

Health Care Quick Facts

*Adapted from Trans and
Gender Diverse Primary
Care Slide Set by RHO and
Sherbourne Health*

33% of 14 to 18 year old trans youth report an unmet health care need in the last year

61% say the reason they have an unmet health care need is “Afraid of what a doctor would say or do”

85% of trans youth with a doctor are not comfortable discussing trans needs

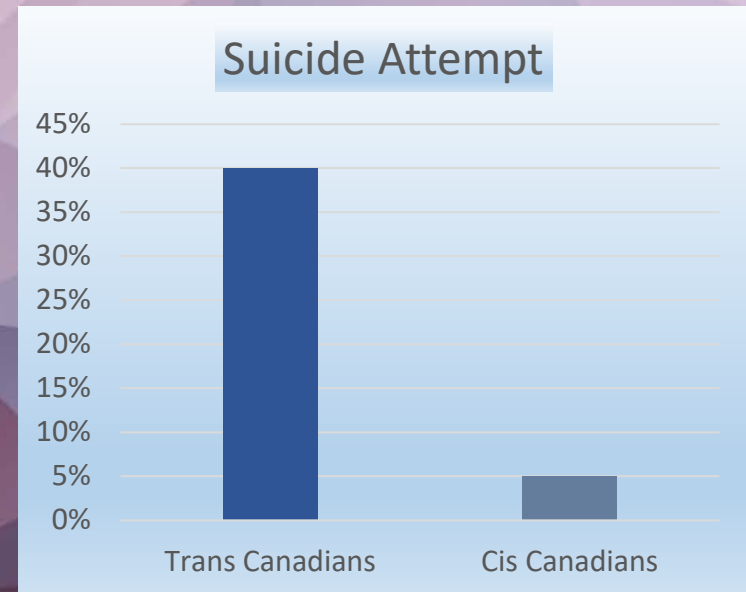
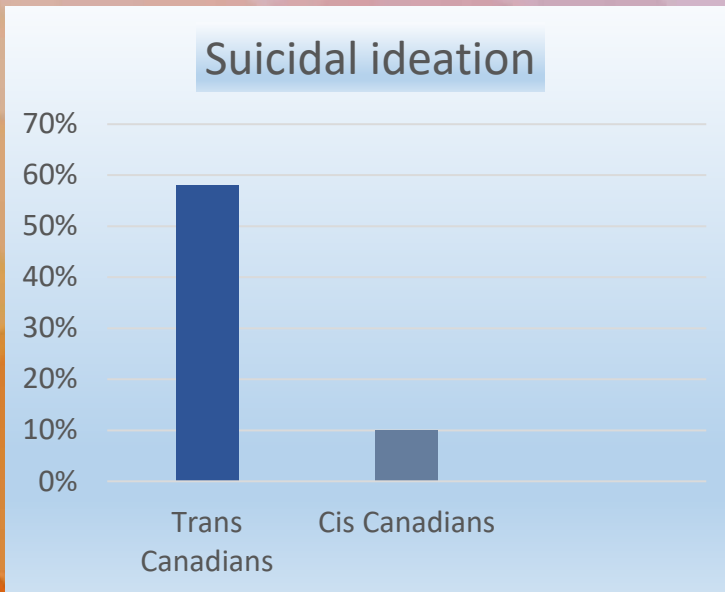
52% of trans Ontarians seeking emergency care reported negative treatment (insulting or demeaning language to outright refusal of care)

21% of trans Ontarians avoiding going to the ED when emergency care was needed out of fear of accessing appropriate care as a trans person

Trans Mental Health

Adapted from Kingsbury, M., Hammond, N, Johnston, F, & Colman, I. (2022). Suicidality among sexual minority and transgender adolescents: a nationally representative population-based study of youth in Canada. CMAJ, 194:E767-774.

