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**Literature Review on Gender Dysphoria in Youth**

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CNS 747: Cultures and Counseling

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February 20, 2022

### **Abstract**

The area of sex and gender is highly controversial, especially when discussing children. Gender Dysphoria manifests itself when a person has a gender identity that does not match their biological identity. The American Psychiatric Association categorizes Gender Dysphoria in Children with separate developmentally appropriate criteria. As mental health professionals, it is essential that we educate ourselves on Gender Dysphoria and its ramifications on a child's mental health. Professionals are often poorly educated on gender identity issues, especially in pre-pubescent youth. This paper discusses the many factors that clinicians need to consider while helping clients with gender dysphoria in order to understand and better practice with transgender youth and families in this little understood field. This paper provides an overview of the current research on gender dysphoria and provides information to help parents create an accepting and nurturing environment for their children with gender dysphoria. It is also essential that these client remain true to themselves socially and remain socially transitioned for as long as they are comfortable. Finally, it is a good idea to keep an eye out for signs of autism in the gender dysphoria population.

## Literature Review on Gender Dysphoria in Youth

### Background

The topics of sex and gender are highly controversial, especially when discussing children. As mental health professionals, it is essential to understand Gender Dysphoria and its relation to a child's mental health. Gender Dysphoria manifests itself when a person has a gender identity that does not match their biological identity. The American Psychiatric Association categorizes Gender Dysphoria in Children with separate developmentally appropriate criteria. The Diagnostic and Statistical Manual of Mental Disorders (5<sup>th</sup> ed.) [DSM-5] states:

Gender Dysphoria in Children is diagnosed by a marked incongruence between one's experienced/expressed gender and assigned gender, of at least 6 months' duration, as manifested by at 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.
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.

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.

It is also required that the symptoms cause clinically significant distress or impairment in social, school, or other important areas of functioning (American Psychiatric Association, 2013).

### **Significance**

The objective of this paper is to research the literature regarding Gender Dysphoria in youth. Professionals are often poorly educated on gender identity issues, especially in pre-pubescent youth. It is important to be up to date on the current research. This paper will discuss the many factors that need to be considered while helping these clients. The knowledge gained will help promote understanding and better practice with transgender youth and families in this little understood field.

### **Methods**

This research was conducted as a literature review aggregating published research and studies found through the Wake Forest University Z. Smith Reynolds Library website. A review of gender dysphoria in the DSM-5 provided a description of the disorder and its formal diagnosis. Two computer databases, PubMed and PsycINFO, were searched for relevant articles on gender dysphoria in youth. The keyword "gender dysphoria" was used with the Boolean operator "and" combined with terms such as "youth" and "treatment." The search was further

limited to articles published in English and dated 2010 or later. PsycINFO produced the most relevant articles. Citation lists from these articles were then used to locate more related sources. Articles were manually sorted based on perceived relevance. Sources included the DSM-5, review articles, and original research articles.

## **Results**

Gender dysphoria impacts not just the transgender child but their siblings and family too. The family system plays an important role in the development and well-being of youth. Individual caregivers have a substantial influence on youths' development and consequently, how children make sense of the world. Family connectedness is one of the key factors protecting youth from poor health outcomes. The entire family system was affected by the transition of a child from the gender assigned at birth to another gender (Bhattacharya et al., 2021). All of this emphasizes the importance of therapeutic and psychoeducational interventions with the caregivers of transgender youth to promote care and functionality of these families (Soll et al., 2019)

Parental support was especially important for the health and well-being of transgender youth (Bhattacharya et al., 2021). The quality of the family functioning system was fundamental in the process of supporting the transition from infancy to adulthood of these children (Soll et al., 2019). Youth who perceived their parents as more supportive were less likely to engage in risky behaviors. Children in families with higher levels of cohesion and well-being were also less likely to report symptoms of anxiety and depression. In other words, family functioning and parental support for youths' gender identity were associated with better mental health outcomes (Bhattacharya et al., 2021).

Youth's gender identity development can be the catalyst for closer, more communicative relationships with the caregivers. Almost all caregivers, however, described an adjustment period; and fathers took longer than mothers to understand and accept their child's gender identity (Bhattacharya et al., 2021). Mothers were also more proactive than fathers about accessing gender affirming services for their child. Over the course of their journey, parents learned how to manage and cope with the stress that having a transgendered child could cause to the family (Gregor et al., 2016).

Bhattacharya et al. also found several cultural differences based on region in regard to how transgender children were treated (2021). For example, several southern participants in their study referenced a broader, conservative community culture that made it challenging for families to process feelings related to their child's gender identity. For a client who lives in the south, this may be an important factor to consider.

Children as young as 2 years old can present with cross-gender behaviors and retrospective studies suggest that the majority of adults who self-define as gender-variant realized that they were different before the age of 13 (Gregor et al., 2016). Encouraging stereotypical gender behavior and discouraging cross-gender behavior was unhelpful and had a negative effect on transgender children, often resulting in extremely distressing behavior (Gregor et al., 2016). Parents who were likely to be more accepting tended to be more actively engaged in generating support strategies such as attending parental support groups, challenging stigma and actively listening to their child's concerns. It is imperative to try and maintain a neutral and non-prejudicial stance in therapy that enables both child and family to explore the emergent gender identity, both within and without the nuclear family.

Although socialization begins in family relationships, it expands and correlates in different social systems (Soll et al.). Social Transition is a nonmedical decision to allow a child to change his or her first name, pronouns, hairstyle, and clothing to live everyday life as one's asserted gender. Parent decisions to allow a child to socially transition can be controversial. Durwood et al. found remarkably good mental health outcomes in socially transitioned transgender children. Socially transitioned transgender children reported normative rates of depression and slightly increased rates of anxiety. Their findings of normative levels of depression and slightly higher rates of anxiety in socially transitioned transgender children stand in contrast with previous work with gender-nonconforming children who had not socially transitioned (Durwood et al., 2017). One possible reason for this is that social transitions in childhood occur alongside various kinds of social support (parental support, community support, etc.). Being true to one's gender identity plays an important role in mental health.

It is important to consider Autism when working with transgender youth. Autism Spectrum Disorder consists of problems in social communication and interaction in addition to repetitive behavior and specific interest. Van der Miesen et al. (2017) found that children and adolescents with Gender Dysphoria had, on average, more autistic symptoms compared to their control group. As in other studies, an over-representation of symptoms of ASD in children and adolescents with Gender Dysphoria was confirmed. It is important to be aware of this relationship when working with transgender youth.

### **Discussion**

Parents of transgender youth often become experts themselves and have to take on an educative role for the professionals they work with. Therapists should be part of their client's solution through their knowledge of the current literature. Part of the professional task in

working with these clients is to help the parents create an accepting and nurturing environment for their child. It is also essential that these clients remain true to themselves socially and remain socially transitioned for as long as they are comfortable. Finally, it is a good idea to keep an eye out for signs of autism in the gender dysphoria population.



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