Gender Dysphoria: An Introduction for Educators and Policymakers

Taylor Daigneault

Inception

This paper was originally prepared for Dr. Laura Sokal's "Introduction to Inclusive Education" at The University of Winnipeg and was later adapted for presentation at the Western Canadian Association for Student Teaching 2015 Conference in Saskatoon.

Abstract

This paper is a collection of research regarding the characteristics, prevalence, and prognosis of gender dysphoria featuring a brief overview of interventions currently taking place across Canada to generate more inclusion for people with the disorder and people who are gender non-conforming. The research provided is intended to introduce teachers, administrators, and policymakers to the updates made to gender dysphoria in the *Diagnostic and Statistical Manual of Mental Disorders* as it enters its fifth edition. It is hoped that by gaining a better understanding of gender disorders, those involved in the educational system will be able to make appropriate adaptations for students who do not conform to binary gender norms.

Introduction

Since the Publication of the *Diagnostic and Statistical Manual of Mental Disorders, fifth edition* (*DSM 5*), many disorders have been updated (American Psychiatric Association [APA], 2013). Among the list of renamed and edited disorders is gender dysphoria—previously "gender

identity disorder." With the remodelling and restructuring of *DSM 5*, it is time also to update the education system to meet the needs of contemporary students. Teachers, administrators, and policymakers with an understanding of the characteristics, prevalence, and prognosis of disorders such as gender dysphoria are better equipped to create inclusive spaces in classrooms, schools, and the educational system itself. The information presented below is from a sampling of research conducted over the past ten years, with the majority of sources being drawn from research papers published after 2009. The first portion of this paper is grounded in the field of clinical psychology. It is an attempt at an accurate presentation of gender dysphoria and how the disorder may present itself in different age groups. The second half of research focuses on interventions that are taking place across Canada and provides resources for educators and researchers to continue learning about gender dysphoria and to aid in the construction of a more gender-inclusive society.

Characteristics

The most characteristic symptom of gender dysphoria, a noticeable dissonance between birth sex (or natal gender) and perceived gender, is present regardless of age (APA, 2013; Riley, Sitharthan, Clemson, & Diamond; Baltieri, Cortez, & de Andrade, 2011). In order for this transgenderism to be diagnosed as gender dysphoria, however, *DSM 5* (APA, 2013) highlights that the individual must be experiencing "clinically significant distress or impairment in social, school, [occupational], or other areas of functioning" (pp. 452-453). Symptoms of gender dysphoria must be present for six months before they can be deemed clinically relevant (APA, 2013).

In Young Children

Gender dysphoria manifests itself differently in early childhood than in adolescence (APA, 2013; Riley et al., 2011) and can be recognised in children by the time they are two years old (APA, 2013; Levine & the

Committee on Adolescence [CoA], 2013; Riley et al., 2011). Gender dysphoria in children can be characterised by a dislike of products (e.g. toys, clothes) marketed towards their natal gender or a preference for products marketed towards their perceived gender (APA, 2013; Baltieri et al., 2009; Riley et al., 2011). Other traits that are characteristic of gender dysphoria in prepubescent youth include a desire to socialise with their perceived gender group instead of their natal gender peers (APA, 2013; Levine & CoA, 2013; Riley et al., 2011), role-playing as a different gender (APA, 2013; Riley et al., 2011), and potentially displaying a distaste of their physical anatomy and longing for primary or secondary sex characteristics that align with their perceived gender (APA, 2013).