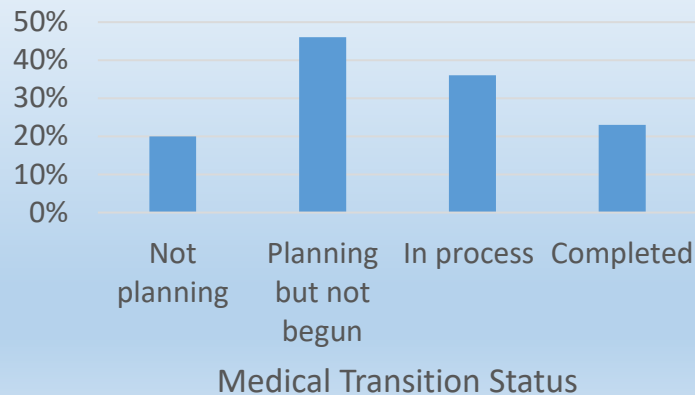
6800 adolescents 15-17 yo from 2019 Canadian Health Survey on Children and Youth, 1130 (16.5%) some degree of same-gender attraction, 50 (0.6%) identified as transgender



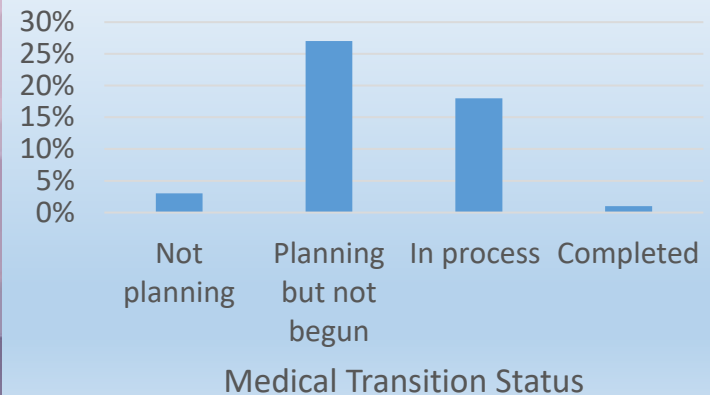
Trans Mental Health During Transition

*Adapted from "Trans Primary Care Guide" on the RHO website from TransPulse Study 2010 433
Trans people in Ontario age 16 yo and older*

Suicidal ideation across the lifespan



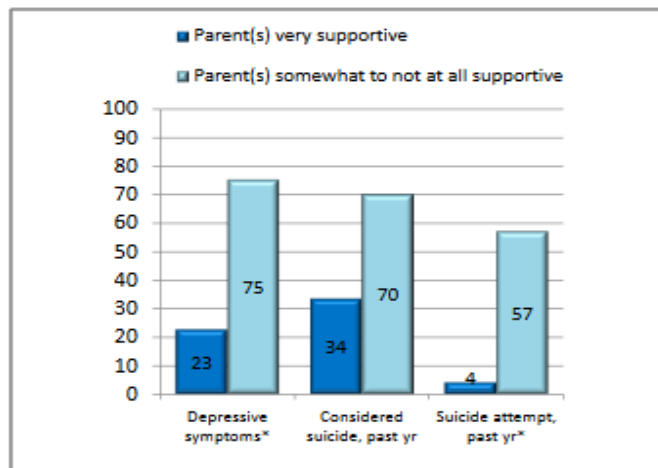
Suicide attempt in the past year



Parental Support and Trans Mental Health

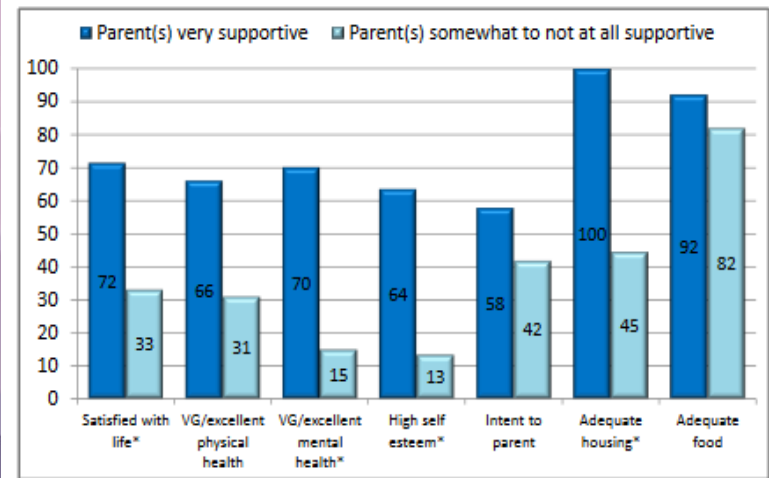
From Travers R, Bauer G, Pyne J, Bradley K, for the Trans PULSE Project; Gale L, Papadimitriou M. Impacts of Strong Parental Support for Trans Youth: A Report Prepared for Children's Aid Society of Toronto and Delisle Youth Services. 2 October, 2012.

