

Gender Dysphoria

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Gender Dysphoria

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Gender Dysphoria Introduction

Gender Dysphoria – Introduction

- Sex, sexual = refer to **biological indicators** of male/female
 - Reproductive capacity → sex chromosomes, sex hormones
 - Non-ambiguous internal/external genitalia
- Disorders of sex development
 - Inborn **somatic deviations** of reproductive tract (from norm)
 - **Discrepancies** among biological indicators of male/female
- Somatic transition
 - **Cross-sex hormone treatment**
 - Feminizing hormones in natal male
 - Masculinizing hormones in natal female
 - **Sex reassignment surgery** = genital surgery

Gender Dysphoria – Introduction

- Gender definition due to
 - Identification as M/F is **NOT uniformly assoc with biological indicators**
 - Esp those with conflicting/ambiguous biological indicators (“**intersex**”)
 - Later identity of M/F **at variance** with classical biological indicators
 - Used to denote **public lived role** (usually legally recognized)
 - Biological + psychological + social factors → gender development
- Gender assignment = initial assignment, usually at birth (“**natal gender**”)
- Gender reassignment = **official change** of gender (usually legal)
- Transgender = **identify** with gender different from natal gender
- Transsexual = **seeking/undergone** social or somatic transition
- Gender dysphoria = **distress** due to incongruence between experienced or expressed and assigned gender
 - Not everyone experience distress as result of incongruence
 - DSM-IV = *gender identity disorder*

Gender Dysphoria

Gender Dysphoria (Children) – Diagnostic Criteria

- Marked incongruence, experienced vs assigned gender, duration **≥6 months**, **≥6/8 of following (incl A1)**
 - **Desire or insistence:** to be other gender
 - **Dressing:** prefer as other gender, resist assigned gender clothing
 - **Cross-gender roles:** preferred in make-believe play
 - **Playmates:** prefer other gender
 - **Toys, games, activities:** prefer those stereotypic of other gender
 - **Toys, games, activities, play:** reject/avoid those of assigned gender
 - **Sexual anatomy:** dislikes own
 - **Sex characteristics:** desired to match experienced gender
- Significant distress or impairment

Gender Dysphoria (Adolescents/Adults) – Diagnostic Criteria

- Marked incongruence, experienced vs assigned gender, duration ≥ 6 months, **$\geq 2/6$ of following**
 - **Incongruence with one's sex characteristics:** with experienced gender
 - Desire to **remove/prevent sex characteristics:** due to incongruence
 - Desire for **other gender's sex characteristics**
 - Desire to **be of other gender**
 - Desire to **be treated as other gender**
 - Conviction one has **typical feelings/reactions of other gender**
- Sig distress or impairment

Gender Dysphoria – Specifiers

- *Specify if:*
 - **“With a disorder of sexual development”**
 - Congenital adrenogenital disorder
 - **Congenital adrenal hyperplasia (CAH)**
 - **Androgen insensitivity syndrome (AIS)**
- *Specify if:*
 - **“Post-transition”**
 - Transitioned into **full-time living in desired gender**
 - With or without legalization of change
 - Undergone a **cross-sex medical intervention**, or continuing
 - Cross-sex hormone treatment
 - Gender reassignment surgery (penectomy, vaginoplasty, mastectomy, phalloplasty)

Gender Dysphoria – Diagnostic Features

Prepubertal Natal Male	Prepubertal Natal Female
<ul style="list-style-type: none"> • Wish to be female • Assert they are/will be female • Prefer/improvise girl's clothes 	<ul style="list-style-type: none"> • Wish to be male • Assert they are/will be male • Prefer boy's clothing, hairstyles • Negative reaction to female attire • Often perceived as boy • Want to be called boy's name
<ul style="list-style-type: none"> • Role-play female figures • Interested in female fantasy figures 	<ul style="list-style-type: none"> • Role-playing, dreams, fantasies as boy • May refuse school/events if required
<ul style="list-style-type: none"> • Prefer traditional feminine toys & activities • Prefer girls as playmates • Little interested in masculine toys • Avoid boyhood play/activities 	<ul style="list-style-type: none"> • Prefer traditionally boyhood play & activities • Prefer boys as playmates • Little interest in feminine toys/activities
<ul style="list-style-type: none"> • May find their penis/testes disgusting • May wish penis/testes was removed • May wish for vagina 	<ul style="list-style-type: none"> • May refuse to urinate in sitting position • May desire/claim to have/develop penis • May not want to develop breasts/menstruate

Gender Dysphoria – Diagnostic Features

Adolescents

- May resemble children or adults, depending on **developmental level**
- Secondary sex characteristics not fully developed → **concerned about changes**

Adults

- Desire to remove sex characteristics → **acquire other sex characteristics**
- May adopt behavior, clothing, mannerisms of experienced gender
- Uncomfortable if regarded as assigned gender
- Desire to be other gender, **treated as such**
- **Inner certainty** to feel/respond as experienced gender
- May **partially live** in desire role, or **adopt unconventional gender role**

Gender Dysphoria – Associated Features (1)