In Adolescents and Adults

Accompanying the perception of being a different gender than the one assigned at birth, adolescents and adults with gender dysphoria will likely be displeased by their primary and secondary sex characteristics (APA, 2013; Baltieri et al., 2009; McDuffie & Brown, 2010) and may try to prevent the development of secondary sex characteristics or be rid of existing ones (APA, 2013; Baltieri et al., 2009; de Vries, Cohen-Kettenis, & Delemarre-van de Waal, 2006; Holman & Goldberg, 2006; Riley et al., 2011). It is common for adults and adolescents with gender dysphoria to wish to be, or to be treated like a gender other than their natal gender (APA, 2013; de Vries et al., 2006; Holman & Goldberg, 2006; Riley et al., 2011) depending on how accepting their peers are of gender non-conformity. Many people will also express a desire to have the genitalia that aligns with their perceived gender (APA, 2013; Baltieri et al., 2009; de Vries et al., 2006; Holman & Goldberg, 2006; Levine & CoA, 2013; McDuffie & Brown, 2010; Riley et al., 2011) and may seek out one or more of the treatments or surgical procedures described below.

Prevalence

The prevalence of gender dysphoria is hard to estimate as most studies are unable to include individuals who do not seek clinical care (Levine & CoA, 2013). *DSM 5* (APA, 2013) estimates that "for natal adult males, prevalence ranges from 0.005% to 0.014%, and for natal females from 0.002% to 0.003%" but makes note that these rates are likely underestimates (p. 254). De Vries et al. (2006) claim that "no separate data exist for" childhood prevalence of gender dysphoria (p. 84) but *DSM 5* (APA, 2013) does share that "in children, sex ratios of natal boys to girls range from 2:1 to 4.5:1" (p. 254). As adolescence approaches, this ratio evens out so that diagnoses are split anywhere from half natal male and half natal female (de Vries et al., 2006) to a six to one ratio of natal male gender dysphoria diagnoses over those given to natal females (APA, 2013). In a 2013 technical report from the American Academy of Pediatrics (Levine & CoA) a population prevalence claim "of 1 in 11 900 to 1 in 45 000 for MTF [male to female] youth and 1 in 30 400 to 1 in 200 000 for FTM [female to male] youth" (p. 301) is cited.

Prognosis

Childhood

Characteristics of childhood gender dysphoria typically become apparent between the ages of two and four (APA, 2013; Levine & CoA, 2013; Riley et al., 2011). Gender dysphoria in natal female children is more likely to progress into adolescence, with a persistence rate of 12% to 50% (APA, 2013), implying that up to half of the diagnosed childhood population will carry the disorder into adolescence and adulthood. Natal male children with gender dysphoria are far less likely to see the disorder persist into or beyond puberty with persistence rates of 2.2% to 30% (APA, 2013). While atypical, some children with gender dysphoria may also have suicidal thoughts (Riley et al., 2011). Anatomic dysphoria, the feeling of one's natal sex not aligning properly with their perceived gender, grows more common as children reach adolescence (APA, 2013).

Adolescence and Adulthood

According to APA (2013), if gender dysphoria begins in childhood and persists into adolescence and adulthood, it is a case of early-onset gender dysphoria. There is a statistically significant positive correlation found linking early-onset gender dysphoria in natal males to the number of older brothers they have (APA, 2013; Schagen, Delemarre-van de Waal, Blanchard, & Cohen-Kettenis, 2012). More specifically, "each older brother increased the odds that a boy would belong to the gender dysphoric group rather than the control group by 47%" (Schagen et al., 2012, pp. 545-546); future research into this finding could focus on birth order and social roles of masculinity and dominance just as easily as it could focus on biological systems such as comparing hormone levels in utero by birth orders.

APA (2013) notes that people with early-onset gender dysphoria tend to pursue hormones and gender reassignment surgery earlier than those with late-onset gender dysphoria. Late-onset gender dysphoria does not manifest itself until the beginning of puberty (APA, 2013). Many natal males with late-onset dysphoria are gynephilic—they have a sexual preference for people with vaginas (APA, 2013). Many natal females with late-onset gender dysphoria are androphilic and sexually prefer people with penises (APA, 2013).