Figure 2. Proportion of trans youth age 16-24 years in Ontario experiencing negative health and life conditions, by level of parental support



* = statistically significant difference ($p < 0.05$)

Figure 1. Proportion of trans youth age 16-24 years in Ontario experiencing positive health and life conditions, by level of parental support



* = statistically significant difference ($p < 0.05$)

Social Contagion Theory

Littman, L. (2018). Parent reports of adolescents and young adults perceived to show signs of rapid onset of gender dysphoria. PLoS ONE 13 (8): e0202330.

- Rapid Onset Gender Dysphoria (ROGD) Hypothesis
 - Young people who begin to identify as transgender for the first time in adolescence rather than prepubescence are the result of “social contagion”

- 2018 Study
 - 256 surveys completed by parents ONLY
 - Surveyed from three website, two were known anti-transgender websites

Social Contagion Theory

Turban, J.L, Dolotina, B, King, D, & Keuroghlian, A.S. (2022). Sex assigned at birth ratio among transgender and gender diverse adolescents in the United States. Pediatrics, 150 (3): e2022056567.

- 2022 Study

- 91 937 adolescent reports from 2017
- 105 437 adolescent reports from 2019
- Surveyed from 16 States in the National Youth Risk Behavior Surveys

- Conclusions

- Total % of transgender youth decreased from 2.4% (2017) to 1.6% (2019)
- AMAB:AFAB ratio of transgender youth does not favor AFAB youth
- Rates of bullying victimization and suicidality were higher among transgender youth

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Gender Creative Children

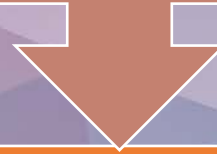
Gender Development

Adapted from "Gender Identity" on the CPS Caring for Kids website

2 yo Children begin to be aware of physical differences between boys and girls



4-5 yo Children begin to have a stable gender identity and become more aware of gender expectations and stereotypes with some become hyper-feminine or hyper-masculine.



By age 6-7 yo most children begin to reduce outward expressions of gender as they begin to feel more confident that others recognize their gender. Children who feel their gender identity is different from the sex assigned at birth begin to have more social anxiety.

Persistence Rates in Gender Creative Children

Adapted from "Gender Identity" on the CPS Caring for Kids website and Bonifacio, J.H., Maser, C., Stadelman, K, & Palmert, M. (2019). Management of gender dysphoria in adolescents in primary care. CMAJ, 191 (3):E69-E75.

- Studies on the persistence of gender creative children into transgender youth and adults are controversial
- Reported prevalence is often erroneous due to:
 - loss of follow-up participants
 - possible misclassification as not transgender
 - changing criteria of gender dysphoria
 - using gender expression instead of identity
 - reasons for referral to specialists (e.g., youth may have been referred for not conforming to their cultural gender norms, rather than because they experienced gender dysphoria).
- These studies suggest a persistence rate of only 12-27% in gender creative children.

Gender Creative Children

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Not all gender creative children become gender diverse adults



Regardless of persistence children do best when caregivers show them they are loved and accepted for who they are



Gender Creative Children

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Current Recommendations:

- Allow children to explore their gender identity and expression
- Provide supportive environments for this to occur

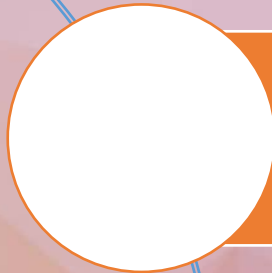
Pre pubertal (Tanner Stage I) children are not eligible for medical or surgical transition

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Gender Dysphoria in Adolescents

Gender Dysphoria in Adolescents

Adapted from "Trans Primary Care Guide" on the RHO website



Routinely ask how they would like to be addressed and pronouns



Ask questions privately



Ask if they would like referral for gender affirming transition care

Persistence Rates in Adolescents and Regret

Adapted from "Gender Identity" on the CPS Caring for Kids website and Bonifacio, J.H., Maser, C., Stadelman, K, & Palmert, M. (2019). Management of gender dysphoria in adolescents in primary care. CMAJ, 191 (3):E69-E75.

