Gender Dysphoria in Children and Adolescents: Basics and Research

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PubMed

Term in PubMed	Number of Hits (as of January 18, 2023)
Gender Dysphoria	2235
Gender Identity Disorder	4126
Gender Incongruence	2502
Gender Nonconformity	950
Genderqueer	143
Transgender	11805
Transgenderism	4615
Transsexualism	5177

Transgender in Bhutan

- **Khandu, L., Kinley, K., Norbu, Y. C., Tobgay, T., Tsheten, T., Gyeltshen, T., Choden, S., & McFarland, W. (2022). Population size estimation of transgender women and men in Bhutan. *PLoS ONE, 17*, e0271853.**

- **Concluded that transgender women constituted 0.03% and transgender men constituted 0.06% of the population.**

Parameters of Biological Sex

- Sex-Determining Genes
- Chromosomal Sex
- Gonadal Sex
- Hormonal Sex
- Internal Reproductive Structures
- External Genitalia
- “Brain” Sex

Parameters of Psychosexual Differentiation

- [Sex/Gender Assignment at Birth]
- Gender Identity
- Gender Role Behavior
- Sexual Orientation

- [Normative Sex Difference/Sex-Dimorphic Model]
- “Two sides of the same coin”?

Psychosexual Differentiation: Temporal Sequence

- Gender Identity→Gender Role Behavior→ Sexual Orientation
- Interrelationship assumption in the classical model
- Common underlying factor(s) assumption

Psychosexual Differentiation: Temporal Developmental Sequence in the Revisionist Model

- Gender Identity ←→ Gender Role Behavior→ Sexual Orientation
- Interrelationship assumption in the classical model
- Common underlying factor(s) assumption

Behavioral Parameters

1. Gender Identity: One's subjective sense of maleness (boy/man) or femaleness (girl/woman) or some alternative gender identity…
2. Gender Role Behavior
3. Sexual Orientation

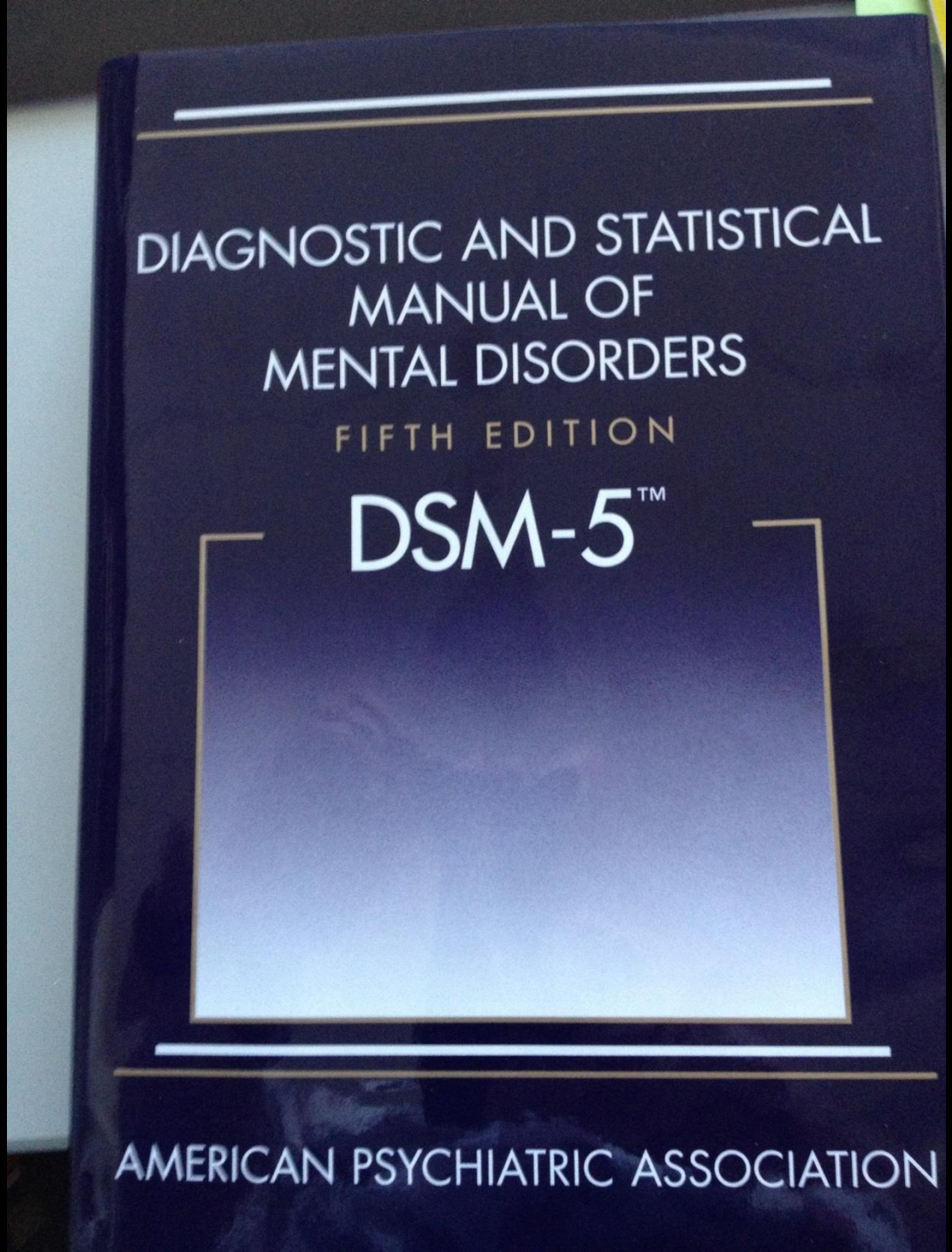
Development of the Sense of Self

- **Lin, A. C., Bard, K. A., & Anderson, J. R. (1992). Development of self-recognition in chimpanzees (Pan troglodytes). *Journal of Comparative Psychology, 106,* 120-127.**

- **Anderson, J. R. (1984). The development of self-recognition: A review. *Developmental Psychobiology, 17,* 35-49.**

- **Stapel, J. C., van Wijk, I., Bekkering, H., & Hunnius, S.** (2017). **Eighteen-month-old infants show distinct electrophysiological responses to their own faces. *Developmental Science, 20,*** doi: 10.1111/desc.12437

- **Classical gender identity theory suggests that a “core gender identity” emerges very early in development--in some children as early as 2-4 years of age. For most children, core gender identity remains a stable trait throughout life. It is likely that this is a function of internalized gender-related structures (“schemas”) but also due to continual feedback from the social environment.**


DIAGNOSTIC AND STATISTICAL
MANUAL OF
MENTAL DISORDERS
FIFTH EDITION
DSM-5™
AMERICAN PSYCHIATRIC ASSOCIATION

Gender Dysphoria in Children

DSM-5 (at least 6 of 8, including A1), at least 6 months duration
A1: A strong desire to be of the other gender or an insistence that he or she is the other gender (or some alternative gender different from one's assigned gender)
A2: In boys…a strong preference for cross-dressing or simulating female attire; or in girls…a strong preference for wearing only typical masculine clothing and a strong resistance to the wearing of typical female clothing
A3: A strong preference for cross-gender roles in make-believe play or fantasy play
A4: A strong preference for the toys, games, or activities stereotypically used or engaged in by the other gender
A5: A strong preference for playmates of the other gender
A6: In boys…a strong rejection of typically masculine toys, games, and activities and a strong avoidance of rough-and-tumble play; or in girls…a strong rejection of typically feminine toys, games, and activities
A7: A strong dislike of one's sexual anatomy
A8: A strong desire for the primary and/or secondary sex characteristics that match one's experienced gender

Gender Dysphoria in Adolescents/Adults

DSM-5 (at least 2 of 6)
A1: A marked incongruence between one's experienced/expressed gender and primary and/or secondary sex characteristics…
A2: A strong desire to be rid of one's primary and/or secondary sex characteristics because of a marked incongruence with one's experienced/expressed gender…
A3: A strong desire for the primary and/or secondary sex characteristics of the other gender
A4: A strong desire to be of the other gender (or some alternative gender different from one's assigned gender)
A5: A strong desire to be treated as the other gender (or some alternative gender different from one's assigned gender)
A6: A strong conviction that one has the typical feelings and reactions of the other gender (or some alternative gender different from one's assigned gender)

ICD-11 (2021)

- **For ICD-11, the gender identity disorder diagnoses (re-named as Gender Incongruence) were removed from the chapter on Mental and Behavioural Disorders and moved, along with the Sexual Dysfunctions, into a new chapter entitled Conditions Related to Sexual Health.**
- **An interesting element of the ICD diagnosis of Gender Incongruence is that the diagnosis in children is not allowed unless there is a duration history of at least 2 years.**

Transgender as a Third Gender

- **Herdt, G. (Ed.). (1994). *Third sex, third gender: Beyond sexual dimorphism in culture and history*. New York: Zone Books.**

- **In Western culture: movement away from the gender binary: cisgender vs. transgender. Alternative genders (non-binary, gender queer, agender, gender fluid, two-spirit, etc.). Facebook (2/23/2014) listed 58 gender options.**

- **Legal changes: "X" on birth certificates and other legal documents.**

Transcultural Equivalents?

• acault	Burma
• bantut	Southern Philippines
• berdache	1st Nations (North America)
• hijras	India
• jogappa	south India
• kathoey	Thailand
• mak nyahs	Malaysia
• toms & dees	Thailand
• travesti	Brazil

Transcultural Equivalents? (cont.)

- Fa’afafine — Samoa
- Balkan sworn virgins — Albania
- Bacha posh — Afghanistan/Pakistan


SPECIAL ISSUE
NATIONAL GEOGRAPHIC
GENDER
REVOLUTION


SOUTH
PACIFIC
OCEAN
VAISIGANO
GAGA'EMAUGA
Savai'i
GAGAIFOMAUGA
PALAULI
FA'ASALELEAGA
SATUPA'ITEA
AIGA-I-LE-TAI
Upolu
APIA
A'ANA
TUAMASAGA
ATUA
VA'A-O-FONOTI
Asau
Sasina
Tuasivi
Salelologa
Mulifanua
Falelatai
Apolima Strait
Apolima
Manono
Cape Asuisui
Fagalele Bay
Safune
Safotu
Fagamalo
Sale'aula
Letui
Paia
Vaipouli
Mauga
Samata'ulu
Patamea
Vaisala
Papa
Sataua
Falealupo-uta
Tafutafoe
A'opo
Neiafu
Falelima
Pu'apu'a
Asaga
Lano
Sa'asa'ai
Faga
Malae
Vai'a'ta
Sapapali'i
Safotulafai
Safua
Lalomalava
Salelavalu-tai
Ma'ota
Vailoa
Sili
Gautavai
Gataivai
Satupa'itea
Tafua-tai
Taga
Fagafau
Samata
Fagatuli
Sagone
Foaluga
Sala'ilua
Malaui
Le'auva'a
Fale'ula
Faleasi'u
Leulemaega
Vaitele
Apolima-uta
Manono-uta
Aleisa
Vailele
Letogo
Vailima
Lauli'i
Solosolo
Saluafata
Saleleasi
Saletele
Salimu
Falevao
Falefa
Nerno
Leafe
Samamea
Lepa
Maasina
Uafato
Taeleteaga
Falevai
Falease'ela
Lefaga Bay
Mata'utu
Sataoa-uta
Lotofaga-uta
Lotofaga
Mulivai
Vaolega
Sa'anapu
Satamumu
Safata Bay
Si'umu
Sa'aga-Fou
Aganoa Beach
Cape Niuafo'i
Saleilua
Poutasi
Sapo'e
A'ufaga
Saleapaga
Tatafafa
Malaemalu
Ufulalelae
Lepa
Salelavalu
Cape Oloinono
Tuavea
Samusu
Sale'aunua
Lalomanu
Nu'utele
Nu'ulua
Namu'a
13°30S
14°S
SAMOA
0 km 35 70 105 km
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Assessment Methods for Gender Dysphoria

1. Parent-Report Questionnaires
2. Behavioral Tasks
3. Structured Interview Schedules
4. Projective Tests

Note. Measures summarized in Bloom et al. (2021); Olezeski et al. (2020); Zucker (2005); Zucker and Wood (2011).