Forming sexual relationships has a tendency to become more difficult for gender dysphoric adolescents as they age and become more interested in sexual engagement (de Vries et al., 2006). Discomfort and uncertainty in gender identity has led to "quite a few adolescents with GID [gender identity disorder] [who] entirely refrain from dating and sexual activity" (de Vries et al., 2006, p. 88).

It is common for gender dysphoric teens and adults to seek out hormones and gender reassignment surgery (Baltieri et al., 2009; de Vries et al., 2006; Holman & Goldberg, 2006; McDuffie & Brown, 2010). Unfortunately, this demographic is also at an increased risk for self-harm, especially through self-genital mutilation or attempted suicide

(Baltieri et al., 2009; Hatzenbuehler, Birkett, Van, & Meyer, 2014; Holman & Goldberg, 2006; Levine & CoA, 2013; McDuffie & Brown, 2010) as depression is a common comorbid disorder for gender dysphoria at all ages (Baltieri et al., 2009; Hatzenbuehler, Birkett, Van, & Meyer, 2014; Holman & Goldberg, 2006; Levine & CoA, 2013; McDuffie & Brown, 2010; Riley et al., 2011).

Strategies for intervention

Medical Intervention

Medical interventions for gender dysphoria include having counselling or therapy sessions with a psychologist, psychiatrist, or licensed therapist (de Vries et al., 2006). Procedures such as "hormonal intervention, surgery, or other sex reassignment procedures to feminise/masculinise primary or secondary sexual characteristics" (de Vries et al., 2006, p. 83) are also possibilities for individuals with gender dysphoria. All professional parties involved in assisting a person with gender dysphoria, by looking for treatment options, should understand that when a person undergoes genital surgeries, such as vaginoplasty, "revisional surgery is sometimes required to optimise aesthetic results. Most patients require lubrication for sexual intercourse, and, of course, pregnancy is not possible" (Monstrey, Buncamper, Bouman, & Hoebeke, 2014). This knowledge can better prepare a person with gender dysphoria for the realities of major procedures.

Intervention by Government

Intervention from governing bodies tends to come primarily from the provincial levels. In British Columbia, the passing of Bill 17 allows gender to be changed on birth certificates without undergoing a gender reassignment surgery ("Birth Certificate Gender Reassigned," 2014).

In September of 2013, the Manitoba Provincial Government passed Bill 18 into law, making it a legal responsibility for "schools to accommodate students who want to start specific anti-bullying clubs, including gay-

straight alliances" ("Bill 18 Passes in Manitoba Legislature," 2013). The bill also prohibits discrimination and harassment based on sexuality and gender.

Federally, a private member's bill designed to amend policies seen as discriminatory to trans people was passed by the House of Commons in March of 2013 (The Canadian Press, 2013) but the intent of the bill was changed by Conservative senator Don Plett. During committee, Plett proposed three amendments to the bill, one of which "exempts public washrooms and change rooms from the legislation's protections" (McGregor, 2015), a change that may reduce the level of safety for people who are gender non-conforming. While the argument behind the amendment was that it would increase public safety, it puts transpeople in a position where they may "experience harassment or even violence as a result of not fitting in with traditional gender roles" when entering a washroom that aligns with their natal gender but not with their gender expression (McGregor, 2015).

Intervention by Educators

Gay-straight alliances and similar groups were found to be a positive factor in reducing suicide amongst sexual minorities (Hatzenbuehler et al., 2014) but unfortunately transgender youth were not included in the data collection. Hatzenbuehler et al. concluded their study by stating that "comprehensive suicide prevention and interventions for sexual minority adolescents should address not only individual-level and family-level factors, but also broader social-contextual influences including school climate" (2014, p. 286).

In Manitoba, Paul Olson, the leader of the Manitoba Teachers' Society, is advocating for a school board-designed model of accommodation for trans youth to replace the case-by-case model currently in place ("Transgender Students," 2014). The Winnipeg School Division plans to have a designated gender-neutral bathroom in all of the divisional post-elementary schools. There are currently seven schools already

equipped with gender-neutral bathrooms ("Transgender Students," 2014) and the only school district to have a gender-neutral bathroom in all of their schools is the Seven Oaks School Division, which also boasts "the lowest rate of homophobic bullying in Winnipeg" ("Transgender Students," 2014, p. 6).

