

January 2018 post – Gender dysphoria in Adolescents (by Mandakini Sadhir, MD, FAAP)

13 yr. old adolescent assigned female at birth was seen in clinic for WCC. Mother expressed that teen is more withdrawn, doesn't interact with friends as much, is very anxious. On confidential interview, teen expresses "I don't like my body", starts to cry and states that "I don't want to have periods and want my chest to be flat".

During adolescence, understanding and expressing gender and sexual orientation are typical developmental tasks. According to [American psychological association](#), sex is defined as a biological status categorized as male, female or inters sex based on factors such as chromosomes, gonads, genitalia. Gender is a psychological status and represents attitudes, feelings and behaviors associated with being feminine or masculine. Majority of children and adolescents have gender identity aligned according to their sex (cis-gender). Some children and youth may experience [gender dysphoria](#) which is defined as distress caused by incongruence between one's expressed or experienced (affirmed) gender and the sex assigned at birth based on external genital structures. They may identify as opposite sex (transgender male, transgender female); identify as both (bi gender, androgyn); identify as none (agender, gender neutral) or move between genders (gender fluid).

Children and youth with gender dysphoria are a vulnerable population. They experience significant stigmatization, isolation, harassment in family, school and communities. According to [GLSEN survey](#), transgender, genderqueer, and other non-cisgender students faced more hostile school climates and felt unsafe. Transgender youth are at a higher risk than their non-transgender peers for negative health outcomes and health risk behaviors, including substance use, depression, suicidality, anxiety, sexual/physical abuse, STDs, social isolation, homelessness

You obtain further gender based history including experience as childhood as well as around puberty. In addition, you inquire about any bullying in school, distress around restroom use, participation in extracurricular activities. You ask about preference for any name or pronouns. Teen mentioned preference for male pronouns and has a preferred name. In addition, teen expressed that puberty has been very difficult. You inquire about coming out to friends and family, but teen has been reluctant at this time. You discuss about getting in counseling to address gender dysphoria and mental health concerns. You provide information about local resources and collaborate with specialists including mental health professionals, endocrine, adolescent medicine in providing multidisciplinary care.

Resources

[Approach to children and adolescents with gender dysphoria](#)

[Gender spectrum](#)

[Supporting and caring for transgender children](#)

[Transyouth Family allies](#)