Commonly Measured Parameters of Gender Role Behavior in Children

- Peer affiliation preference (Maccoby, 1998)
- Toy and activity interests (Davis & Hines, 2020)
- Roles in fantasy play
- Dress-up play
- Activity level and rough-and-tumble play (Eaton & Enns, 1986)
- Parental rehearsal play

Sexual Orientation: Parameters and Terminology

- Fantasy, Behavior, Identity
- Homosexual, Bisexual, Heterosexual, Asexual, Pansexual
- Androphilic, Gynephilic, Biphilic, Analloerotic
- Gay, Lesbian, Straight, Fluid

Sexual Orientation: Methods of Assessment

- Self-Report (fantasy, attraction, behavior, self-labeling)
- Concordance among self-report measures
- Psychophysiological (penile plethysmography, vaginal photoplesythmography)
- Concordance between subjective and objective measures
- fMRI

Kinsey Ratings for Sexual Orientation (0-6 point scale) (Last 12 Months and Lifetime)

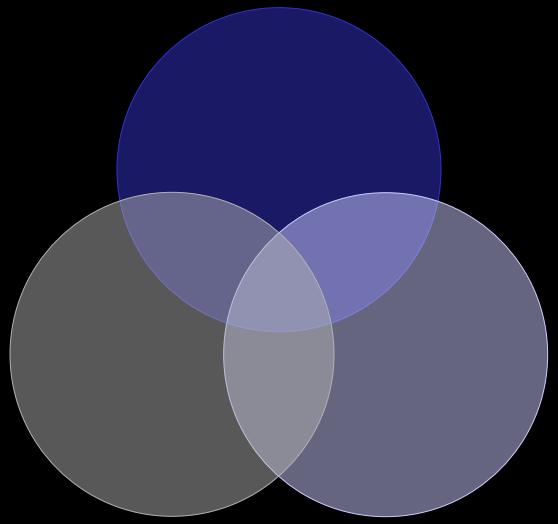
Fantasy

- Crushes
- Visual
- Dreams
- Masturbation
- Global Rating

Behavior

- Holding Hands
- Kissing
- Genital/Breast Fondling
- Intercourse (or equivalent)
- Global Rating

Parameter Overlaps



Theoretical Epochs and Psychosexual Differentiation

- Psychoanalysis (1960s) and Social Learning Theory (1960s-1970s)
- Social Constructionism/Feminism (1970s to the present)
- Post-Modernism and Relational Psychoanalysis (1990s to the present)
- Biology and Neuroscience (1990s to the present)
- Biopsychosocial Developmental Theory

Biological Factors

- Genetics (Ganna et al., 2019; Hamer et al., 1993; Sanders et al., 2017)
- Behavior Genetics
- Prenatal Sex Hormones (the "Organizational" model)
- Putative Markers of Prenatal Sex Hormones
- Evidence from studies of children with a disorder of sex development (DSD)

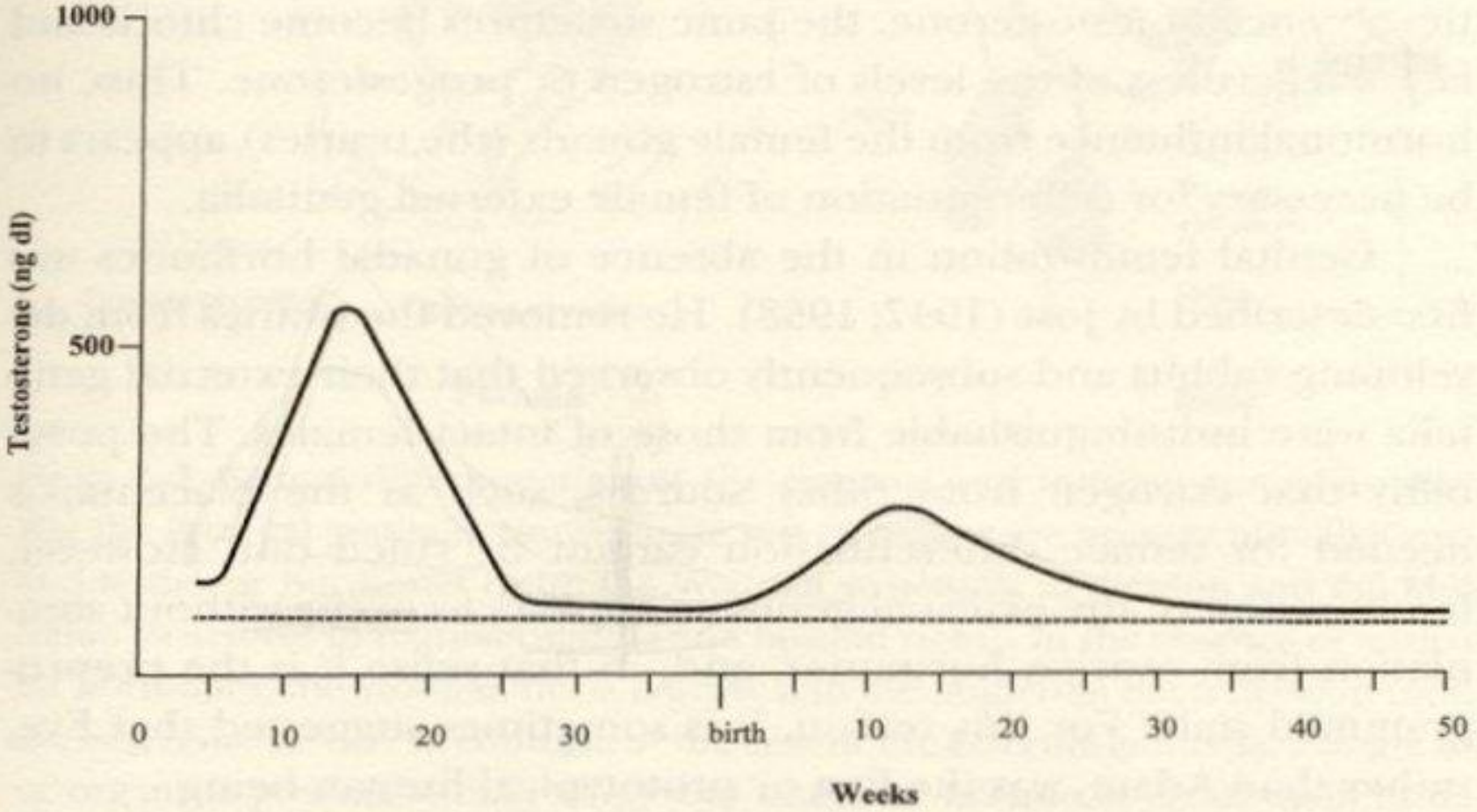
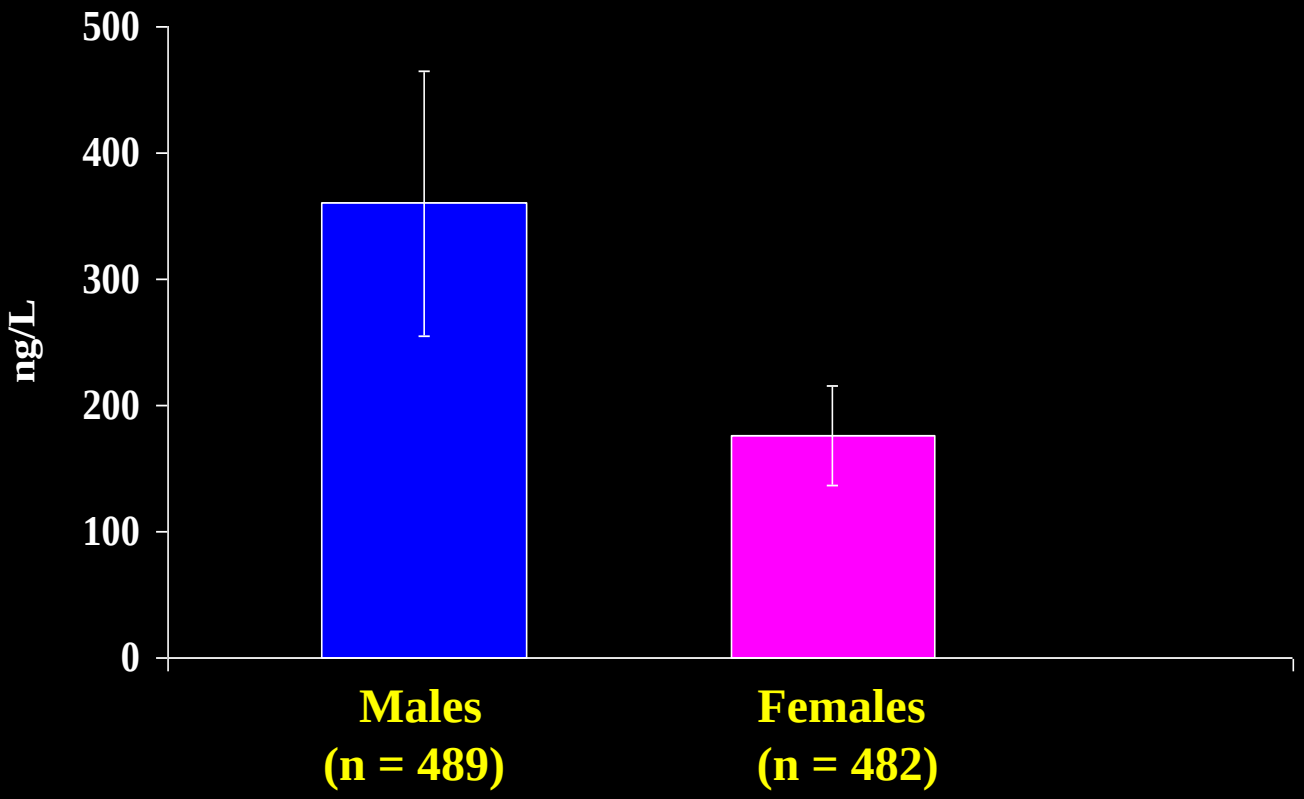


Figure 2–1. Circulating levels of testosterone in the human fetus and neonate. Males (solid line) have higher levels of testosterone than females (dashed line), particularly from about weeks 8–24 of gestation and weeks 2–26 of postnatal life. (Drawing by Robin Skinner for the author.)

Sex Differences in Amniotic Fluid T at Mid-Gestation: Effect Sizes from ~ 40 Studies

• YoungLai (1973)	12-20 wks: *d* = 0.55
• Frasier (1974)	12-20 wks: *d* = 0.37
• Giles (1974)	15-19 wks: *d* = 2.47
• Stahl (1974)	10-12 wks: *d* = 2.47
	13-28 wks: *d* = 4.74
• Judd (1976)	12-25 wks: *d* = 3.55
• Dörner (1977)	16-26 wks: *d* = 2.09
• Kurzig (1977)	12-15 wks: *d* = 2.34
	16-20 wks: *d* = 2.30
• Mennuti (1977)	14-22 wks: *d* = 2.40

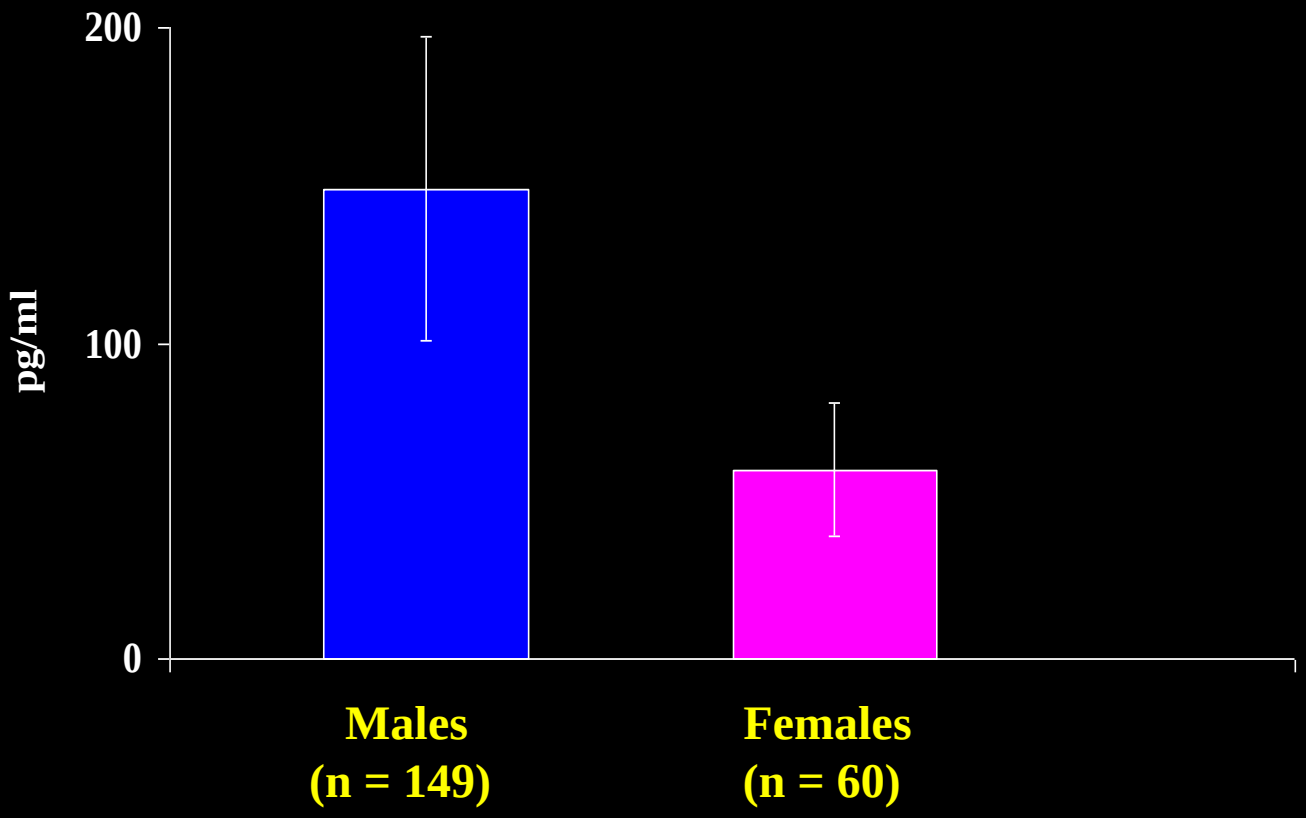
Amniotic Fluid T in Normal Male and Female Fetuses at Mid-Gestation (16-20 Weeks)



$d = 2.30$

Note. Data from Wong et al. (1980).