- Adolescents are much more likely than children to persist into adulthood
- Exact data on persistence rates in post pubertal children are not known.
- 0.39% to 0.60% of adults identify as transgender
- 1.2% to 4.1% of adolescents report a gender identity different from that assigned at birth

Only 1-2% of patients who engage in medical or surgical transition regret their decision

Gender Dysphoria in Adolescents

Refer patients who are Tanner Stage II and further in their pubertal development to a care provider trained in providing medical and surgical transition for children and adolescents if requested

Rainbow Health Ontario
online provider directory:

<https://www.rainbowhealthontario.ca/lgbt2sq-health/service-provider-directory/>

Gender Dysphoria in Adolescents



>Tanner Stage II eligible for blocker therapy (Lupron)

Typically >14 yo for cross gender hormone therapy (no strict age cut off)

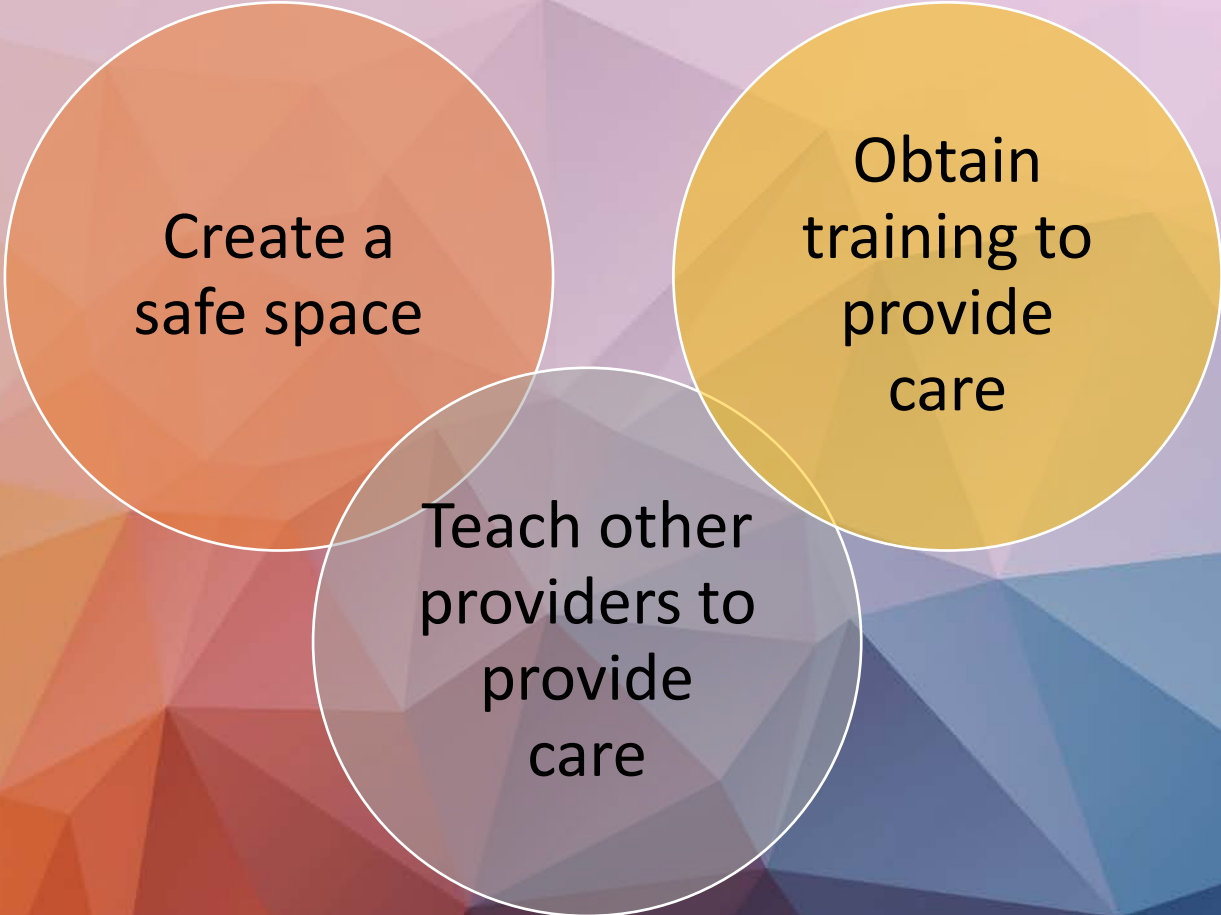
No minimum age for “top surgery” funding in Ontario

