

# Understanding Gender Dysphoria

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# Our Topics Today

1. Gender Dysphoria
  - History, Recent Trends
2. State of the Science on Care
  - Challenges to Dialogue

# Gender Dysphoria

- What is gender dysphoria?
- How is it addressed?



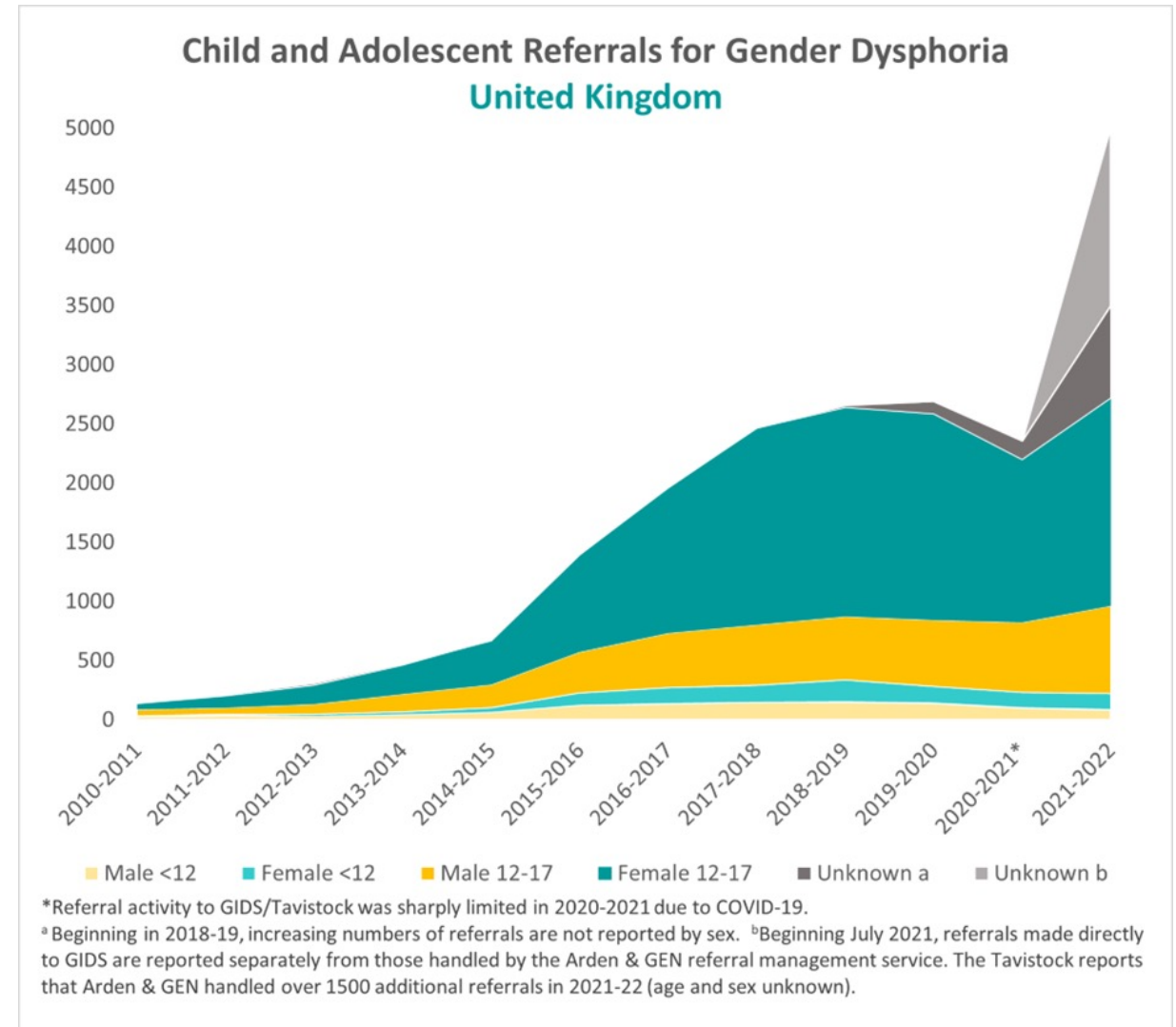
# What is Gender Dysphoria?

- Distress with one's biological sex
- Mental condition in the DSM-5, the current diagnostic manual
- Person may:
  - Feel like they “were born in the wrong body”
  - Occur with pre-existing conditions and neurodiversity
  - Experience peer influences
  - Adopt a transgender identity



# Rapid Rise In Prevalence - 2015

- ▶ **Historical Prevalence: 1 in 10,000**
- ▶ **Majority young males aged 7 or less.**
- ▶ **Now predominantly adolescent females**
- ▶ **Youth ages of 13-17 identifying as transgender has doubled from 2017-2022**
- ▶ **Now at a rate of 1 in 71 among teenagers**
- ▶ **The UK's gender clinic - increase of over 4500% in less than 10 years.**
- ▶ **What is driving the increase?**



