

Medical intervention: Hormone-blockers may be given in early puberty, to suspend the development of the sex characteristics that are hard or impossible to reverse. The medication is safe and reversible. Cross-sex hormones may be given later, to induce the puberty that matches the young person's gender identity.

Professional support and advocacy: Providers of education, and medical and social care, will need to ensure that services for these young people and their families take account of the equality and human rights legislation.

SURREY and BORDERS PARTNERSHIP NHS TRUST:

www.sabp.nhs.uk/

CHILD & ADOLESCENT MENTAL HEALTH SERVICES

www.surrey-camhs.org.uk/en/content/cms/Professionals/

TAVISTOCK & PORTMAN GENDER IDENTITY DEVELOPMENT SERVICE

Email: gids@tavi-port.nhs.uk; Tel: 0208 938 2030

www.tavistockandportman.nhs.uk/childrenyoungpeoplegenderidentityissues (satellites: Leeds, Exeter, Cardiff)

MERMAIDS

Email: info@mermaidsuk.org.uk; Tel: Mon-Sat, 3-7pm, 020 8123 4819

www.mermaidsuk.org.uk

Support for young people with gender identity issues, their families and carers.

GIRES

Email: info@gires.org.uk; Tel: 01372 801554; www.gires.org.uk

Promotes and communicates research; disseminates information to schools, colleges, universities, health and social care providers and employers.

TRANS YOUTH NETWORK

www.lgbtconsortium.org.uk/directory/national-trans-youth-network

TranzWiki.net for other support groups around the UK

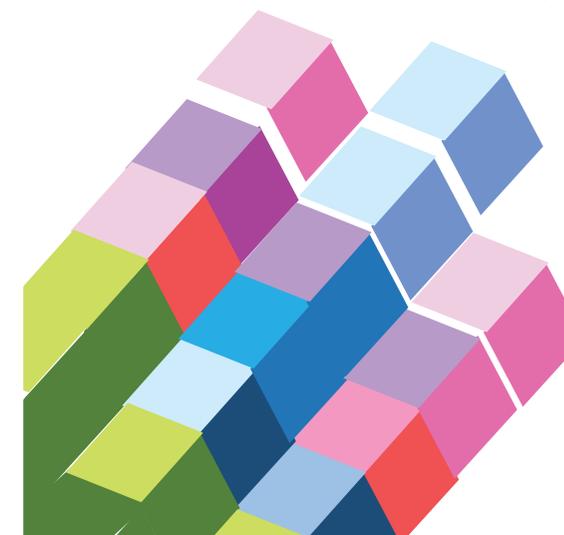
GPs eLearning: <http://elearning.rcgp.org.uk/gendervariance>

SUPPORT for GENDER VARIANT CHILDREN & TRANS ADOLESCENTS

Surrey and Borders Partnership 
NHS Foundation Trust



This leaflet provides information for families, and it signposts eLearning resources for GPs and other health and social care professionals.



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SUPPORT for GENDER VARIANT CHILDREN & TRANS ADOLESCENTS

Gender identity: Children and young people do not always identify as boys or girls in a way that matches the sex registered on their birth certificate. Where this sense of being a boy or a girl (the gender identity) is at odds with the sex appearance, they may be described as gender variant or gender non-conforming. These terms include those who do not necessarily identify as one or the other, but may be somewhere in between, on the gender spectrum (non-binary).

Change of role: Children and adolescents may feel compelled to live, full-time or part-time, in a gender role that accords with their gender identity rather than their birth sex; they may change their names, use different pronouns (*he* instead of *she*; *she* instead of *he*, or a neutral pronoun, *they*, or even new pronouns such as *per* or *zie*); they may also dress differently.

Respect: Children's understanding of their own gender identity should be respected. When talking to them, or about them, names and pronouns that they are comfortable with should be used by families and professionals interacting with them. Professionals need to be well-informed, in order to support these children and their families appropriately.

Natural Variation: Differences in gender identity outcomes in young people are now understood to be natural variations in development. They are not mentally ill; this is not a sign of abuse or ill-treatment.

Referrals: The GP (see eLearning for GPs) may refer the child or young person to:

- The Tavistock and Portman Gender Identity Development Service, or local Specialist Services, who will assess the young person to see if they are likely to need medical intervention to put their puberty on hold so that they do not develop unwanted secondary sex characteristics, and -
- The Child and Adolescent Mental Health Service (CAMHS) who can assess children, provide reassurance to parents and carers, and advocacy in schools, especially when children transition to live according to their gender identity. CAMHS can also refer children directly to the Specialist Services.

Puberty: As puberty approaches, some young people, on becoming aware of their sexual orientation, identify as lesbian, gay or bisexual. However, those who continue, or start, to experience a gender identity that is severely at odds with their sex appearance and gender role, may feel increasing discomfort, known as gender dysphoria.

These young people may experience psychological torture associated with the development of their secondary sex characteristics: breasts and periods in those assigned female; facial hair and masculine features, deep voice and increased height, in those assigned male.