- **Hiding visible signs of puberty**
 - Natal boys → shave legs, bind genitals (hide erections)
 - Natal girls → bind breasts, walk stooped, loose sweaters (hide breasts)
- **Adolescents seeking cross-gender treatment**
 - May obtain/request **hormonal suppressors of gonadal steroids**
 - **Gonadotropin-releasing hormone (GnRH) analog, spironolactone**
 - Want **gender reassignment surgery**
- **Adolescents desire to be/treated as experienced gender**
 - **Dressing** partly/completely, **hairstyle** as experienced gender
 - Prefer **friendships** with other gender
 - Adopt **new first name** consistent with other gender

Gender Dysphoria – Associated Features (2)

- Sexual activity may be constrained
 - Not showing or allowing partners to touch sexual organs
- Suicide risk & gender reassignment in gender dysphoria
 - BEFORE → **incr risk of SI, SA, suicides**
 - AFTER → **adjustment varies**, suicide risk may persist

Gender Dysphoria – Prevalence

- Prevalence

- Natal adult males = 0.005 – 0.014% (**5-14 per 100,000**)
- Natal adult females = 0.002 – 0.003% (**2-3 per 100,000**)

- Sex ratio by age group

- Children → **MALES > F (2 – 4.5x)**
- Adolescents → **EQUAL M=F**
- Adults → **MALES > F (1 – 6.1x)**

- Japan → **F>M (2.2x)**

- Poland → **F>M (3.4x)**

Gender Dysphoria – Development & Course (1)

- Children → **criteria more concrete, behavioral**
 - Less likely to express extreme/persistent anatomic dysphoria
 - May only show distress when told “really” not member of the gender
 - May not manifest if supportive social environment
 - May only emerge if desire is **interfered with**
- Adolescents, adults → **incongruence is central feature**
 - Distress may be mitigated by
 - Supportive environments
 - Knowledge of available biomedical treatments
 - Impairment → school refusal, depression, anxiety, substance abuse

Gender Dysphoria – Development & Course (2)

Gender dysphoria WITHOUT a disorder of sex development

- Onset of cross-gender behaviors = **age 2-4** (preschool-age)
 - When most typically developing children begin gendered behaviors/interests
 - May have **expressed desire** to be other gender (can be later)
 - More rarely, **labeling oneself** as other gender
 - Minority of children express “**anatomic dysphoria**”
 - More common closer to puberty

Gender Dysphoria – Development & Course (3)

Gender dysphoria WITHOUT a disorder of sex development

- Rates of persistence (into adolescence/adulthood)
 - Natal male → **2 – 30% persistence**
 - Natal females → **12 – 50% persistence (HIGHER in females)**
 - Moderate correlation with severity at childhood, low SES
 - **Unclear** if certain treatment in children relate to rates of persistence
 - Range from active reduction efforts to “**watchful waiting**”
- **If persistence → almost ALL sexually attracted to natal sex**
- **If NOT persistent**
 - Natal males → **63 – 100% androphilic (HIGHER in males)**
 - Natal females → **32 – 50% gynephilic**

Gender Dysphoria – Development & Course (4)

- Early-onset gender dysphoria

- **Starts in childhood and continues** into adolescents/adulthood

OR

- May have intermittent period when gender dysphoria desists → individual identifies as gay
→ later recurrence of gender dysphoria

- Late-onset gender dysphoria

- Onset around **puberty or later**
- May have had unexpressed desires in childhood, or no signs in childhood

Gender Dysphoria – Development & Course (5)

	Natal Male	Natal Female
<i>Early-Onset</i>	<ul style="list-style-type: none"> • Usually androphilic • Seeks out tx earlier (vs late-onset) 	<ul style="list-style-type: none"> • Almost always gynephilic • More common (vs late-onset)
<i>Late-Onset</i>	<ul style="list-style-type: none"> • Majority gynephilic • Freq transvestic behavior with sexual excitement • Many marry/cohabit with natal females • More fluctuations in dysphoria (vs early-onset) • More likely ambivalent about and less satisfied after gender reassignment surgery (vs early-onset) 	<ul style="list-style-type: none"> • Usually androphilic • Do not have transvestic behavior with sexual excitement • Less common (vs natal males)
<i>Post-transition</i>	<ul style="list-style-type: none"> • Self-identify as lesbian • Sexually attracted to other post-transition natal males (MTF), with late-onset gender dysphoria 	<ul style="list-style-type: none"> • Self-identify as gay men

Gender Dysphoria – Development & Course (6)

Gender dysphoria WITH a disorder of sex development

- Usually already come to medical attention at early age
 - May have gender assignment issues at birth
 - Infertility common → physicians may be more willing to do cross-sex tx
 - Cross-sex hormone treatments, genital surgery **BEFORE** adulthood
- Freq assoc with gender-atypical behavior in early childhood
 - Many experience **uncertainty** about gender → **NOT firm conviction**
 - Varies by severity, assigned gender
 - **MAJORITY do NOT lead to gender dysphoria**
 - **MOST do NOT progress to gender transition**

