



Diagnosing Gender Dysphoria in Children: An Explainer

by Jennifer Bauwens, Ph.D.

“Gender dysphoria” is a diagnostic category listed in the Diagnostic and Statistical Manual of Mental Disorders (DSM).¹ It was first included as a psychological diagnosis in the DSM-5, which came out in 2013. The DSM-5 has since gone through revisions and was re-released this year.

There has been debate over whether gender dysphoria should be included in the DSM. Some argue that creating a diagnostic category pathologizes those who identify as transgender, and the diagnosis is only necessary in American culture for the purposes of insurance reimbursement for transgender physiological procedures.² In this explainer, the gender dysphoria diagnosis will be described along with the problems with diagnosis and treatment, specifically in children.

Definition of Terms

- *Gender* “refers to the psychological and cultural characteristics associated with biological sex. It is a psychological concept and sociological term, not a biological one.”³
- *Dysphoria* is defined in the dictionary as “a state of dissatisfaction, anxiety, restlessness, or fidgeting.”⁴

- *Gender dysphoria (GD)* is a clinical term used in the DSM to describe children and adults who experience a psychological condition marked by an incongruence between their experienced gender and the gender associated with their biological sex. They often express the belief that they are the opposite sex.⁵

Diagnostic Criteria for Gender Dysphoria

- The gender dysphoria criteria stipulate that a diagnosis can be made after an observation period of just six months.⁶
- Oddly, the observation period for a gender dysphoria diagnosis is the same for both children and adults.
- Once the feelings of incongruence between a child's biological sex and their experience of another gender have been expressed, a diagnosis is made by marking at least six other criteria.
- Strangely enough, a significant portion of these criteria resemble many Western stereotypes and traditional sex roles. For example:
 - **Criteria 3.** A strong preference for cross-gender roles in make-believe play or fantasy play
 - **Criteria 4.** A strong preference for toys, games, or activities stereotypically used or engaged in by the other gender
 - **Criteria 5.** A strong preference for playmates of the other gender⁷ (A complete listing of the DSM criteria is cited here.⁸)

Determining Diagnosis for Gender Dysphoria

- There are no physiological tests (*i.e.*, lab work, imaging) to determine the extent of dysphoric symptoms.⁹

- There are no psychological tests to predict who will *regret* transgender procedures.
- There are no psychological tests to predict *how long* gender dysphoria will last.
- There are no psychological tests to predict who will supposedly *benefit* or be *harmed* by transgender procedures.
- There are no standardized measures to assess *etiology* or different root causes of gender dysphoria.
- There are no tests to detect the differences between the mostly biological males who showed up for treatment with gender dysphoria decades ago and the current cohort of mostly biological women presenting with symptoms.
- There are no psychological tests to differentiate between all the *categories* of transgender experiences (*e.g.*, non-binary, trans-man, trans-woman) and all the aforementioned psychological and physiological tests.
- The only outcome that can be predicted for gender dysphoria is that, in many cases, it will resolve in children if left alone.
- The number of children who *grow out of* their gender dysphoria, the “desistance” rates, range from 70 percent to 97.8 percent in biological males and 50 percent to 88 percent in biological females.¹⁰

Comparing Gender Dysphoria to Other DSM Diagnoses That Account for Maturation

- Accounting for a child’s maturation process is generally recognized and upheld in other DSM-5 diagnoses that involve observing a stable pattern of behavior, emotion, and thought over time.¹¹

- When making these diagnoses, the criteria require that the symptoms be present longer in children than for adults. Diagnosis is recommended after 18 years of age.¹²
- In rare instances in which diagnosis occurs before 18, symptoms must be observed for one year to determine a stable pattern (unlike gender dysphoria at six months).¹³
- The waiting period for these disorders is related to the widely accepted fact that the brain continues to develop into a person's mid-twenties.¹⁴
- The limbic system in the brain, also known as the seat of our emotions, relates to emotional processing, learning, and memory.
- The limbic system plays a significant role in a person's mental health and takes the longest to reach structural norms. Many people do not reach maturation norms until they are in their twenties.¹⁵

A Good Diagnostic Assessment Involves Ruling Out Other Causes for Gender Dysphoria

- Good practitioners take the time and thoroughly interview a child and primary caregiver(s) to rule out other diagnoses and factors that could contribute to the presenting problem. For example:
 - It has been well documented that those presenting with gender dysphoria may also experience some of the following issues:
 - Childhood physical, sexual, and emotional abuse and neglect^{16 17}
 - Autism¹⁸
 - Influenced by peers and social media sites¹⁹

Treatment Recommendations from the Medical and Psychological Establishment

- When it comes to other diagnoses listed in the DSM, researchers and theorists are encouraged to develop treatment options. Clinicians are encouraged to make their clients aware of the different treatments available and what they themselves can provide, given their training and expertise. For example, if you go for treatment following a traumatic event, you can find a therapist who can offer you cognitive therapy, medication, EMDR, exposure therapy, etc.
- When it comes to the gender dysphoria diagnosis, multiple treatment options are not available to reduce symptoms.
- The only treatment option you will be offered for gender dysphoria is to socially and medically transition.
- This option leads to physiological procedures that will alter and/or remove healthy organs and bodily systems to treat a psychological condition.
- The use of puberty-blocking drugs can lead to a range of health problems in children, including sterilization, reduced bone density, cognitive problems, increased body fat percentage and body mass index, decreased lean body mass, and arterial hypertension.^{20 21 22}
- Transgender procedures are the most invasive physiological practices known to treat a psychological condition.
- These procedures have the least amount of scientific evidence to support their use.
- Transgender physiological procedures have been offered with disregard for the six-month observation period noted in the gender dysphoria diagnostic criteria.
- Groups like Planned Parenthood distribute cross-sex hormones at the initial visit, without mental health assessment or parental consent.²³
- There are no federal gatekeeping mechanisms to hold practitioners or providers accountable for misdiagnosis and wrongful distribution of puberty blockers and cross-sex hormones and the

performance of surgical procedures on minors (unless a state has pursued legislation to limit procedures on minors²⁴).

- Treatment should characterize:
 - At minimum, a detailed evaluation of the child and their caregiver’s psychological histories should be conducted.
 - The evaluation should describe how the clinician ruled out other known factors (e.g., trauma, autism, social contagion) that may be responsible for expressions of gender dysphoria.
 - These other factors should be addressed in the treatment plan.
 - Researchers and clinicians should be unshackled from the transgender ideology that demands only one treatment option.

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¹ *Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition: DSM-5* (Arlington, VA: American Psychiatric Association, 2013), 829.

² Berenice Bento, “The review process of the DSM 5: is gender a cultural or diagnostic category?” *Sociology International Journal* 2, no. 3 (2018): 205-213, accessed July 19, 2021, <https://medcraveonline.com/SIJ/the-review-process-of-the-dsm-5-is-gender-a-cultural-or-diagnostic-category.html>.

³ “Gender Dysphoria in Children,” American College of Pediatricians, November 2018, accessed April 25, 2022, <https://acpeds.org/position-statements/gender-dysphoria-in-children>.

⁴ “Dysphoria,” Dictionary.com, accessed April 21, 2022, <https://www.dictionary.com/browse/dysphoria>.

⁵ *Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition: DSM-5* (Arlington, VA: American Psychiatric Association, 2013), 452.

⁶ Ibid.

⁷ Ibid.

⁸ “What is Gender Dysphoria?” American Psychiatric Association, accessed April 21, 2022, <https://www.psychiatry.org/patients-families/gender-dysphoria/what-is-gender-dysphoria>.

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- ¹² Ibid.
- ¹³ Ibid.
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