Amniotic Fluid T in Normal Male and Female Fetuses at Late-Gestation (31-40 Weeks)



$d = 2.11$

Note. Data from Ketupanya et al. (1978)

Discriminant Function Analysis: Prediction of Fetal Sex from Amniotic Fluid Mid-Gestational T

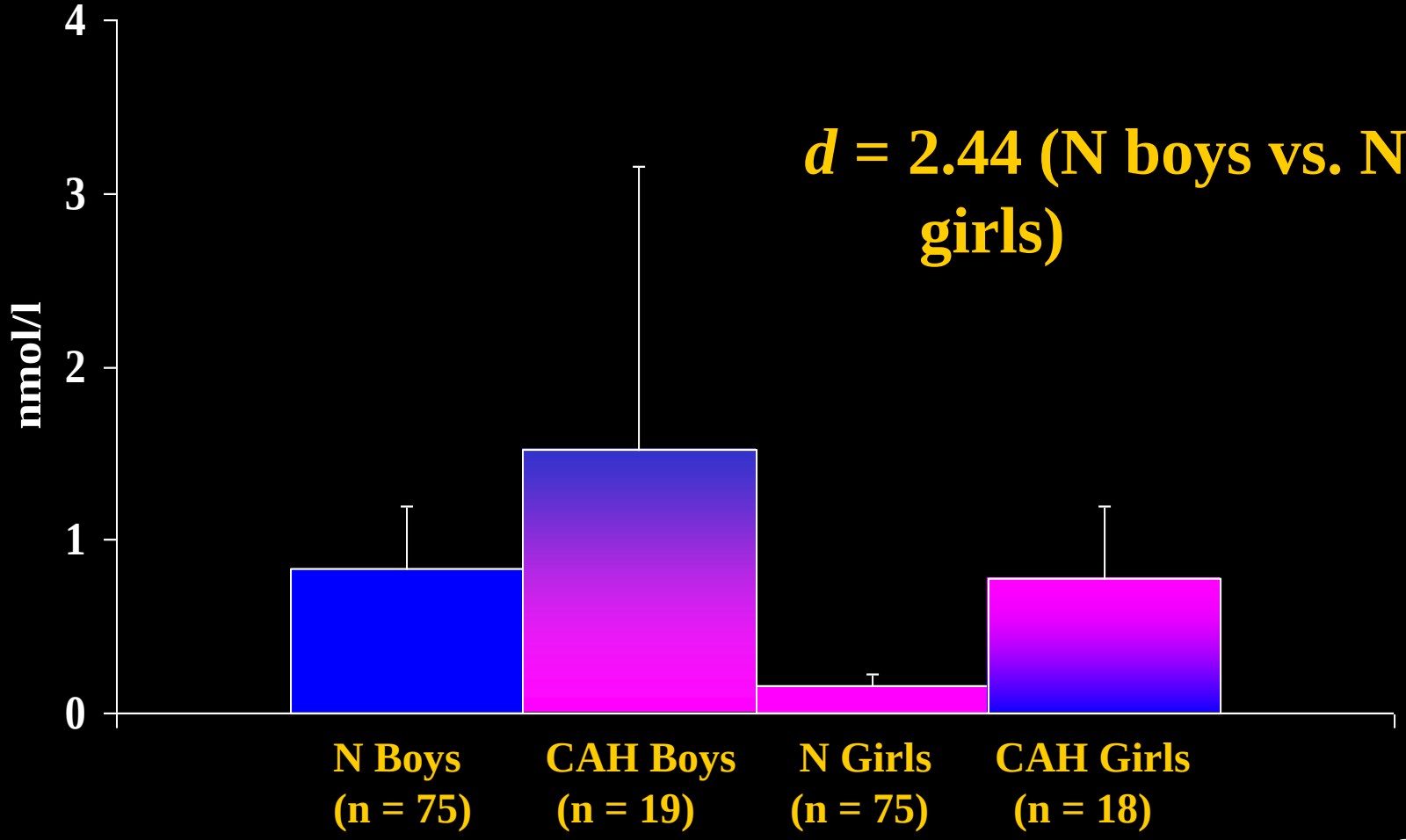
- Percentage of **Males** Correctly Classified:
  73.2% (N = 198)
- Percentage of **Females** Correctly Classified:
  88.6% (N = 176)

Note: Raw data provided by R. Knickmeyer.

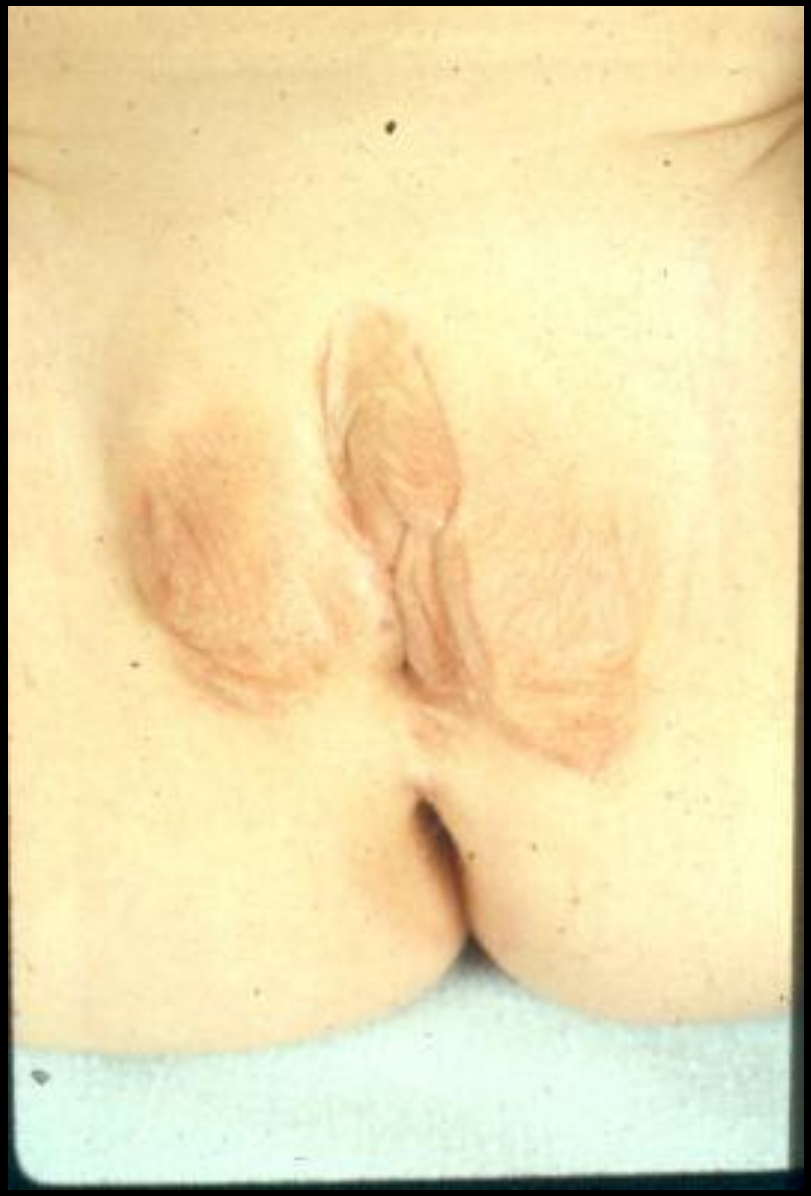
XX Congenital Adrenal Hyperplasia

1. Sex Chromosomes	:**Female**
2. Gonadal Structures	:**Ovarian**
3. Hormones	:**Higher levels of prenatal and perinatal androgens**
4. External Genitalia	:**Ambiguous/masculinized**
5. Sex Assignment at Birth	:**Dependent on #4**

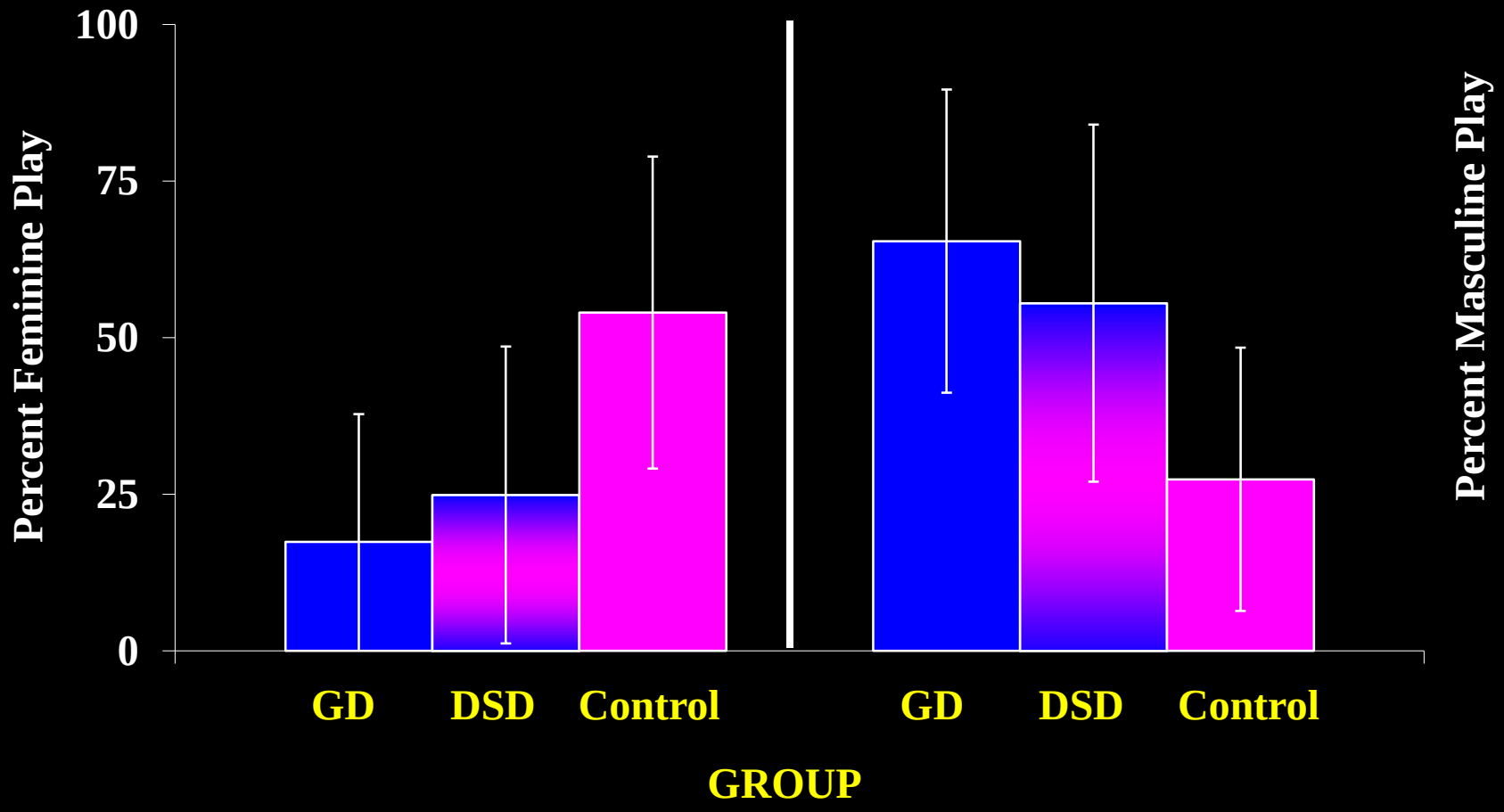
Amniotic Fluid T in Normal Male and Female Fetuses and CAH Male and Female Fetuses at Mid-Gestation (13-20 Weeks)



Note. Data from Forest et al. (1993).



