

Gender Dysphoria in Minors and Gender Affirming Care

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Today in the United States new laws limiting or banning gender affirming care for minors are constantly being passed. Arguments attempting to justify this, apart from religious, claim children and adolescents are confused, influenced, and incapable of making permanent medical decisions. Is there any validity in these arguments though? What about in arguments defending access to care, claiming it saves lives? To gain a better understanding of this topic, this paper will take a look at recent studies surrounding this topic.

So, what exactly is gender dysphoria? Gender dysphoria can be defined as “the feeling of discomfort or distress that might occur in people whose gender identity differs from their sex assigned at birth or sex-related physical characteristics” (Mayo, 2022). Gender dysphoria can cause great distress in an individual’s everyday life. This can affect social and family aspects of an individual’s life, as well as performance at school and/or work. While not all people who are transgender experience gender dysphoria, it is a common result of when a person's gender identity differs from their sex assigned at birth.

One of the most prevalent arguments made by those who support denying children gender affirming care is that children are too young and just confused and being influenced by their parents, media, or other outside forces. Is there any validity behind this argument though? A recent study published by the National Library of Medicine suggests that there is not. The study hypothesized that “Because gender is an innate part of identity... that untreated [gender dysphoria] would be a part of individuals’ earliest memories” (Garcia, 2021). The study focused on transgender adults and consisted of 155 transgender women and 55 transgender men. The study found that the most common time frame that both transgender men and women reported their first memory of gender dysphoria was between the ages of five and seven years old. This

accounted for 48% of responses by both transgender men and women. The second most reported time frame, accounting for 30% of men and 25% of women, was between ages two and four years old. This means that 75% of the transgender men reported that their first memory of gender dysphoria was by the age of 7 years old. Additionally, 80% of them reported that memories of gender dysphoria were among their first childhood memories. As for the findings of transgender women, a total of 72% of them reported memories of gender dysphoria was by the age of seven. Furthermore, 81% of the transgender women reported that memories of gender dysphoria were some of their first childhood memories (Garcia, 2021). While there is further research needed, based off current studies most transgender people start experiencing gender dysphoria between the ages of two and seven years old. This suggests that the gender dysphoria experienced by children is in fact real.

Another popular argument those who oppose gender affirming for adolescents give is that minors should not make permanent medical decisions. This commonly goes hand and hand with the previously addressed argument. Since it has been established that research suggests young children can in fact experience gender dysphoria, are there any facts behind the rest of the argument? Well, contrary to what some people believe, gender affirming, and reassignment surgeries are not common for minors. A much more common treatment for gender dysphoria in minors is gonadotropin-releasing hormone analogues (GnRHa), more commonly referred to as puberty blockers. Puberty blockers are “considered fully reversible, allows for a “pause” on puberty and for further development of gender identity” (Matouk, 2022). Ideally this treatment is started early in puberty, preferably before or during Tanner stage 2-3 (Graham, 2022). Later in a child’s teen years their doctor may also chose to prescribe cross-sex hormones. This therapy “involves the use of feminizing or masculinizing hormones to allow the body to develop physical

changes that align with a person's gender identity, also significantly decreases gender dysphoria" (Matouk, 2022).

As mentioned previously puberty blockers are considered fully reversible. With that being said it is also important to note that only an extremely small percentage of individuals change their minds. According to the National Library of Medicine, between 1.4 and 3.5% end up wishing to not continue with their treatments. So, since puberty blockers are considered fully reversible and since such a small percentage of individuals chose to stop treatment, not to mention the fact they are prescribed by doctors and are known to decrease gender dysphoria, there seems to be no medically valid reason at this time to ban access to them. What about the other side of the argument though?

By far the biggest argument for protecting minors access to gender affirming care is that it saves lives. How much do we actually know about this though? It is no secret that LGBTQ+ youth experience much higher rates of mental health issues than their peers. In fact, according to the National Library of Medicine numerous studies have shown that transgender youth have a "high prevalence of often severe mental health problems" (Mezzalira, 2022). In one study over 90% of participants were diagnosed with depression, anxiety, post-traumatic stress disorder (PTSD), eating disorders, ASD, and/or bipolar disorder (Mezzalira, 2022). There is very little information on how gender affirming care affects these numbers in adolescents, however one study discussed earlier helps provide some insight.

The study published by the National Library of Medicine consisted of 55 transgender men 155 and transgender women. Of the 55 transgender men 18% reported one or more suicide attempts pre-transition. After starting transitioning however, no participants had any suicide

attempts. The number of transgender women who reported one or more suicide attempts was even higher. Of the 155 participants 30% reported at least one attempted suicide before starting transitioning. Same as with the transgender men, none of the women reported another suicide attempt after starting transitioning (Garcia, 2021). While further research regarding adolescents is still needed, it is safe to say that based on current research, gender affirming care does in fact save lives.

It is important to note that research surrounding gender dysphoria, especially in adolescents and children, is extremely limited. In order to gain a better understanding about these topics much more research is needed. In conclusion, this paper has examined the research we have regarding dysphoria in children and adolescents. While further research is needed, based on current knowledge it is safe to say that children can and do experience gender dysphoria and that gender affirming care is not only beneficial, but it can also potentially save lives.

Sources

- Burns, S. R. (2019). *Psychology of sex and gender*. Worth Publishers, Macmillan Learning.
- Graham, P. (2023, April). *Transgender Children and young people: How the evidence can point the way forward*. BJPsych bulletin.
<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC10063975/>
- Matouk , K., & Wald, M. (2022, December 8). *Gender-affirming care saves lives*. Columbia University Department of Psychiatry. <https://www.columbiapsychiatry.org/news/gender-affirming-care-saves-lives>
- Mayo Clinic. (2022, February 26). Gender dysphoria. <https://www.mayoclinic.org/diseases-conditions/gender-dysphoria/symptoms-causes/syc-20475255>
- Mezzalira, S., Scandurra, C., Mezza, F., Miscioscia, M., Innamorati, M., & Bochicchio, V. (2022, December 31). *Gender felt pressure, affective domains, and mental health outcomes among transgender and gender diverse (TGD) children and adolescents: A systematic review with developmental and clinical implications*. International journal of environmental research and public health.
<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC9819455/>
- Topic brief: Treatments for gender dysphoria in transgender youth. (n.d.).
<https://effectivehealthcare.ahrq.gov/system/files/docs/topic-brief-gender-dysphoria.pdf>

Zaliznyak, M., Yuan, N., Bresee, C., Freedman, A., & Garcia, M. M. (2021, December). *How early in life do transgender adults begin to experience gender dysphoria? why this matters for patients, providers, and for our healthcare system*. *Sexual medicine*.

<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC8766261/>