

Gender Dysphoria & Pediatric Gender Affirming Care in Ohio

What does transgender mean?

“**Transgender**” is an umbrella term for people whose gender identity is different from the sex assigned to them at birth. People who are gender variant have existed in every culture throughout recorded history.

Family and societal rejection of their gender identity are some of the strongest predictors of mental health difficulties among people who are transgender. Transgender people suffer from high levels of stigmatization and discrimination, contributing to negative self-image and increased rates of other mental health disorders. Transgender individuals are at higher risk of victimization and hate crimes than the general public. Suicide rates among transgender people are markedly higher than the general population.

Transgender children and adolescents are often victims of bullying and discrimination at school. Interventions are often needed to create safe and affirming school environments.¹

What is gender dysphoria?

Some people who are transgender will experience “**gender dysphoria**,” which refers to psychological distress that results from an incongruence between one’s sex assigned at birth and one’s gender identity. Though gender dysphoria often begins in childhood, some people may not experience it until after puberty or much later.

The DSM-5 defines gender dysphoria in adolescents and adults as a marked incongruence between one’s experienced/expressed gender and their assigned gender, lasting at least 6 months, as manifested by at least two of the following:

- A marked incongruence between one’s experienced/expressed gender and primary and/or secondary sex characteristics (or in young adolescents, the anticipated secondary sex characteristics)
- 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 (or in young adolescents, a desire to prevent the development of the anticipated secondary sex characteristics)
- A strong desire for the primary and/or secondary sex characteristics of the other gender
- A strong desire to be of the other gender (or some alternative gender different from one’s assigned gender)
- A strong desire to be treated as the other gender (or some alternative gender different from one’s assigned gender)
- 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)

To meet criteria for the diagnosis, the condition must also be associated with clinically significant distress or impairment in social, occupational, or other important areas of functioning

The DSM-5 defines gender dysphoria in children as a marked incongruence between one’s experienced/expressed gender and assigned gender, lasting at least 6 months, as manifested by at least six of the following (one of which must be the first criterion):

- A strong desire to be of the other gender or an insistence that one is the other gender (or some alternative gender different from one’s assigned gender)
- 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

¹ <https://psychiatry.org/patients-families/gender-dysphoria/what-is-gender-dysphoria>

- A strong preference for cross-gender roles in make-believe play or fantasy play
- A strong preference for the toys, games or activities stereotypically used or engaged in by the other gender
- A strong preference for playmates of the other gender
- 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
- A strong dislike of one's sexual anatomy
- A strong desire for the physical sex characteristics that match one's experienced gender

To meet criteria for the diagnosis, the condition must also be associated with clinically significant distress or impairment in social, occupational, or other important areas of functioning.²

Ohio's Children's Hospitals Gender Clinics

Over the last 10 years, Ohio children's hospitals have improved the care for transgender youth by establishing multidisciplinary. We estimate OCHA member hospitals have seen approximately 3,300 patients in our clinics who were under the age of 18 at their first appointment.

All patients receive a comprehensive evaluation and they and their families are supported by mental health specialists. When patients who are diagnosed by their health care providers with gender dysphoria begin puberty, fully reversible medications known as GnRH agonists (commonly called "puberty blockers") can be used to help the adolescent and family gain time to explore their gender identity. Medical treatment is only prescribed after a comprehensive evaluation and only with parental consent. Only 7% of our minor patients have been prescribed puberty blockers.

For older adolescents, hormone treatment can be considered after meeting strict conditions and only with parental consent. The average patient is 16 to 17 years old when starting hormone treatment. This type of treatment is partially reversible as some physical changes may remain after ceasing medication. For example, a deeper voice and facial hair may persist after stopping testosterone. Only 35% of our minor patients have been prescribed hormone treatment.

While a minority of youth evaluated in our gender clinics are prescribed puberty blockers or hormone treatment, they are critical resources to patients and their families desperate for care. Our gender clinics practice evidence-based medicine and treat patients consistent with well-established clinical practice guidelines.

² The Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition, American Psychiatric Association, 2013