Free Play Task (Assigned Female at Birth)



GD (Gender Dysphoria): N = 70; DSD: N = 28; Control: N = 40

Conceptual Models

1. Biological ("born that way")
2. Social Learning/Social Constructionism ("made that way")
3. Cognitive-Developmental/Gender-Schema Theory
4. Psychodynamic
5. Systemic
6. Multifactorial, Transactional, Developmentally-Informed

Poles of Debate: Biological Essentialism vs. Psychologic Essentialism

Contemporary Clinical and Research Issues

- Referral rates
- Changes in the sex ratio among adolescents
- Gender dysphoria and co-occurring mental health challenges (e.g., autism spectrum disorder, suicidality)
- Developmental trajectories (“natural history”)
- Rapid-onset gender dysphoria as a new subtype
- Biological correlates
- Best-practice therapeutic models and their conceptual underpinnings for both children and adolescents
- The debate about informed consent among adolescents receiving biomedical treatment
- Legal issues

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Suicidality

- **Suicidality in children, adolescents, and adults***
- **Among adolescents, Karasic and Ehrensaft (2015) asserted that completed suicides are "alarmingly high"**
- **Measurement is important (e.g, self-harm vs. bona fide suicide attempts)**
- **Sampling issues are key**
- **What types of comparison groups are studied?**

Tanis J. (2016). The power of 41%: A glimpse into the life of a statistic.** ***American Journal of Orthopsychiatry, 86, **373-377**

Studies on Suicidality in Trans Adolescents

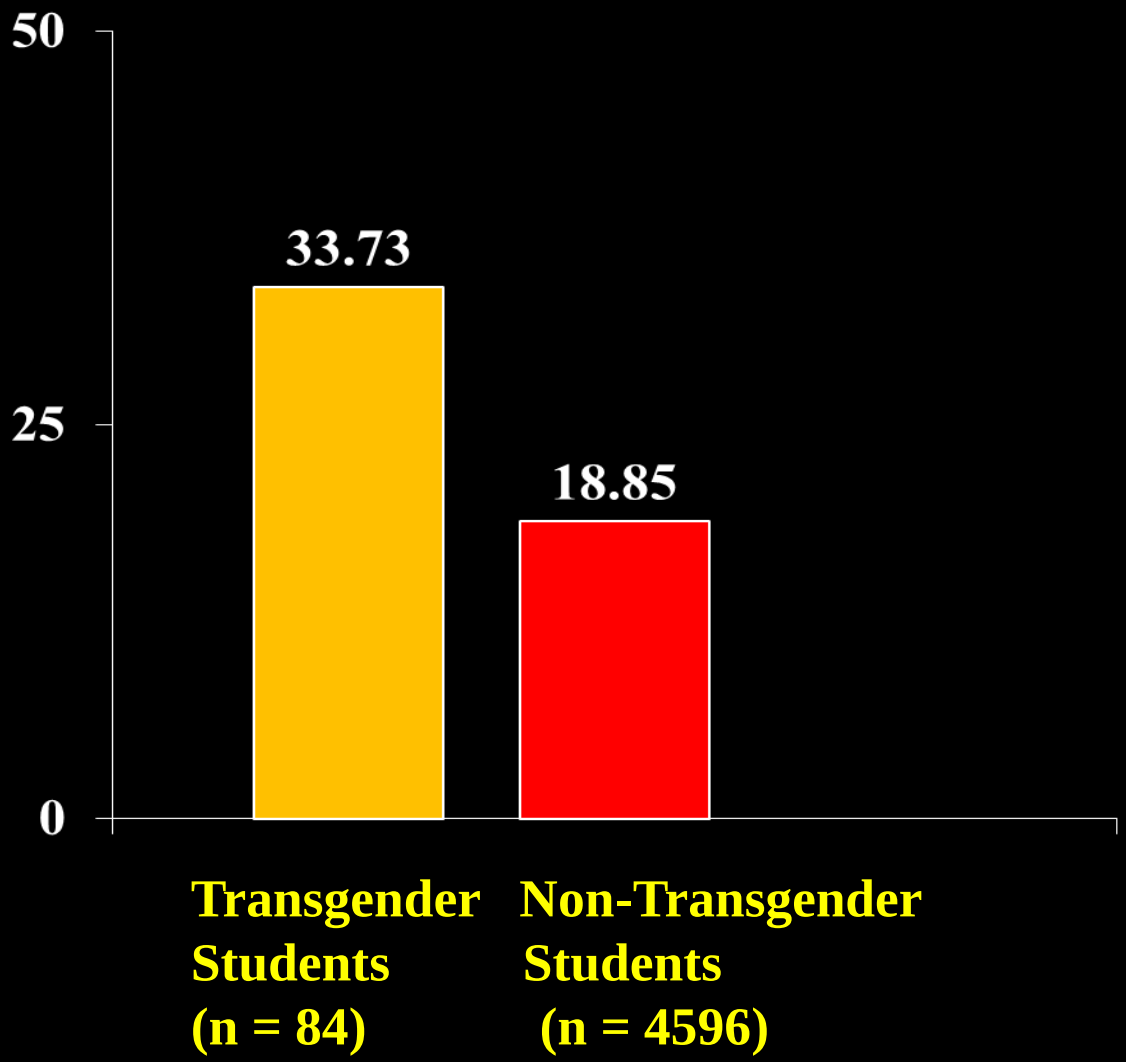
Non-Representative Community Samples

- **Grossman and D'Augelli (2007); Mustanski et al. (2010); Nodin et al. (2015); Bradlow et al. (2017); Bridger et al. (2017); Veale et al. (2017); Kuper et al. (2018); Toomey et al. (2018)**

Representative Community Samples

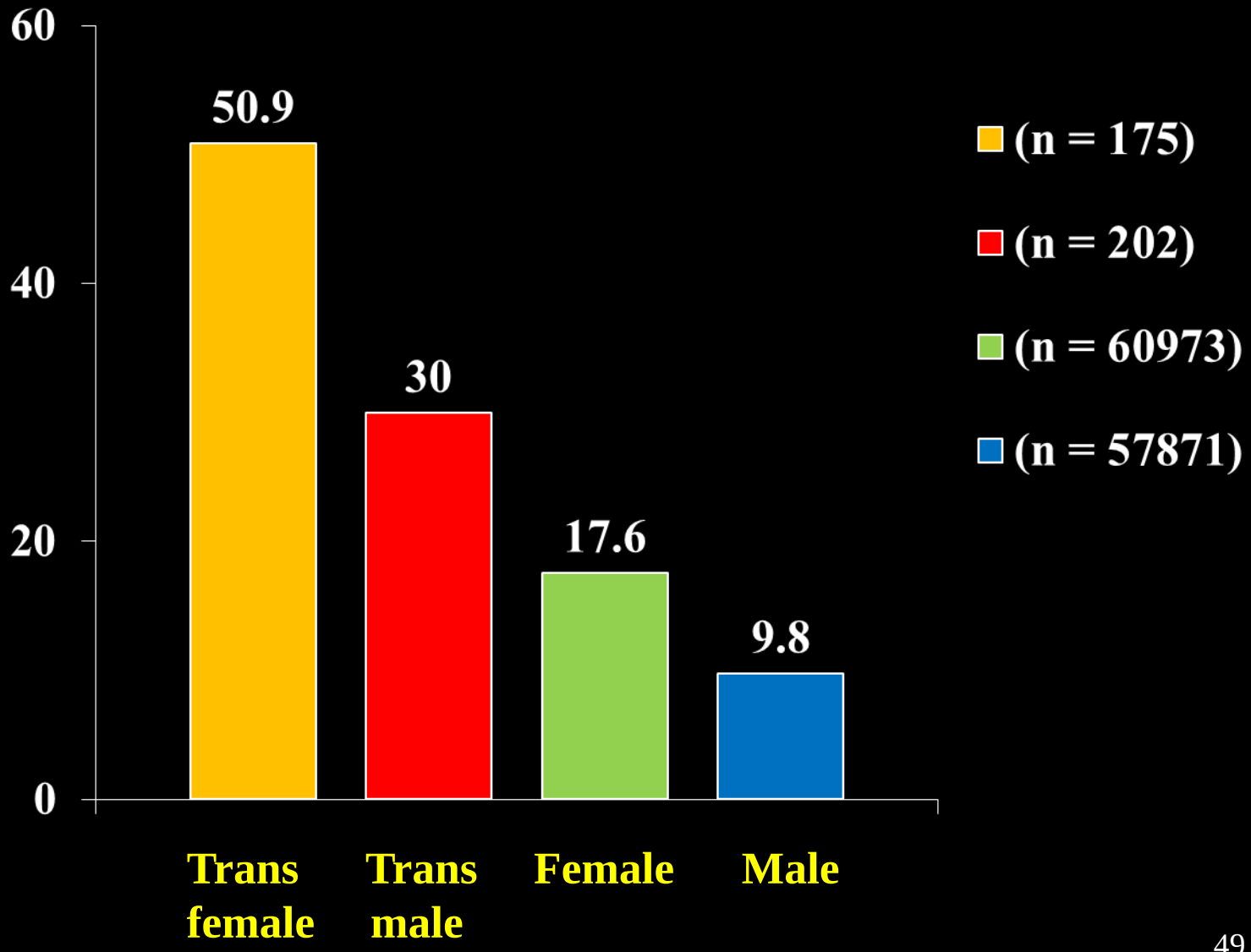
- **Clark et al. (2014); Perez-Brumer et al. (2017)**

Suicidal Ideation (past 12 months, in %)



Note: Data from Perez-Brumer et al. (2017)

Suicide Attempt (past 12 mos, in %)



Note: Data from Toomey et al. (2018)

Studies on Suicidality in Adolescents

Clinic Samples

- **Di Ceglie et al. (2002); Becker et al. (2014); Holt et al. (2014); Khatchadourian et al. (2014); Skagerberg et al. (2013); Kaltiali-Heino et al. (2015); Olson et al. (2015); Peterson et al. (2016); Moyer et al. (2019); van Donge et al. (2019)**

- **Suicidal ideation (17.5-42.2%)**
- **Self-harm/self-injury (28.8-41.0%)**
- **Suicide attempts (11.9-15.8%)**
- **[Percentages are higher for "lifetime" reporting]**

Studies on Suicidality in Adolescents

Fundamental Methodological Problems

- Comparison to cisgender adolescents per se is not satisfying (cf. Perez-Brumer et al., 2017). An additional comparison group would be cisgender adolescents with, let's say, one specific mental health issue (e.g., depression, anxiety, substance misuse)

- Clinic sample studies do not have any comparison groups.

