

# Gender Variance or Gender Dysphoria amongst children and adolescents

## What is gender variance or gender dysphoria?

Children are socially defined as male or female based on genital appearance at birth. The expression of characteristics that are not associated within society with one's assigned sex at birth, is a common and culturally diverse human phenomenon, that should not be judged as inherently pathological or negative (World Professional Association for Transgender Health, 2011; Royal College of Psychiatrists, 2013).

The transgender condition is understood increasingly to have its origins before birth. Research studies indicate that the baby's brain development does not always coincide with the sex differentiation of the rest of its body. Divergent development predisposes the baby to a future mismatch between their gender identity and their body (Gender Identity Research and Education Society, 2015). There is no evidence that social environment after birth has an effect on gender identity (Swaab & Garcia-Falgueras, 2009).

Children and adolescents may not always feel that they fit with their assigned sex. The way they look on the outside may not fit with how they feel inside. The way they are expected to behave may be quite different from the way they actually want to behave. This overwhelming sense of feeling like the opposite gender causes strong discomfort and is called gender dysphoria ('dys' – meaning difficult or painful and 'phoria' meaning condition of feeling/mental state).

## Why gender dysphoria matters

A 2010 study of 121 transgender people found that 38 per cent realised they had gender variance by age five years (Hamzelou, 2011). Gender dysphoria is further exacerbated by the onset of puberty when permanent physical changes may make life intolerable. Some children and adolescents may have unclear feelings about their gender and do not identify as boys or girls, but may feel in between (gender neutral or gender binary). Recent developments in biological sciences and genetics illustrate the complexity and spectrum of gender (Ainsworth, 2015).

## Prevalence, incidence and growth of gender variance amongst children and adolescents

The numbers of children and adolescents seeking support, and possibly medical intervention, at the Tavistock Gender Identity Development Service, the sole provider of gender identity services for young people in England, are rising by 50% per annum. The current number of new cases per year is just under 500 (Tavistock Gender Identity Service Conference, London, June 2014). Surveys indicate that the underlying trans population, which includes non-binary people, is at least 1% (Glen & Hurrell, 2012; Clark et al, 2014).

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**For additional fact sheets see [www.ihv.org.uk](http://www.ihv.org.uk)**

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### Good Practice Points for Health Visitors to support parents

Ady Davis, psychosexual therapist with North East Gender Dysphoria Service advises: “If your child is very strongly identifying with the opposite gender to the point where it’s causing the child or the family distress, seek help. Some teenagers self-harm or face suicidal feelings. Depression is very common among young people with gender discomfort.”

- Children and adolescents with gender dysphoria can be referred by their GP or CAMHS to the NHS Tavistock and Portman Gender Identity Development Service or local a NHS specialist service for assessment.
- Health Visitors (HVs) should be aware that transgender children and adolescents need to be supported by their families, healthcare professionals, communities and schools. Lack of awareness and education can result in bullying and lead to isolation, self-harm, and depression.
- HVs need to be aware that the parents and carers of a transgender child may need support from their Health Visitor. The transition process may be stressful for parents, who may experience negative reactions from family and community whilst managing their child’s and their own emotions. Transitioning from a child’s birth assigned sex to a preferred gender identity is a process and will often begin with the transgender child and family “coming out” to family, friends and community. At a similar time the child may begin to present in the gender that fits with their gender identity as opposed to their birth assigned sex.
- HVs should be aware that the Equality Act (2010) legally protects a transgender child or adolescent if they wish to transition at school or college. They are fully entitled to use their preferred name and pronouns and to use the facilities relating to their gender identity (rather than their assigned sex), for example toilets and changing rooms. [bit.ly/1HG8Kli](https://bit.ly/1HG8Kli)
- It is crucial that support and acceptance is given to the child or adolescent if they decide to change their name, use different pronouns (he not she, she not he, or a neutral pronoun, they) and dress according to their gender identity.
- Mermaids is a group that provides family support for children and teenagers with gender identity issues and is recommended by NHS Choices. [bit.ly/1OX00cz](https://bit.ly/1OX00cz)
- Whilst gender dysphoria causes great stress for the individual, it is not a mental illness or a sign of child abuse, and it is unrelated to sexuality. Mermaids advise parents to accept your child and let them know you support and love them no matter what they say or do. [bit.ly/1OX00cz](https://bit.ly/1OX00cz)

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### Additional Information

Gender Identity Research and Education Society (GIRES): Promotes and communicates research.

[bit.ly/1Q4g11T](http://bit.ly/1Q4g11T)

Mermaids: A UK charity providing family support for children and teenagers with gender identity issues.

[bit.ly/1OX00cz](http://bit.ly/1OX00cz)

Tavistock and Portman Child and Adolescent Services

[bit.ly/1Dn2cSw](http://bit.ly/1Dn2cSw)

GIRES (the Gender Identity Research and Education Society), Surrey and Borders Partnership NHS Foundation Trust has created a free e-learning course attracting CPD points to help healthcare and other staff understand the needs of transgender children and adolescents.

[bit.ly/1ba4aim](http://bit.ly/1ba4aim)

### References

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