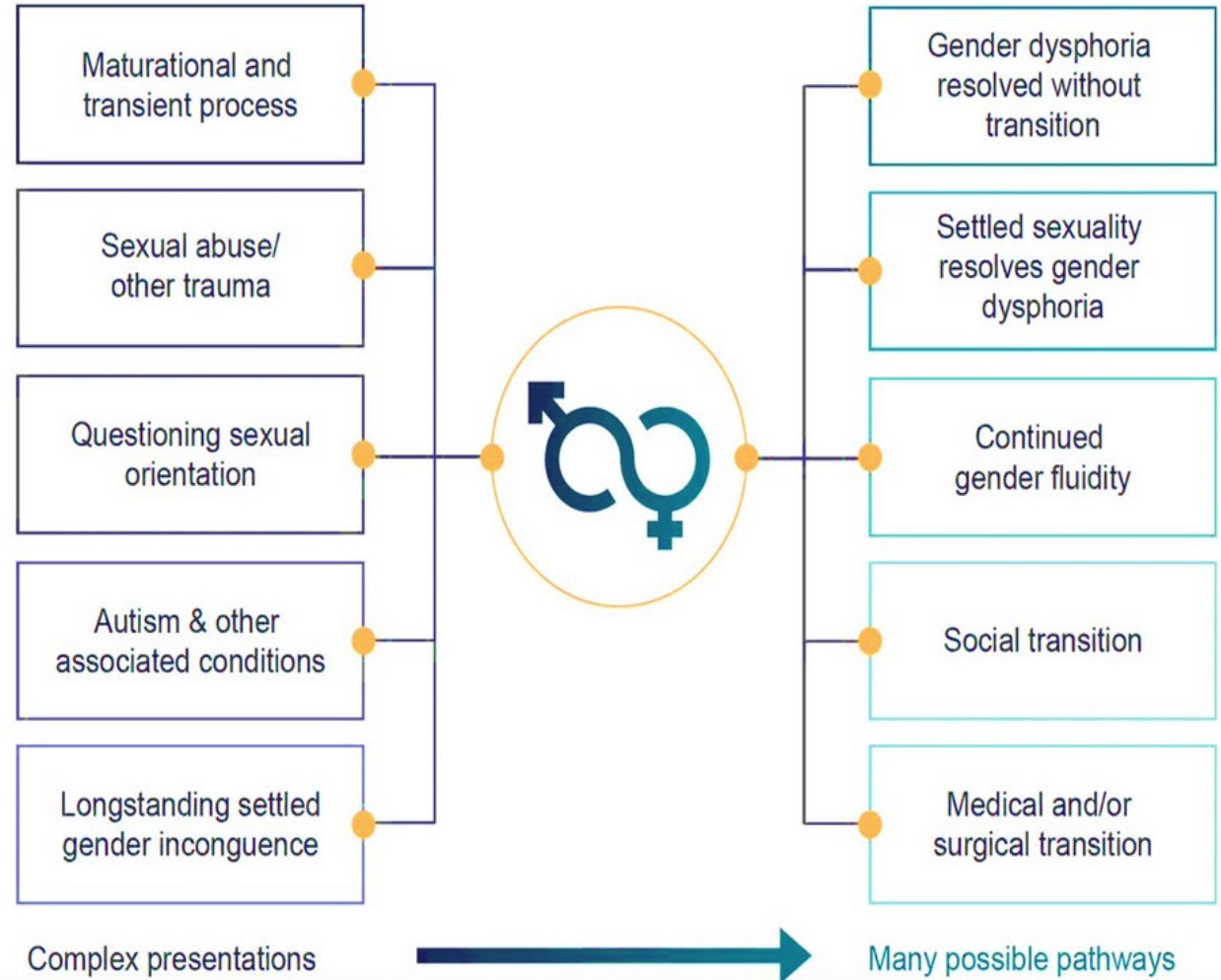
# Types of Gender Dysphoria

Type	Description
<b>Child Onset</b> <i>Recognized in the DSM</i>	Historically most common type Typically presents in young males < 7yrs old Resolves in 70-98% of cases, no intervention Associated with later homosexuality or bisexuality
<b>Late Onset</b> <i>Recognized in the DSM</i>	Largely presents in heterosexual males in adolescence or middle age Associated with transvestic disorders
<b>With Intersex Conditions</b> <i>Recognized in the DSM</i>	Rare, occurs in people with atypical sexual anatomy as a result of DSD
<b>Comorbidity Mediated</b>	Conditions such as anxiety, depression, internalized homophobia, autism, sexual assault, trauma, autism, personality disorders etc. mediates gender dysphoria. One study found 75% of people with gender dysphoria had at least one other condition.
<b>Rapid Onset Gender Dysphoria</b>	New cohort of largely adolescent girls GD develops after internet/social media use Clusters of friends often identify as transgender at same time
<b>Longstanding Settled Incongruity</b>	Gender incongruity does not appear to be rooted in another psychological condition GD and/or transgender identity persists into adulthood

# Pathways In & Out of Gender Dysphoria

- Can resolve with or without adopting a transgender identity.
- Multiple pathways by which a person can develop the condition.
- Multiple approaches to supporting & resolving.
- May resolve on its own with maturity - associated with LGB