Sample and Measures

- **3 Clinics: Toronto (n = 237; YOA: 1980-2012); Amsterdam (n = 250; YOA: 1987-2012); London (n = 1578; YOA: 2009-2016)**
- **CBCL/YSR Referred youth (n = 609-662) (Achenbach & Rescorla, 2001)**
- **CBCL/YSR Non-referred youth (n = 623-690) (Achenbach & Rescorla, 2001)**
- **Age range: 13 years and older**
- **Data collected at a baseline assessment, i.e., prior to any treatment**

Note: CBCL = Child Behavior Checklist; YSR = Youth Self-Report. Data from de Graaf et al. (2022, *Eur Child Adol Psychiatry*)

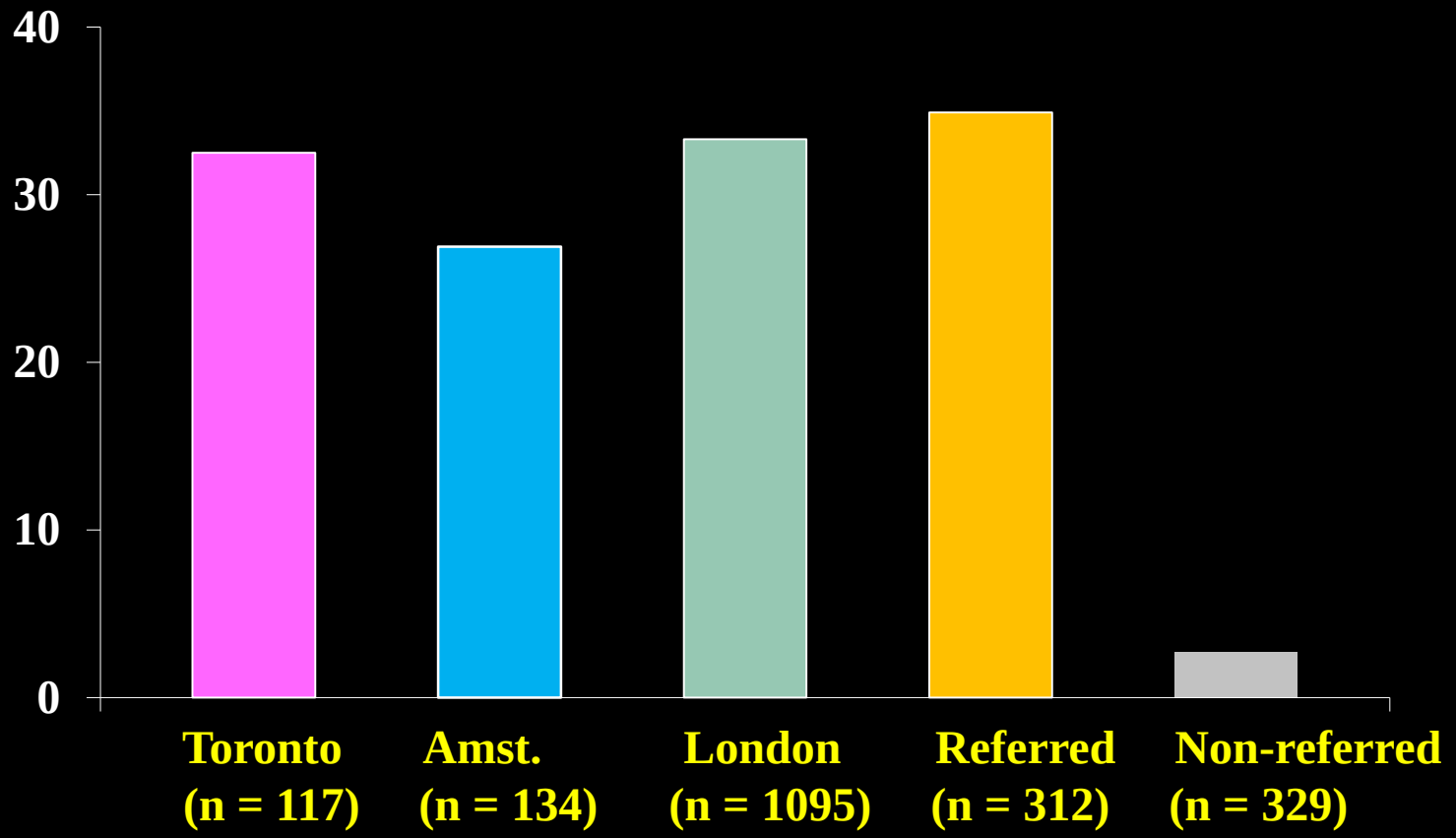
Sample and Measures

Child Behavior Checklist/Youth Self-Report

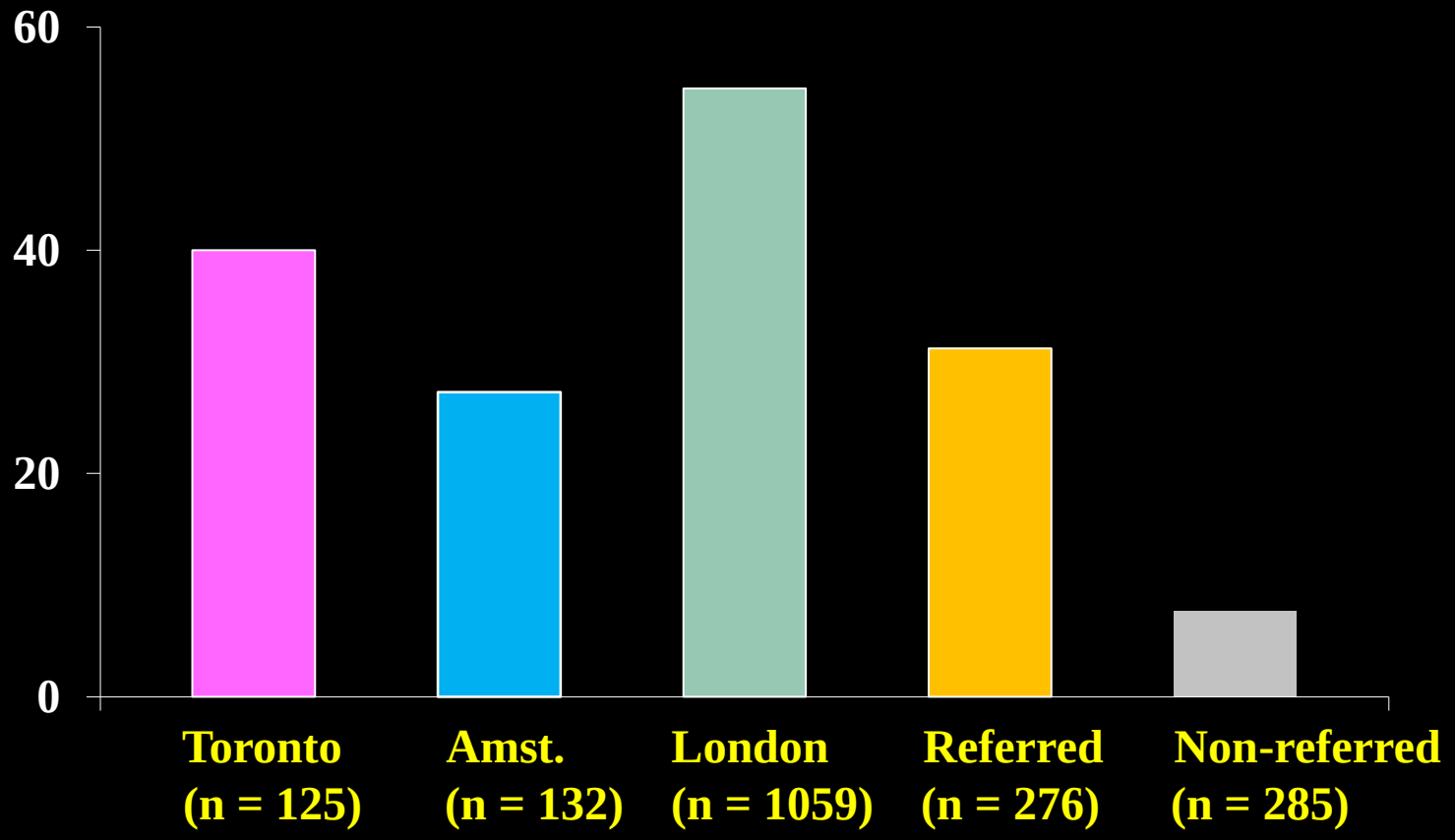
- **All 118 items rated on a 0-2 point scale ("not true" to "very true or often true"). Sum of all items rated 1 or 2 is calculated.**
- **Poor peer relations (3 items)**
- **Suicidality items (2 items) (CBCL *r* = .50; YSR *r* = .64)**

- **CBCL Item 91: "Talks about killing self"**
- **CBCL Item 18: "Deliberately harms self or attempts suicide"**

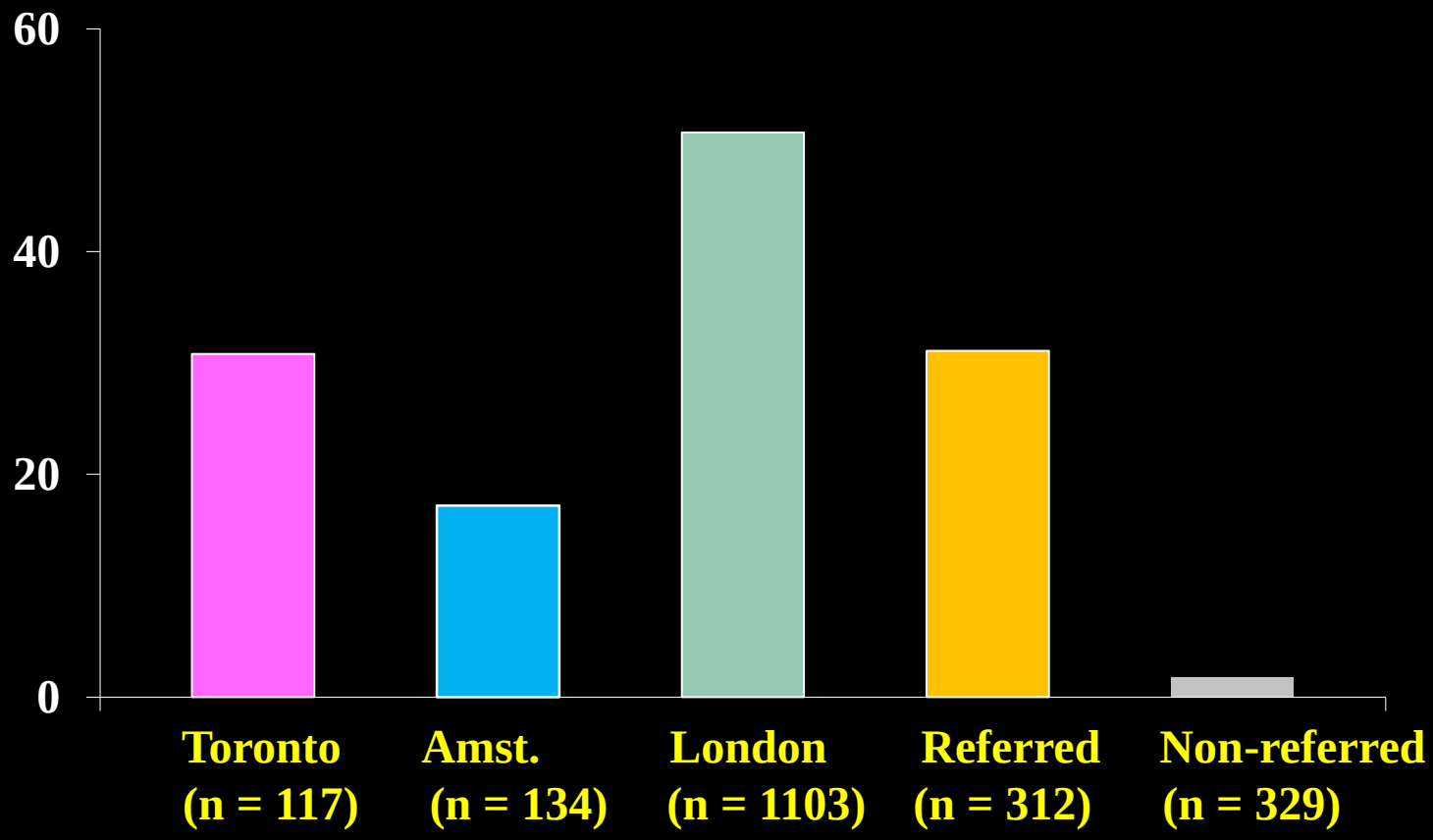
CBCL Item 91: Talks about killing self (Percentage rated as 1 or 2) (Assigned female at birth)



