What is Gender Dysphoria?

**Gender Dysphoria** is discomfort, unhappiness, or distress due to one's gender or physical sex. The current edition (DSM-5) of the Diagnostic and Statistical Manual of Mental Disorders uses the term "gender dysphoria" in preference to "gender identity disorder".

DSM-5 specifies Gender Dysphoria as "a marked incongruence between one's experienced/expressed gender and assigned gender" and strong and persistent cross gender identification (not merely a desire for any perceived cultural advantages of being the other sex).

- repeatedly stated desire to be, or insistence that he or she is, the other gender
- in boys, preference for cross-dressing or simulating female attire; in girls, insistence on wearing only stereotypical masculine clothing
- strong and persistent preferences for cross-gender roles in make-believe play or persistent fantasies of being the other gender
- a strong rejection of typical toys/games typically played by one's gender
- intense desire to participate in the stereotypical games and pastimes of the other gender
- strong preference for playmates of the other gender
- a strong dislike of one's gender anatomy
- a strong desire for the primary (e.g., penis, vagina) or secondary (e.g., menstruation) sex characteristics of the other gender

In adolescents and adults, the disturbance is manifested by symptoms such as a stated desire to be the other sex, frequent passing as the other sex, desire to live or be treated as the other sex, or the conviction that he or she has the typical feelings and reactions of the other sex, along with persistent discomfort with his or her sex or sense of inappropriateness in the gender role of that sex.

Per DSM—In the child criteria, “strong desire to be of the other gender” replaces the previous “repeatedly stated desire” to capture the situation of some children who, in a coercive environment, may not verbalize the desire to be of another gender. For children, Criterion A1 (“a strong desire to be of the other gender or highlights of changes from DSM-IV-TR to DSM-5: an insistence that he or she is the other gender…) is now necessary (but not sufficient), which makes the diagnosis more restrictive and conservative.

In children, the disturbance is manifested by any of the following: in boys, assertion that his penis or testes are disgusting or will disappear or assertion that it would be better not to have a penis, or aversion toward rough-and-tumble play and rejection of male stereotypical toys, games, and activities; in girls, rejection of urinating in a sitting position, assertion that she has or will grow a penis, or assertion that she does not want to grow breasts or menstruate or marked aversion toward normative feminine clothing. In adolescents and adults, the disturbance is manifested by symptoms such as preoccupation with getting rid of primary and secondary sex characteristics (e.g., request for hormones, surgery, or other procedures to physically alter sexual characteristics to simulate the other sex) or belief that he or she was born the wrong sex.

The disturbance is not concurrent with a physical intersex condition.

The disturbance often causes clinically significant distress or impairment in social, occupational, or other important areas of functioning.

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