Supports

Resource Centres

The Rainbow Resource Centre (www.rainbowresourcecentre.org) provides free counselling for people who are queer or questioning, which includes transgendered, transsexual, and gender dysphoric people (Rainbow Resource Centre, 2014a); the Centre also runs a ten-week program dedicated to examining gender and gender identity every winter and spring called the *Gender Journeys Program* (Rainbow Resource Centre, 2014b). The centre provides education and consultation for educators and students from kindergarten to the post-secondary level (Rainbow Resource Centre, 2014c). Sessions are run on a wide variety of topics, but of particular interest for educators with gender dysphoric students are the sessions in the "Transgender and Gender Diverse Individuals and Families" section (Rainbow Resource Centre, 2014d, paras. 26-31).

A youth-operated organisation called Trans Student Educational Resources [TSER] states that beyond providing educational resources, their "mission is to educate the public and teach trans activists how to be effective organisers" (TSER, 2016a) and to create "a more trans-friendly education system" (TSER, 2016a). The organisation has a collection of resources that includes medical, legal, and educational information (TSER, 2016b).

Print Materials

Trans Bodies, Trans Selves: A Resource for the Transgender Community, edited by Laura Erikson-Schroth, is a comprehensive 649-page textbook that covers life issues that are likely to be faced by transgender and transsexual individuals. It follows a cradle to grave approach and "shows great competency on important issues … from hormones, surgery and identity to sex, relationships and addictions" (Jarman, 2013, p. 24).

OutWords, which is cited several times in this article, is a 'queer issues' themed magazine; it is published on a monthly basis by a volunteer staff and is a compilation of contributed articles and columns focused on queer news and issues (*OutWords*, 2014). The magazine claims that it "provides news, analysis and entertainment for the gay, lesbian, bisexual, transgender, two-spirit and queer community and its allies" (2014, p. 4). Issues of *OutWords* are distributed to stores across Winnipeg, MB for free and direct to door subscriptions can be purchased on their website (http://outwords.ca/).

Conclusion

By learning about gender dysphoria, those involved in the education system will be better equipped to make progressive policy changes and classroom adaptations. This is in no way an amalgam of contemporary research in the field of gender dysphoria; rather, it is a selection of research that can be used as a springboard for those without prior knowledge of the disorder. The resources provided, too, are not a complete selection but were chosen because of their accessibility to Manitoban educators who will hopefully be able to create a growing list of resources to aid their students with gender dysphoria and comorbid disorders. Future research on individuals with gender dysphoria should consider the levels of dysphoria in relation to social acceptance of gender non-conformity to see if it is possible that the disorder has more to do with social alienation leading to dysphoria than it does with gender

alignment. Regardless, with the publication of an updated *DSM 5* (2013), it has become apparent that the educational system is also in need of an update to meet the diverse needs of its students.

References

American Psychiatric Association. (2013). Gender dysphoria. In *Diagnostic and statistical manual of mental disorders* (5th ed.) (pp. 451-9). Arlington, VA: American Psychiatric Association.

Baltieri, D. A., Cortez, F. C. P., & de Andrade, A. G. (2009). Ethical conflicts over the management of transsexual adolescents—report of two cases. *Journal of Sexual Medicine*, *6*(11), 3214–20. http://dx.doi.org/10.1111/j.1743-6109.2009.01409.x

Bill 18 passes in Manitoba legislature. (2013, September 14). *CBC News Manitoba.* Retrieved from http://www.cbc.ca/news

Birth certificate gender reassigned. (2014, September). *OutWords, 212,* 5.