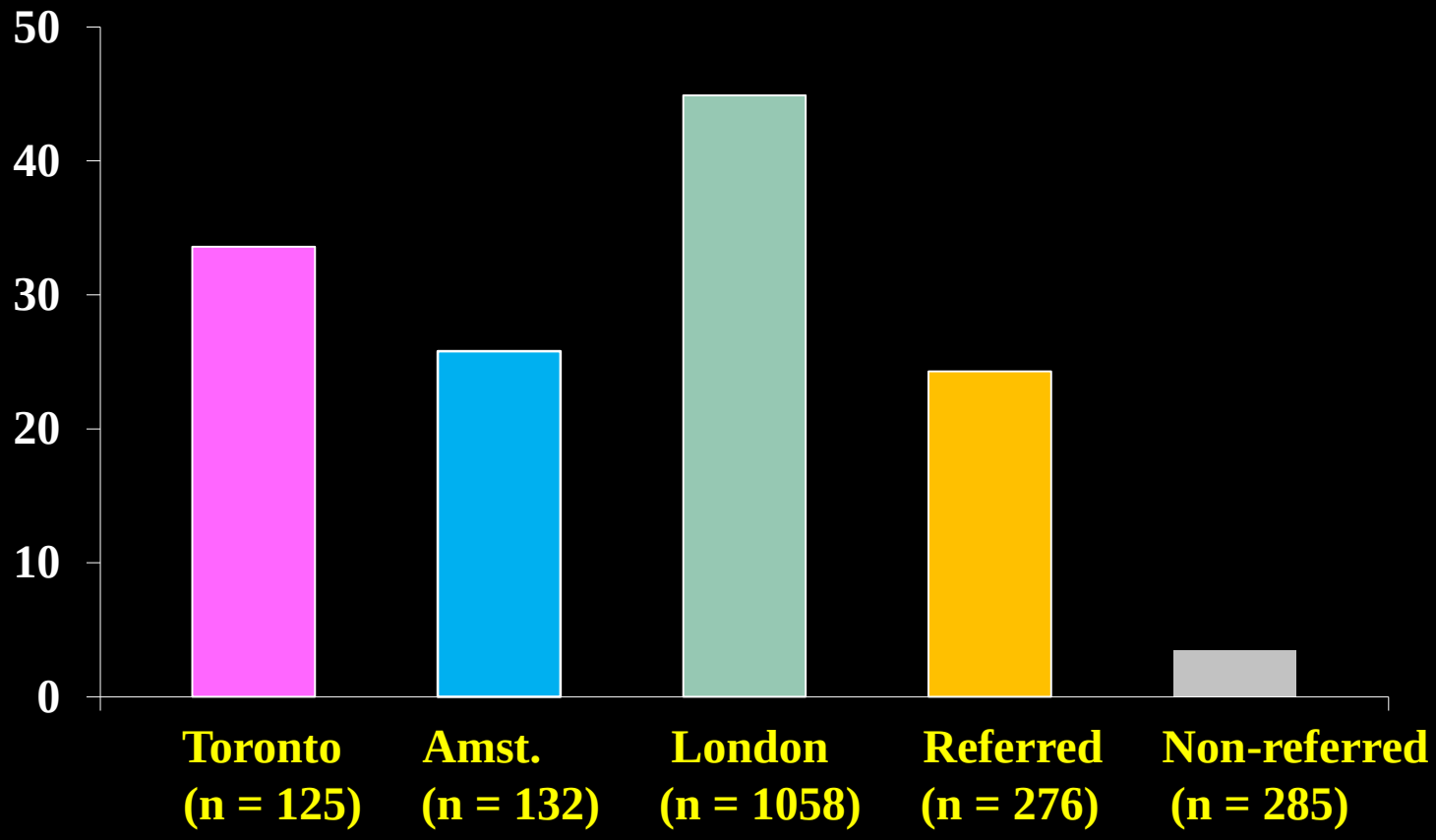
YSR Item 91: Talks about killing self (Percentage rated as 1 or 2) (Assigned female at birth)



CBCL Item 18: Deliberately harms self or attempts suicide (Percentage rated as 1 or 2) (Assigned female at birth)



YSR Item 18: Deliberately harms self or attempts suicide (Percentage rated as 1 or 2) (Assigned female at birth)



Conclusions

- **Do adolescents referred for gender dysphoria have elevated rates of suicidality?**

Yes, when compared to non-referred (presumably) cisgender adolescents

But so do (presumably) cisgender adolescents referred clinically for some type(s) of mental health issue(s) other than gender dysphoria

Conclusions

- **Year of assessment (more recent), assigned sex at birth (assigned female at birth), poor peer relations, and number of behavior problems in general predicted degree of suicidality.**

Conclusions

- **Assessment of suicidality should always be done in the context of assessment of general behavioral and emotional issues as reported either by the parent or the youth.**
- **“Predictors” of suicidality are, without a doubt, associated with gender dysphoria-specific parameters but also with generic risk factors (principle of equifinality).**

Contemporary Clinical and Research Issues

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Children with Gender Dysphoria: Developmental Trajectories

Follow-up Studies: Persistence and Desistance

- Bakwin (1968): n = 7
- Lebovitz (1972): n = 10
- Zuger (1978, 1984): n = 12
- Money and Russo (1979): n = 9
- Davenport (1986): n = 10
- Green (1987): n = 44
- Kosky (1987): n = 6
- Drummond et al. (2008): n = 25
- Wallien and Cohen-Kettenis (2008): n = 77
- Steensma et al. (2013): n = 127
- Singh et al. (2021): n = 139

Note: Summarized in Ristori and Steensma (2016), Zucker (2018), Cantor (2020), and Singh et al. (2021)

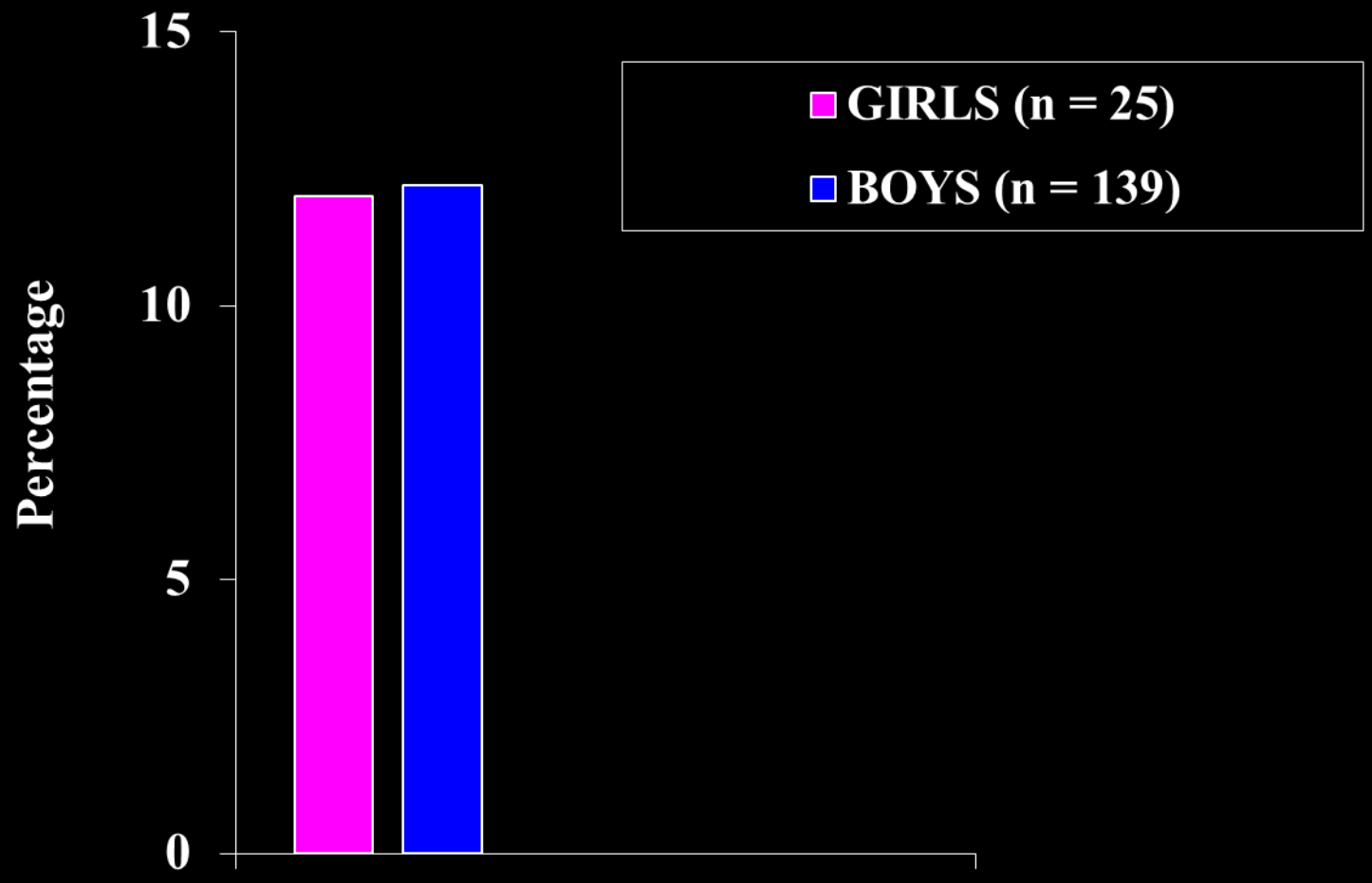
The Therapeutic Context of the Follow-up Studies

- **Assessment, no treatment**
- **Assessment, “watchful waiting” (Treatment 1)**
- **Assessment, active treatment of many kinds (recommendations to parents to implement in the naturalistic environment, behavior therapy, play therapy, psychodynamic psychotherapy, group therapy, etc., etc.) (Treatment 2)**

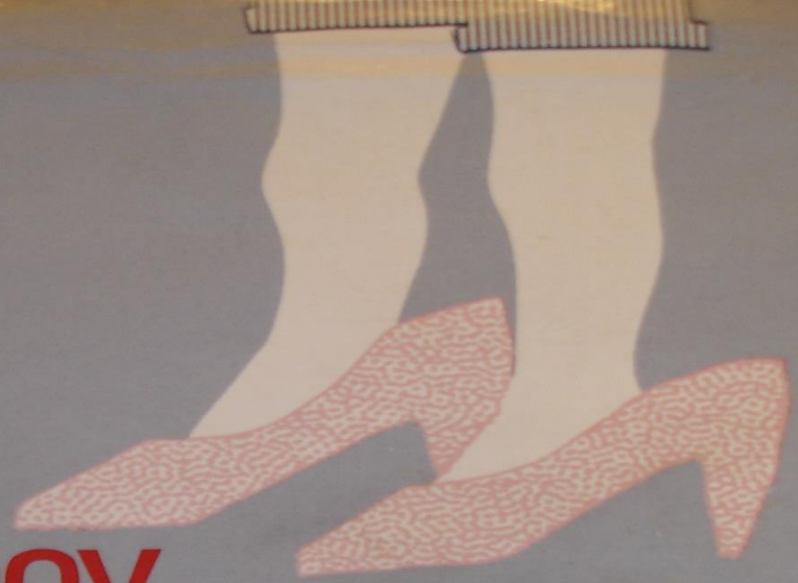
Gender Dysphoria ("Persistence") at Follow-Up

- From Bakwin to Kosky: 9%
- Green: 2%
- Drummond et al.: 12% [birth-assigned females]
- Wallien and Cohen-Kettenis: 20.3% [birth-assigned males]; 50.0% [birth-assigned females]
- Singh et al.: 12% [birth-assigned males]

Persistence Rate: Birth-assigned Boys vs. Girls



Note. Girl data from Drummond et al. (2008); boy data from Singh et al. (2021)



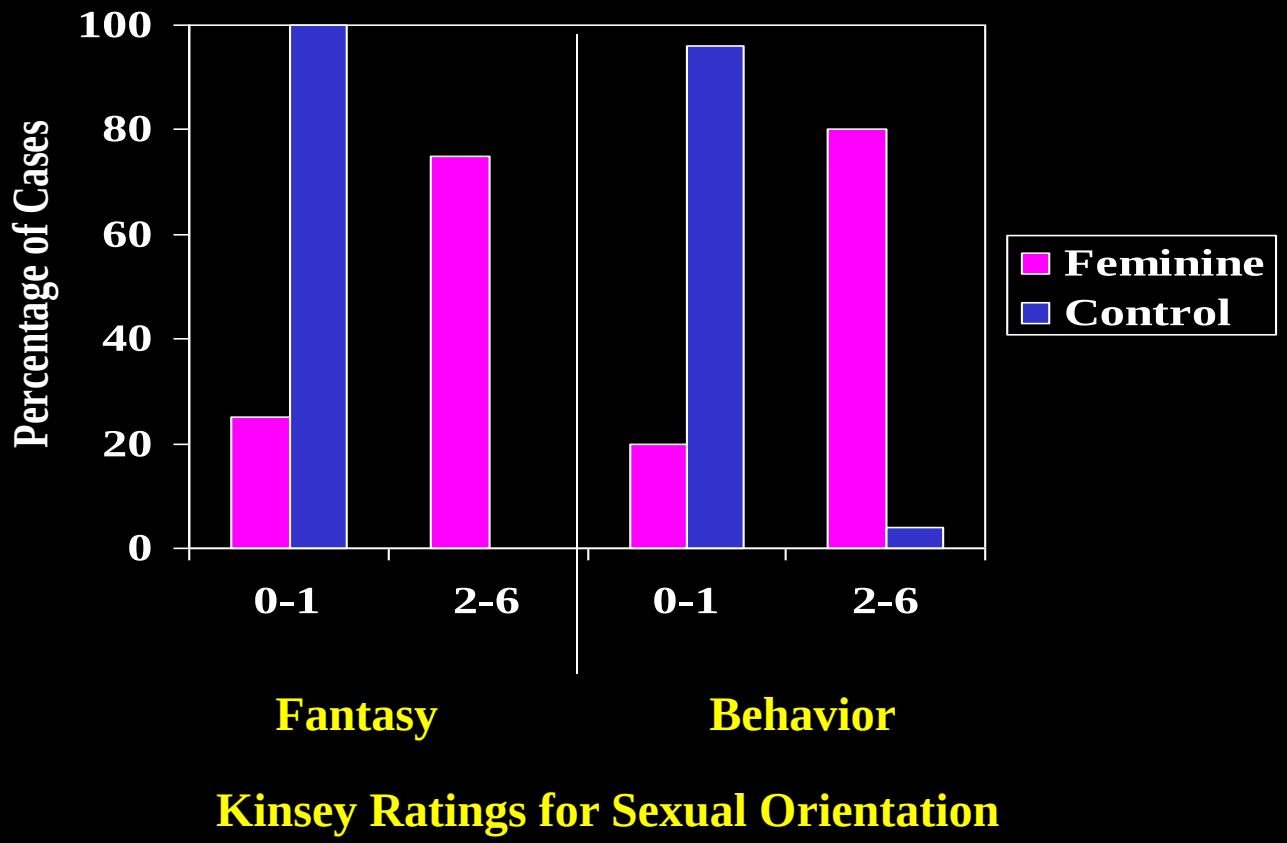
The "SISSY BOY SYNDROME" and the Development of Homosexuality

RICHARD GREEN, M.D.

