



Rapid-Onset Gender Dysphoria - A Topic for Debate

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Several publications from specialized units report changes in the demands of children with gender dysphoria. There is an increase of requests for help from minors [1-7], as well as a change in the ratio [5,6,8]. At the beginning, in 2007, the Gender Identity Treatment Unit of Asturias (UTIGPA) received few requests from children. At that time users were older. Many of them claimed to have felt gender dysphoria since an early age. Nowadays, the demands of children have multiplied. An extensive investigation is being carried out in the unit of Asturias to find out the characteristics of the children's demands.

Some authors [9,10] point out the emergence of the phenomenon called Rapid-Onset Gender Dysphoria (ROGD). In UTIGPA some users refer their gender dysphoria starting suddenly in adolescence. They claim no experience of gender dysphoria during childhood and their families claim not to have noticed anything in regard either. This sudden onset of gender dysphoria contrasts with the backgrounds of other users who refer life stories marked by gender dysphoria: most of them had always noticed gender dysphoria. Some new users refer to the beginning of the feeling of confusion when they became teenagers. Getting in contact with other people's experiences, through social media or real life, they came to understand the discomfort they suffered as related with their experience of gender.

Kaltiala-Heino et al.[11], research at Tampere University Hospital with a group of adolescents with gender dysphoria with no gender nonconformity during childhood. They describe teenagers suffering from depression and anxiety, who may exhibit self-injurious, isolated behaviors and experiences of bullying (preceding dysphoria). The authors consider teenagers expect gender transition would solve problems from academic, occupational, social and personal spheres.

Marchiano points out two main factors on the phenomenon of rapid-onset gender dysphoria: an increase in the use of social networks and internet, and getting in relationship with peers

identified as transgender. This author highlights the influence of "social contagion", although she considers the etiology of gender dysphoria related to biological, social and psychological factors. She fears young people could identify themselves as trans as a way to channel feelings of discomfort with their bodies or to look for a solution for their social, academic or mental health problems. The author also fears homosexual people could identify themselves as trans due to family and social pressures and thus initiate a gender transition. To learn more about ROGD phenomenon Littman [10] conducts an internet survey for parents describing these particular adolescents with gender dysphoria as different from others described as transgender. Yet activists and authors criticized Littman analysis. Restar [12] exposes methodological limitations in the survey and she raises the need for research methodologies based on the life experience of the transgender population. In fact, Littman has recently published an article [13] recognizing failures and declaring ROGD as a non validated clinical phenomenon [14].

The seventh version of the Standards of Care [15] refers differences between children and teenagers with gender dysphoria. The 7th versión quotes several studies [16,17] noticing adolescents and adults with gender dysphoria with no childhood gender nonconformity. As well, the DSM-5 [18] considers the late-onset gender dysphoria when person do not remember any similar desire in childhood or did not tell it to anyone. Nowadays, for the WPATH [19] the knowledge of the factors that contribute to the development of gender identity in adolescence is still evolving and it is not yet fully understood. Therefore, they consider inappropriate and premature using labels (as the ROGD) that can lead to absolute conclusions about the development of gender identity.

According to Serano [20] prejudices towards transgender people may be connected to ROGD phenomenon. When a daughter or a son define her or himself as trans, the family could go through an initial period of blockage and consider dysphoria as a temporary phenomenon, related to peers pressure. In Littman survey parents inform about difficulties on adaptation and parent-child relationship more than about teenager identity. It is suggested assessing this phenomenon in relation to family dynamics [20].

Although each user faces her or his own needs, desires and obstacles, we observe similar goals and challenges on people with gender dysphoria now and before: acceptance and understanding or struggle against stigma and discrimination... Nowadays LGTBIQ+ people can communicate and support each other more than before, but stigma and harassment are unfortunately still alive. But also, society is changing and the resources and mechanisms to seek for help and the understanding of gender

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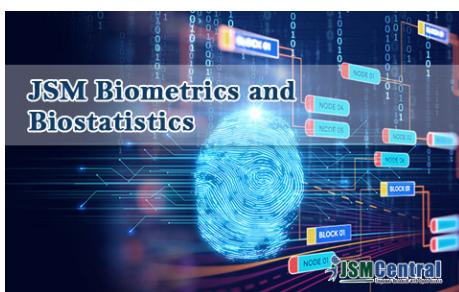
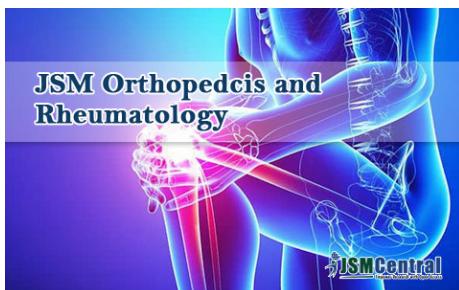
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dysphoria is also in change. Regardless of the clinical evidence of ROGD, the main issue at the identity gender units is to accompany teenagers and families in the identity process, explore their gender, strengthen own resources and help cope with difficulties.

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