Canadian Press, The. (2013, March 20). Commons approves transgender rights bill: 18 Tories voted in support of bill. *CBC News Canada*. Retrieved February 28, 2016, from http://www.cbc.ca/news/canada

De Vries, A. L. C., Cohen-Kettenis, P. T., & Delemarre-van de Waal, H. (2006). Clinical management of gender dysphoria in adolescents, *International Journal of Transgenderism, 9*(3), 83–94. http://dx.doi.org/10.1300/J485v09n03_04

Hatzenbuehler, M. L., Birkett, M., Van, W. A., & Meyer, I. H. (2014, February). Protective school climates and reduced risk for suicide ideation in sexual minority youths. *American Journal of Public Health, 104*(2), 279–86. http://dx.doi.org/10.2105/ajph.2013.301508

Holman, C. W., & Goldberg, J. M. (2006). Ethical, legal, and psychosocial issues in care of transgender adolescents. *International Journal of Transgenderism*, *9*(3), 95–110. http://dx.doi.org/10.1300/J485v09n03_05

Jarman, R. (2014, September). A trustworthy tool for education. *OutWords, 212*, 24.

Levine, D. A., & Committee on Adolescence. (2013, January). Office-based care for lesbian, gay, bisexual, transgender, and questioning youth. *Pediatrics, 132*(1), 297–313. http://dx.doi.org/10.1542/peds.2013-1283

OutWords. (2014, September). [Copyright information, no title]. *OutWords, 212*, 24.

McDuffie, E., & Brown, G. R. (2010). 70 U.S. veterans with gender identity disturbances: A descriptive study. *International Journal of Transgenderism, 12*(1), 21–30. http://dx.doi.org/10.1080/15532731003688962

McGregor, J. (2015, February 27). Transgender rights bill gutted by 'transphobic' Senate amendment. *CBC News Politics.* Retrieved February 28, 2016, from http://www.cbc.ca/news/politics

Monstrey, S. J., Buncamper, M., Bouman, M., & Hoebeke, P. (2014). Surgical interventions for gender dysphoria. In B.P.C. Kreukels, T.D. Steensma, & A.L.C. de Vries (Eds.), *Gender dysphoria and disorders of sex: Development progress in care and knowledge* (pp. 299–318). New York: Springer.

Rainbow Resource Centre. (2014a). Support*. Rainbow Resource Centre.* Retrieved September 24, 2014, from http://www.rainbowresourcecentre.org/support

Rainbow Resource Centre. (2014b). Gender journeys program. *Rainbow Resource Centre.* Retrieved September 24, 2014, from http://www.rainbowresourcecentre.org/genderjourneys

Rainbow Resource Centre. (2014c). Education program. *Rainbow Resource Centre.* Retrieved September 24, 2014, from http://www.rainbowresourcecentre.org/education

Rainbow Resource Centre, (2014d). Session descriptions. *Rainbow Resource Centre.* Retrieved September 24, 2014, from http://www.rainbowresourcecentre.org/sessiondescriptions

Riley, E. A., Sitharthan, G., Clemson, L., & Diamond, M. (2011). The needs of gender-variant children and their parents: A parent survey. *International Journal of Sexual Health, 23*(3), 181–95. http://dx.doi.org/10.1080/19317611.2011.593932

Schagen, S. E., Delemarre-van de Waal, E., Blanchard, H. A. R., & Cohen-Kettenis, P. (2012). Sibling sex ratio and birth order in early-onset gender dysphoric adolescents. *Archives of Sexual Behavior, 41*(3), 541--9. http://dx.doi.org/10.1007/s10508-011-9777-6

Transgender students. (2014, September). *OutWords, 212,* 6.

Trans Student Educational Resources. (2016a). Mission. *Trans Student Educational Resources.* Retrieved February 28, 2016, from http://www.transstudent.org/mission

Trans Student Educational Resources. (2016b). Websites. *Trans Student Educational Resources.* Retrieved February 28, 2016, from http://www.transstudent.org/sites