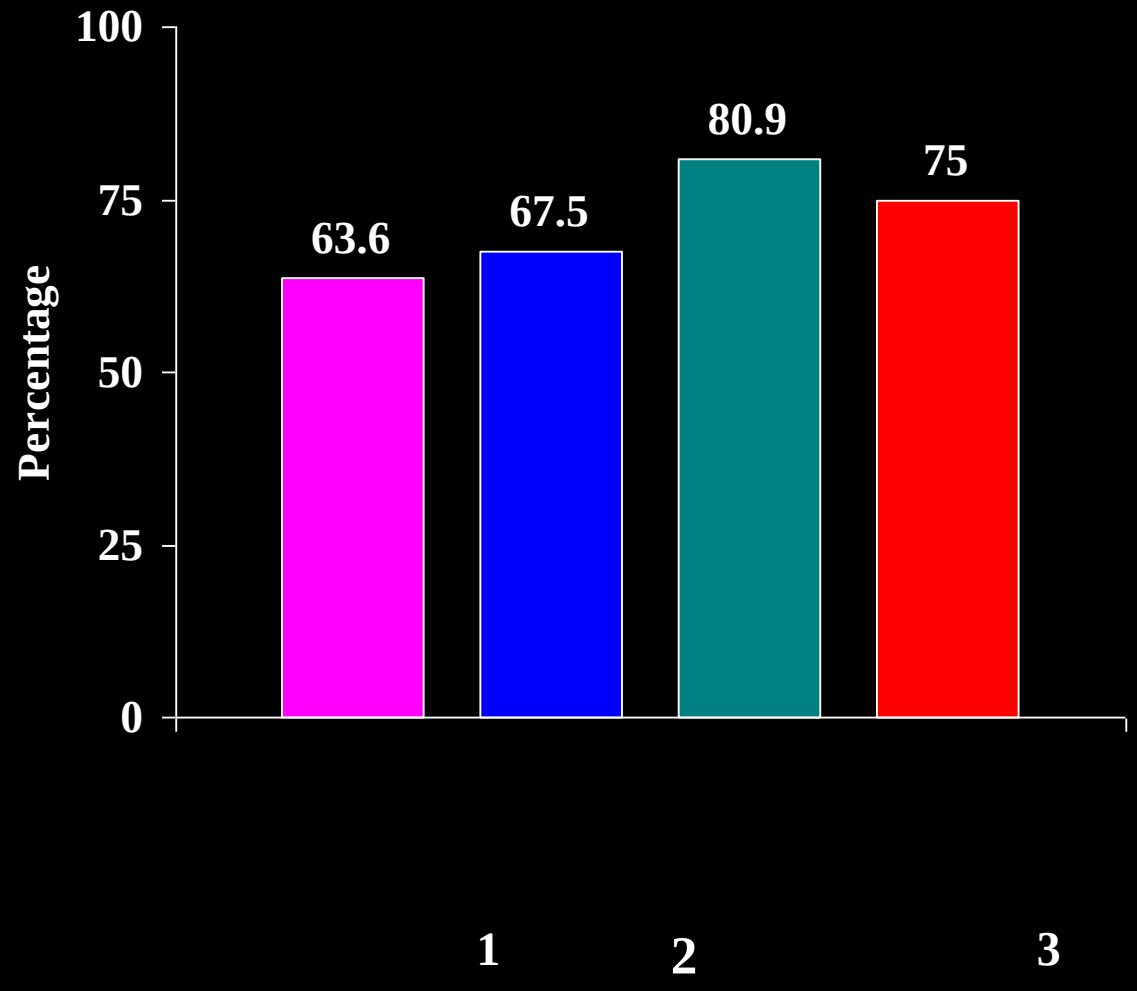
AUG 14 2007

Green's (1987) Follow-Up Study

- Only 1 (2.2%) of 44 feminine boys was considered to be persistently gender-dysphoric



Bisexual/Androphilic Sexual Orientation in Fantasy for Birth-Assigned Males: Toronto, Amsterdam, Los Angeles



1 = Toronto; 2 = Wallien & Cohen-Kettenis, 2008: "attraction" (n = 37); 3 = (Wallien & Cohen-Kettenis, 2008: "fantasy" (n = 21); 4: Green (1987) (n = 44)

Criticisms of the Follow-Up Studies

- **Method variance**
- **Lost to follow-up cases (“non-responders”) classified as desisters in the Dutch studies (cf. internal validity analyses)**
- **Inclusion of diagnostically subthreshold participants (the No True Scotsman argument)**

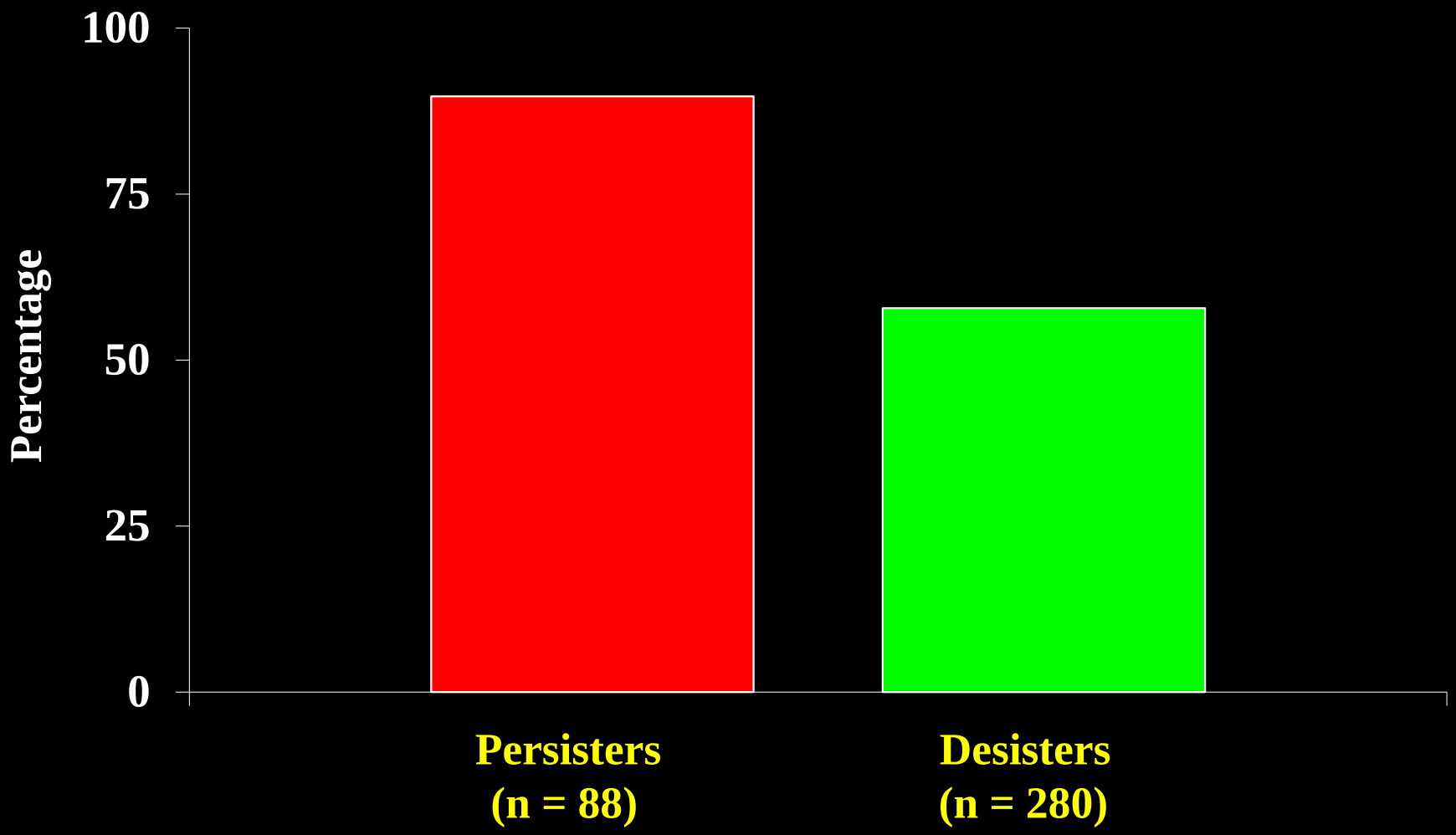
Note. Zucker (2018, *Int. J. Transgenderism*)

Predictors of Developmental Psychosexual Trajectories

It has been argued that desisters were not "truly" gender-dysphoric to begin with, so there was nothing to desist from. Only persisters were "truly" gender-dysphoric (the No True Scotsman argument: Person A: "No Scotsman puts sugar on his porridge." Person B: "But my uncle Angus is a Scotsman and he puts sugar on his porridge." Person A: "But no true Scotsman puts sugar on his porridge."

If we use the DSM criteria for the childhood diagnosis, what do the data show?

Percentage of Persisters and Desisters Threshold for the DSM Diagnosis in Childhood



Note. Data from Drummond et al. (2008); Wallien and Cohen-Kettenis (2008); Singh et al. (2021); Steensma et al. (2013).

Predictors of Developmental Psychosexual Trajectories

It has been argued that desisters were not "truly" gender-dysphoric to begin with, so there was nothing to desist from. Only persisters were "truly" gender-dysphoric.