Complex presentations and complex pathways – exemplars, not comprehensive lists



# Views of Gender Dysphoria

*Public discussion*



Civil Rights Perspective



Medical Perspective



Psychological Perspective



Cultural/Environmental Perspective



# Trans Is Not The “New Gay”

- ▶ Human rights should be protected for all people, abuse of children never tolerated.
- ▶ Gender dysphoria is a diagnosable mental condition. Being homosexual is not.
- ▶ Gender dysphoria is a **psychological condition**, yet treated medically in the U.S.
- ▶ Some schools and clinicians take a civil rights view without parental consent.
  - ▶ The health and legal consequences can be serious

## 3 Therapeutic Approaches for Youth

**Gender Affirmative Approach** – Adults affirm child’s “gender identity” and socially transition (new name, pronoun, new appearance to reflect preferred gender). Progresses to medical and surgical intervention in most, poor tracking in US.

**Psychotherapeutic Approach** – Children explore their identity while being open to the possibility of growing comfortable in their biological sex through parent advisory coaching, family therapy, and child therapy is necessary. Other conditions addressed (eating disorders, trauma, autism spectrum, etc.).

**Family Environmental Approach** – This approach educates parents/adults to help their youth mature through adolescence, explore and develop. “Watchful waiting” without psychotherapy. Environmental experimentation.

# “Gender dysphoria in young people is rising – and so is professional disagreement”

*British Medical Journal, 2/23/23*

- Europeans, extensive experience in gender medicine, urge caution, retreat from affirmation
  - UK, Sweden, Finland, and Norway
  - Medical Societies in France, Australia, NZ
- Limit medical intervention, prioritize psychological care, prohibit surgery for minors
- Care mindful of transient phases, adolescent social contagion, and risks of social transition

# Pediatric Gender Medicine in the U.S.

- World Professional Association for Transgender Health (WPATH) began as a US based advocacy group in 1979
- American Academy of Pediatrics policy influenced by WPATH, “not meant to be a guideline”
  - Debate prohibited for last 3 years
- Endocrine Society found “low and very low” quality of evidence, still issued recommendations
- Florida systematic reviews “great uncertainty”



Erica Anderson, PhD.,  
first transgender WPATH  
US president, resigned  
from WPATH board –  
“transition does not cure  
anxiety, autism... favors  
strong caution”

# Challenges to Affirmative Care Model

**Very Low Scientific Quality** – Systematic reviews in Sweden, England, Finland and Florida agreement. Entirely experimental.

**Social Transition** – active affirmation of transgender identify, especially for youth – is a powerful psychosocial intervention and is associated with gender dysphoria persisting.

**Child Self-Diagnosis** – Affirmative Care practitioners believe GD is a serious, legitimate condition worthy of insurance coverage, primary concerns are cosmetic.

## Challenges to Affirmative Care (2)

**Suicide Claims are False** – no studies demonstrate that affirmation of transgender identity reduces suicide or suicidal ideation or improves long-term outcomes, compared to other therapeutic approaches.

**False Assumptions about Causality** – the current population is new and distinct. Causality is not known. “Diagnostic overshadowing” of root causes is of concern.

**Blocking Puberty** – not a benign “pause”, it is a powerful medical and psychotherapeutic intervention that leads to persistence, medical complications, cross sex hormones and their side effects.



## **Dr. R. Kaltiala, MD, PhD, Professor of Adolescent Psychiatry, Finland**

- more than 200 publications
- Sounding the alarm on “affirmative” care
- Suicide messages = disinformation



## Challenges to Affirmative Care (3)

**Complications of Hormonal Treatments** – one area of agreement, serious impacts documented, i.e., 5-to-7-fold increase in cardiovascular events and strokes.

**Failure to Transition = “Conversion Therapy”** – false equivalence with homosexual conversion brutality 20<sup>th</sup> c.

**Child and Adolescent Competence to Consent** – ethicists and specialists' question their competence

**False Claims that Detransition is Rare** – without research tracking, this number is unknowable

# Media Distorts the Evidence

## Example: Washington Post, 3/23/23

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### Most trans adults say transitioning made them more satisfied with their lives

The Washington Post and KFF surveyed one of the largest randomized samples of U.S. transgender adults to learn about their childhoods, feelings and lives

By [Casey Parks](#), [Emily Guskin](#) and [Scott Clement](#)  
March 23, 2023 at 6:00 a.m. EDT



Headline inaccurate:

- Only currently trans-ID'd people allowed to participate in survey, detransitioners excluded

- Medicalization is unproven, experimental

# Schools and Social Transition

- Trans is not the new “gay”. (Multiple LGB organizations)
- Social transition is not a neutral act. (Cass Report, UK)
- Affirmative Care Approach is experimental.  
(G. Guyatt, McMaster Distinguished Professor, Health Research)
- School personnel who transition kids without parental consent face significant legal liability.  
(Child Parent Rights Campaign)

The background features a repeating pattern of question marks in various shades of blue and white, set against a backdrop of overlapping, semi-transparent blue geometric shapes. The overall aesthetic is clean and modern.

# Questions?

More information:  
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