Must be >18 yo for “bottom surgery” funding in Ontario

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Advocating for Patients

Advocating for Gender Diverse Patients



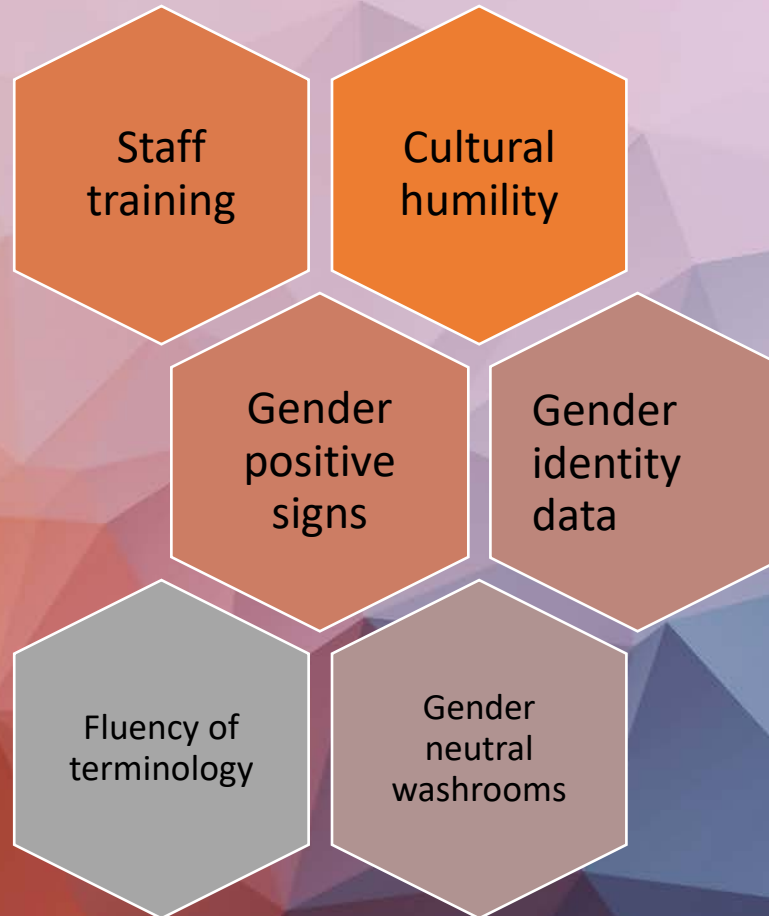
Create a
safe space

Obtain
training to
provide
care

Teach other
providers to
provide
care

Create a safe and welcoming clinic environment

Adapted from UCSF Transgender Care Website <https://transcare.ucsf.edu/guidelines/clinic-environment>



Questions and Discussion

Thank you for your time today!

Session Evaluation and Reflection

These short forms are important to your learning process and our planning process!

- For **speakers**: Your responses help them understand their strengths and weaknesses, participant learning needs, and teaching outcomes
- For **the CEPD office**:
 - To plan future programs
 - For quality assurance and improvement
 - To demonstrate compliance with national accreditation requirements
- For **YOU**: Reflecting on what you've learned and how you plan to apply it can help you enact change as you return to your professional duties



Use your phone camera to access the evaluation via the QR Code.

Please take 3-5 minutes to fill the evaluation form out. Thank you!