Gender Dysphoria – Risk & Prognostic Factors (1)

Gender dysphoria WITHOUT a disorder of sex development

- Temperamental
 - **Atypical gender** behavior in **early** preschool age → **early-onset**
 - ?high degree of atypicality → ?more likely gender dysphoria/persistence
- Environmental
 - Males with gender dysphoria → more likely to have **older brother**
 - Pre-disposing factor for late-onset GD → **fetishistic transvestism** developing into **autogynephilia** (i.e. male with sexual arousal of self as a woman)
- Genetic & Physiological
 - Some genetic contribution (weak familiality, incr twin concordance)
 - Some degree of heritability
 - 46XY with GD → normal sex-hormone levels
 - 46XX with GD → **incr androgen levels**

Gender Dysphoria – Risk & Prognostic Factors (2)

Gender dysphoria WITH disorder of sex development

- INCREASED likelihood of late-onset gender dysphoria if:
 - **Atypical PRE-natal androgen levels** (vs same assigned gender)
 - Eg. 46XY with nonhormonal genital defects, assigned to female gender
 - More closely related to gendered behavior (vs gender identity)
- INCREASED likelihood of gender dysphoria if:
 - **Atypical POST-natal androgen exposure** with **somatic virilization**
 - **5- α reductase-2 deficiency** or **17- β -hydroxysteroid dehydrogenase-3 deficiency** in 46,XY female-raised, noncastrated
 - Classical congenital adrenal hyperplasia with prolonged non-adherence to glucocorticoid replacement therapy in 46,XX female-raised
- 46,XY with a disorder of sex development
 - Higher rate of gender dysphoria
 - Higher rate of pt-initiated gender change FTM (vs MTF)

Gender Dysphoria – Culture-Related Issues

- **Reported across many countries + cultures**
 - Even in countries with institutionalized gender categories other than M/F

Gender Dysphoria – Diagnostic Markers

- Disorder of sex development
 - Some correlation between final gender identity outcome & degree of **prenatal androgen production/utilization**
 - But NOT robust enough to be diagnostic marker

Gender Dysphoria – Functional Consequences

- Preoccupation may develop at **any time after age 2-3**
- Older children
 - Failure to develop **age-typical same-sex peer relationships**
 - Isolation + distress
 - May refuse to attend school (teasing, harassment, pressure to conform)
- Adolescents, adults
 - Preoccupation → often interferes with daily activities
 - **Relationship difficulties** → sexual, school, work
- High levels of stigmatization, discrimination, victimization
 - **Negative self-concept**, incr rates of mental disorder comorbidity
 - School dropout, economic marginalization, unemployment
 - Social + mental health risks
 - Impeded access to health services (institutional discomfort/inexperience)

Gender Dysphoria – Differential Diagnosis (1)

- Nonconformity to gender roles (simple nonconformity)
 - **Extent + pervasiveness** of gender-variant activities/interests
 - “Tomboyism”, “girly-boy”, occasional cross-dressing in adult men
 - **?distress + impairment**
- Transvestic disorder
 - Cross-dressing with sexual excitement → but distress + impairment
 - **Does NOT draw primary gender into question**
 - Can be accompanied by gender dysphoria → can give both dx
 - **May be precursor** in late-onset in gynephilic natal males
- Body dysmorphic disorder
 - Focus on **specific body part, perceived as abnormal**
 - NOT because represents undesired assigned gender
 - Can be accompanied by gender dysphoria → can give both dx
 - **Body integrity identity disorder** → **wishing to amputate healthy limb**
 - Usually wants to live as amputee → NOT wanting to change gender

Gender Dysphoria – Differential Diagnosis (2)

- Schizophrenia + other psychotic disorders
 - **Rarely delusions of belonging to another gender**
 - In gender dysphoria, insistence on being another gender = NOT delusion
 - Can co-occur, give both dx
- Other clinical presentations
 - **Emasculinization desire** → alternative, non-M/F gender identity
 - Males seeking castration/penectomy for **aesthetic reasons**
 - But do NOT want to change male identity

Gender Dysphoria – Comorbidity

- Elevated emotional + behavioral problems
 - Most common = **anxiety, disruptive & impulse-control, depressive d/o**
 - Prepubertal children: **increasing age** → more emotional/behav problems
 - Older children: **peer ostracism** → more behav problems
- Comorbid mental health problems varies by culture
 - Non-Western cultures: anxiety common, even if accepting attitudes
 - Children → **autism** more prevalent (vs gen population)
 - Adolescents → **anxiety, depressive disorders** MOST COMMON
 - **Autism also** more prevalent (vs gen population)
 - Adults → **anxiety, depressive disorders** MOST COMMON

Other Specified Gender Dysphoria

Other Specified Gender Dysphoria

- Does NOT meet full criteria
- Clinician chooses to specify reason
- **Brief Gender Dysphoria**
 - Meets symptom criteria
 - But duration **LESS than 6 months**

Unspecified Gender Dysphoria

Unspecified Gender Dysphoria

- Does NOT meet full criteria
- Clinician chooses NOT to specify reason