Gender dysphoria is a condition/developmental variant characterized by a person’s feeling that the sex assigned to them at birth does not match their gender identity (innate sense of their gender). Gender is not binary (male/female) but a broad spectrum of identities. Gender dysphoria is NOT a disease or illness.

Definitions
Transgender—umbrella term describing a range of gender identities and gender expression
Trans man—a person assigned female at birth whose gender identity is male
Trans woman—a person assigned male at birth whose gender identity is female
Sexuality—different than gender, this is who a person is attracted to (males, females, no one, everyone, other transgender person)

Gender diverse individuals are at risk for many negative health outcomes (such as homelessness, violence, homicide, STDs including HIV, lack of access to healthcare) and at high risk for mental health issues (anxiety, depression, suicidal ideation, eating disorders, substance abuse).

ASSESSMENT
Perform detailed history, asking probing questions around social environment, mental health, and, if old enough, sexual history (see algorithm on reverse for specific questions).
Perform a complete physical exam (including genitals)—check for cutting, bruising, signs of abuse, signs of congenital adrenal hyperplasia, and signs of intersex disorders.

HPE RED FLAGS
History:
• Caregiver dismissive of patient’s gender concerns
• Caregiver threatening patient
• Depression symptoms
• Recent mental health hospitalizations

• Symptoms of eating disorders
• School failure or refusal that is new

Physical Exam (uncommon):
• Signs of cutting or abuse, which deserve further investigation for patient’s safety

MANAGEMENT/TREATMENT
When there are gender concerns:
• Ensure patient is safe in all environments (home/school/work) and is not suicidal
• Help patients who are not out to their families to plan to tell a family member
• Do NOT out patient to caregiver without the patient’s permission
• Provide patient with resources for coming out
• If patient feels unsafe telling a family member, discuss treating symptoms of the gender dysphoria (anxiety/depression) to try to get patient to therapy; provide suicide prevention hotline information
• Evaluate for anxiety/depression, refer for therapy (with therapist who can help with gender if possible) and begin medical treatment for mood, if patient and family agree
• Menses-related issues—consider starting treatment, preferably with progestin-only medication
  • Medroxyprogesterone injections if patient is at risk for pregnancy
  • Norethindrone – progestin-only pills if not needed to prevent pregnancy
• Combined oral contraception if patient does not mind estrogen—extended cycling is better

If you have clinical questions about gender dysphoria, call the Living with Change Center at (513) 636-8594 or email gender.team@cchmc.org. After hours, call the Adolescent Medicine specialist on call through Physician Priority Link at 513-636-7997.

If you would like additional copies of this tool, or would like more information, please contact the Physician Outreach and Engagement team at Cincinnati Children’s.

Tool developed by Cincinnati Children’s physician-hospital organization (known as Tri-State Child Health Services, Inc.) and staff in the James M. Anderson Center for Health Systems Excellence. Developed using expert consensus and informed by Best Evidence Statements, Care Practice Guidelines, and other evidence-based documents as available. For Evidence-Based Care Guidelines and references, see www.cincinnatichildrens.org/evidence.
Gender Issue Screening at Annual Well Visits

**Young Children** (less than school-age)

Ask caregiver:
Do you have any questions/concerns about your child’s gender?

- **No**
  - No action needed. Ask again at next annual well visit.

- **Yes**
  - Do sex and gender match
    - **No**
      - Perform a safety screen.
      - Is patient and/or caregiver struggling?
        - Tell them about the Living with Change Clinic at Cincinnati Children’s and ask if they would like a referral.
    - **Yes**
      - Do sex and gender match
        - **No**
          - Place referral. If possible, document within referral if it seems family is struggling or not accepting.
        - **Yes**
          - Give resources and offer gender-focused therapy referral. Tell them you can make the referral later if they decide they want one. Follow up at next visit. Consider management of menses to help with dysphoria, when age appropriate.

- **No action needed. Ask again at next annual well visit.**

**School-Aged Children to Tweens**

Ask patient, with caregiver present:
Do you consider yourself a girl, a boy, somewhere in between, or are you not sure yet?

- **Yes**
  - Do sex and gender match
    - **No**
      - Perform a safety screen.
      - Is patient and/or caregiver struggling?
        - Tell them about the Living with Change Clinic at Cincinnati Children’s and ask if they would like a referral.
    - **Yes**
      - Do sex and gender match
        - **No**
          - Place referral. If possible, document within referral if it seems family is struggling or not accepting.
        - **Yes**
          - Give resources and offer gender-focused therapy referral. Tell them you can make the referral later if they decide they want one. Follow up at next visit. Consider management of menses to help with dysphoria, when age appropriate.

- **No action needed. Ask again at next annual well visit.**

**Adolescent** (Confidential, with caregiver not present)

Ask patient:
Do you consider yourself female, male, somewhere in between, or are you not sure yet?

- **Yes**
  - Do sex and gender match
    - **No**
      - Perform a safety screen.
      - Is patient and/or caregiver struggling?
        - Tell them about the Living with Change Clinic at Cincinnati Children’s and ask if they would like a referral.
    - **Yes**
      - Does your caregiver know about your gender?
        - **Yes**
          - Can we talk to them together about a treatment plan?
        - **No**
          - Describe available resources (therapy referral, clinic, etc.) and provide when desired.
          - Are you ready to tell them?
            - **Yes**
              - Describe available resources (therapy referral, clinic, etc.) and provide when desired. Make follow-up appointment to review. Any other diagnoses they want to discuss with caregiver as a reason to come back (heavy periods, depression, etc.)? Make follow-up appointment.
            - **No**
              - Describe available resources (therapy referral, clinic, etc.) and provide when desired. Make follow-up appointment to review.
            - **No**
              - Describe available resources (therapy referral, clinic, etc.) and provide when desired. Make follow-up appointment to review.

**Safety Screen**

- Check Mental Health—Depression, anxiety, suicidal ideation, substance use/abuse, withdrawal from family
- Check Safety—At home or school; bullying, abuse, weapons

**Resources**

- **Family Acceptance Project**—Supportive Families, Healthy Children booklet
- **Human Rights Campaign**—Supporting and Caring for Transgender Children
- **Human Rights Campaign**—Coming Out: Living Authentically as Transgender or Non-Binary
- **The Trevor Project**—National organization that provides crisis intervention and suicide prevention via phone, text and instant messaging
- **PFLAG**—National organization that provides support for patients and families
- **GLSEN**—National organization that provides school support

For urgent issues, or to speak with the specialist on call 24/7, call the Physician Priority Link at 1-888-636-7997.