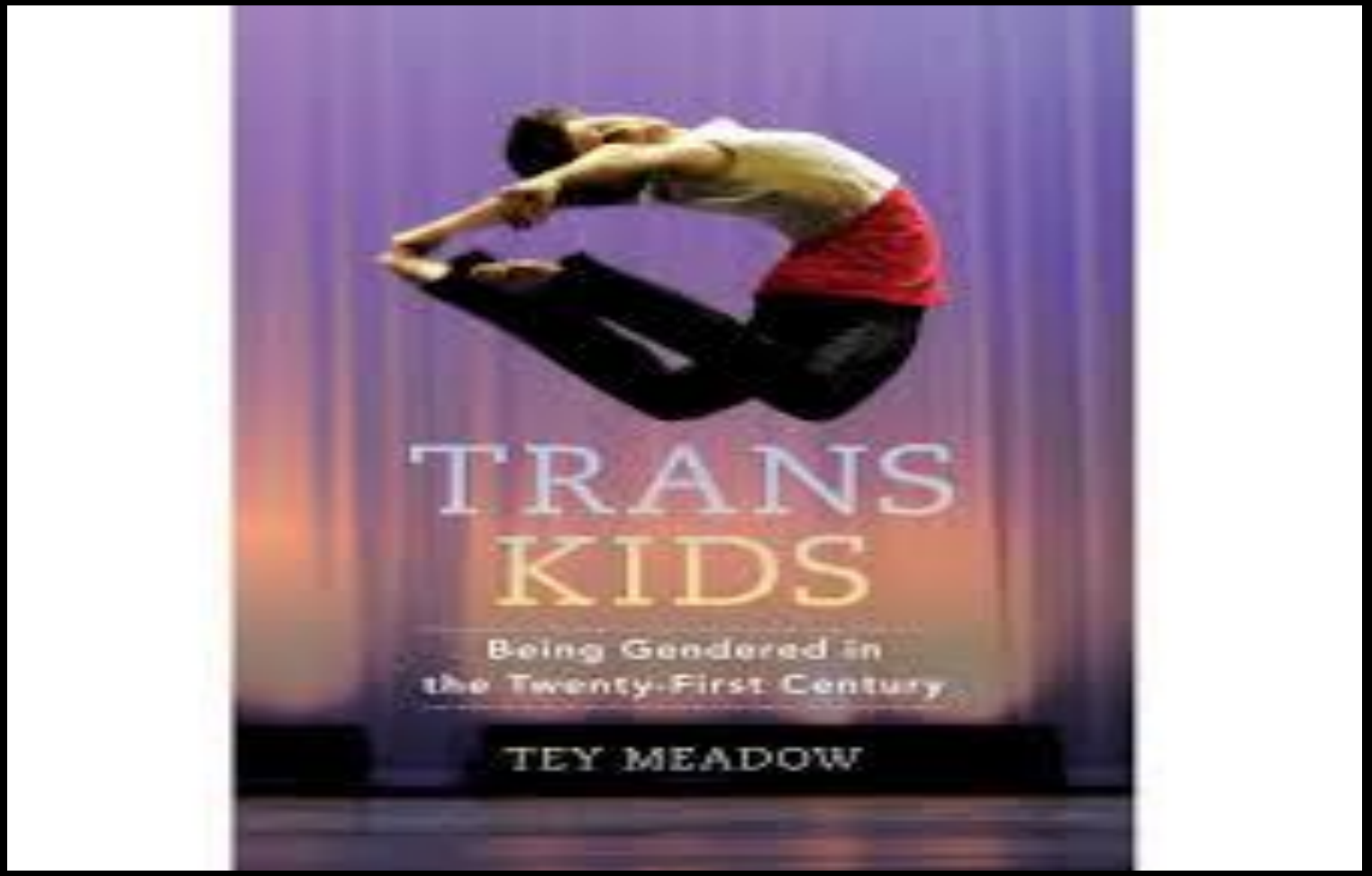
- **As a diagnostic instrument, the DSM diagnosis for children appears to detect the majority of cases that persist (sensitivity = 89.7%).**

- **However, for children who desist, the majority had a DSM diagnosis (specificity = 42.1%), which does not lend strong support for the above-noted claim.**

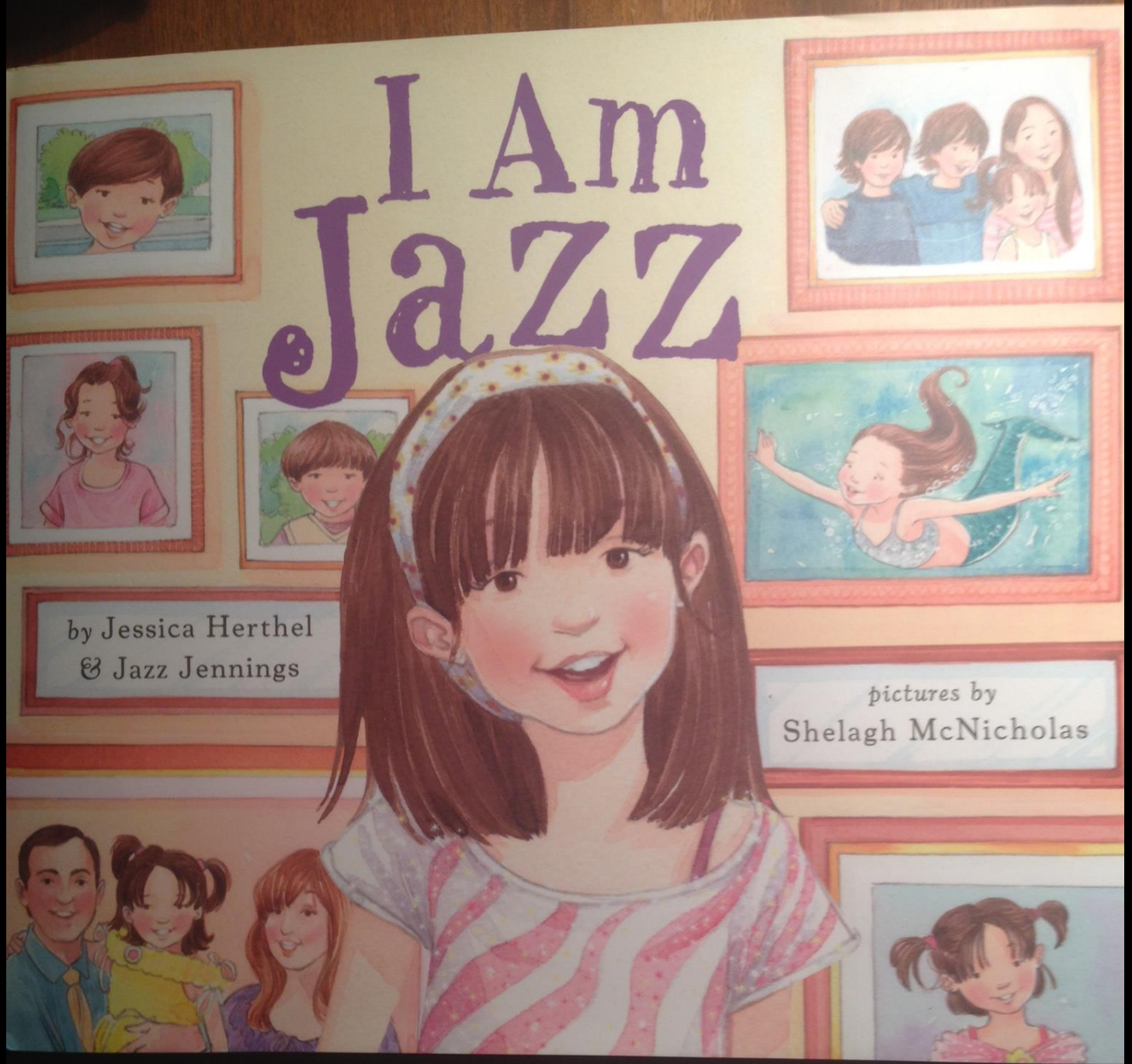
Follow-Up Studies Summarized So Far

- **The follow-up studies summarized so far, by and large, collected data on children who were assessed (and sometimes treated) prior to the emergence, around the mid-2000s, of pre-pubertal gender social transition as a an alternative type of psychosocial treatment designed to reduce gender dysphoria: a treatment that parents may have instituted on their own, in consultation with a clinician, or on the advice of a clinician or some other type of professional (e.g., a teacher).**

Treatment 3: Pre-pubertal Gender Social Transition



Note. Meadow, T. (2018). *Trans kids: Being gendered in the twentyfirst century*. Berkeley: University of California Press.


I Am Jazz
by Jessica Herthel & Jazz Jennings
pictures by Shelagh McNicholas

I have a girl brain but a boy body.

This is called transgender.

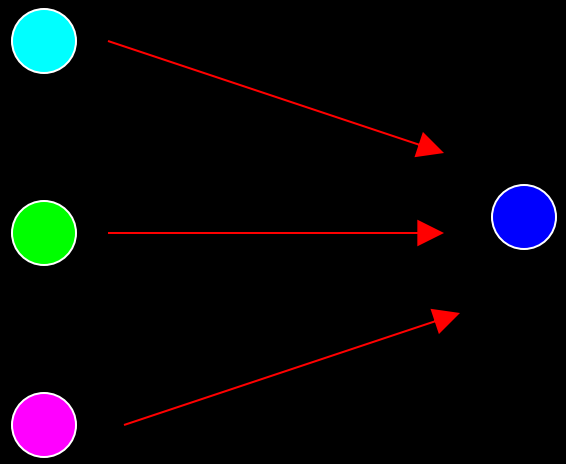
I was born this way!

Follow-up studies of pre-pubertal children who socially transitioned

- As samples of socially transitioned children become available, it is my prediction that the rate of persistence will be much higher when compared to the older studies, where most of the children received either Treatment 1 or Treatment 2.

- A recent study by Olson et al. (2022, Pediatrics) lends support to the prediction: There were 317 children who had socially transitioned at a mean age of 6.8 years and who entered the study at a mean age of 8.1 years. At a follow-up, on average, 5.4 years after the social transition, at minimum, there was a persistence rate of 94.0%.

Pathways to Desistance (Equifinality)



Contemporary Clinical and Research Issues

- Referral rates
- Changes in the sex ratio among adolescents
- Gender dysphoria and co-occurring mental health challenges (e.g., autism spectrum disorder, suicidality)
- Developmental trajectories (“natural history”)
- Rapid-onset gender dysphoria as a new subtype
- Biological correlates
- Best-practice therapeutic models and their conceptual underpinnings for both children and adolescents
- The debate about informed consent among adolescents receiving biomedical treatment
- Legal issues

Rapid Onset Gender Dysphoria: A New Clinical Phenomenon?

- **Littman, L. (2018). Rapid-onset gender dysphoria in adolescents and young adults: A study of parental reports. *PLoS ONE, 13*(8), doi:10.1371/journal.pone.0202330. e0202330.**

- **https://4thwavenow.com/**

- **https://4thwavenow.com/**

- **A community of parents & others concerned about the medicalization of gender-atypical youth and rapid-onset gender dysphoria (ROGD)**

4thWaveNow was started [in 2015] by the mother of a teenage girl who suddenly announced she was a "trans man" after a few weeks of total immersion in YouTube transition vlogs and other trans-oriented social media. (The daughter has since desisted from identifying as transgender.) After much research and fruitless searching for an alternative online viewpoint, this mom began writing about her deepening skepticism of the ever-accelerating medical and media fascination with the phenomenon of "transgender children."

ROGD: Characteristics and Questions

1. **No signs of gender dysphoria in childhood or even gender-variant behavior/gender non-conformity**

2. **Onset often begins in middle-school (Grade 7 or 8), if not later (sometimes much later)**

3. **So far, appears to be more common in birth-assigned females than birth-assigned males.**

- **In Littman's (2018) study, 83% were biological females.**

Gender Dysphoria in Children

DSM-5: Parent report
A1: No (“Never…”)
A2: No (“I couldn’t get her out of pink”)
A3: No (“Wanted to be like Wonder Woman”)
A4: No (“Cinderella parties”)
A5: No (“Her best friends were girls”)
A6: No (“Barbies, Barbies, Barbies…”)
A7: No (No comments about disliking her female body)
A8: No (No comments about wanting a male body)

ROGD: Characteristics and Questions

4. In early-onset and then persistent gender dysphoria, sexual orientation is almost always androphilic in birth-assigned males and almost always gynephilic in birth-assigned females. In ROGD, sexual orientation is much more variable (in my opinion).

5. If gender dysphoria is absent in childhood (prior to puberty), what might be the best candidate predictors for ROGD?

ROGD: Characteristics and Questions

- **Social influences ("social contagion"): Clusters of youth who self-identify as transgender**

  Kidd et al. (2021) asked 4730 Grade 9-12 students from Pittsburgh to self-label their gender identity. Of the 3168 students who provided usable data, 9.2% identified as other than "cisgender" (i.e., there was an incongruence between birth sex and gender identity), which included a range of options such as trans, genderqueer or nonbinary.

- **Intense internet activity that revolves around a transgender identity (Discord, reddit, Tumblr, Youtubers, etc.)**

ROGD: Characteristics and Questions

- **Traumatic or adverse experiences prior to the emergence of the gender dysphoria**

"My daughter was always very feminine. When she was 12, I was suffering from severe post-partum depression. I don't remember what happened but I tried to kill myself. She found me hanging from a rope in my bedroom….After that, she really changed, stopped wearing dresses, 'hides' behind her hoodie, her mental health has gotten really bad, and now she wants to be boy. She hates herself and wants to die."

ROGD: Characteristics and Questions

- **Intense anxiety pertaining to emergent sexuality**

- **Specific mental health challenges (e.g., an autism spectrum disorder)**

“My son is on the spectrum. He always had boys as friends, but was…the ‘oddball out.’ He has been obsessed with trains, transit systems, maps…and certain video games. Now he has become obsessed with trans issues. Is this another obsession or is he really trans.”

ROGD: Characteristics and Questions

6. ROGD challenges classical theories about gender identity formation.

7. What is the best practice therapy for adolescents with ROGD? Should the best practice guidelines for classical gender dysphoria in adolescents be used for adolescents with ROGD?

8. Because this is a new clinical presentation, we know very little about its subsequent developmental course in terms of persistence and desistance or transition and detransition.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