

# Understanding interventions for children and young people living with gender dysphoria

## What is gender dysphoria?

Gender dysphoria is a condition where a person experiences discomfort or distress because their gender identity differs from the sex they were assigned at birth. This can affect children and young people significantly, impacting their mental health and overall well-being.

## What did we do?

We looked at the latest research from around the world to understand what knowledge was being used to inform the care of children and young people living with gender dysphoria.

We looked for research published in the scientific literature between 2019 and 2023 and provided NSW Health with an updated report on what we found. This work builds on a [previous report](#) we provided to NSW Health summarising the research published between 2000 and 2019.

We made recommendations for further research that could fill gaps in knowledge.

## Why it matters

Not everyone who identifies as transgender or gender diverse experiences gender dysphoria. However, those who do are especially vulnerable to discrimination, bullying, social exclusion, and physical assault, which can lead to poor health outcomes.

**Transgender and gender diverse children and young people are at a higher risk of mental health issues and have higher rates of depression, anxiety, suicidal thoughts and suicide than the general population.**

To help reduce the impact of these problems, it's crucial that transgender and gender diverse young people, including those living with gender dysphoria, have access to high-quality, safe, inclusive, and responsive support and services based on the best research available. Appropriate gender affirming interventions may help reduce distress and improve quality of life.

## Interventions we looked at



**Puberty  
suppression**



**Hormone  
therapy**



**Psychological  
support**



**Chest  
surgery**



**Preservation  
of fertility**

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## What did we find?

Overall, it is difficult to draw definitive conclusions about interventions for gender dysphoria in children and young people from the available research. We found 82 new research studies published since 2019. This represents a rapid growth in research in this field. Various methods of varying quality were used to gather information in these studies. While we found that there hasn't been a significant increase in the use of gold-standard methods (such as, randomised controlled trials (RCTs)) in this emerging field of research, we were still able to draw out meaningful insights into the effectiveness and risks of gender dysphoria treatments. The research we found provides a starting point for discussing critical issues with patients, caregivers, and healthcare providers, including deciding where to invest in future research.

In NSW, children and young people need to meet additional consent requirements and obtain a diagnosis to access medical treatments for gender dysphoria. These treatments are considered after careful assessment and discussion. For more information see the NSW Health Framework for the Specialist Trans and Gender Diverse Health Service for People Under 25 Years: [www.health.nsw.gov.au/lgbtiq-health/Publications/tgd-framework.PDF](http://www.health.nsw.gov.au/lgbtiq-health/Publications/tgd-framework.PDF)



### Puberty suppression:

These medications can delay the physical changes of puberty, giving young people more time to explore their gender identity without the added stress of unwanted changes to their body. The research shows that these medications are safe and work well to delay puberty, and their effects can be reversed if stopped. Some studies also suggest that this treatment can help reduce the distress young people with gender dysphoria feel during puberty. However, these medications might decrease bone strength, so doctors need to monitor this during treatment.



### Hormone therapy:

Hormone therapy, using either oestrogen or testosterone, can help older teens develop physical traits that match their gender identity. Research indicates that this treatment can improve the mental health and well-being of young people with gender dysphoria. Although some people may experience side effects like headaches, nausea, and vomiting, serious problems are rare.



### Psychological support:

We reviewed the research on emotional and social support for people with gender dysphoria and their families. This includes:

- Therapy: Sessions with a trained mental health professional to help children and young people explore their gender identity and deal with any distress.
- Family therapy: Sessions designed to help families understand and support their child.
- Crisis support: Help for those experiencing extreme distress.

The research shows that these types of emotional and social supports are safe and well-received by people living with gender dysphoria (and their families), with no reported risks or harms.



### Chest surgery:

Chest surgery, often called “top surgery,” is a procedure that helps people living with gender dysphoria by changing their chest to better match their gender identity. For transgender men or non-binary individuals who want a more masculine chest, this surgery involves removing breast tissue to create a flatter chest. For transgender women or non-binary individuals who want a more feminine chest, this surgery involves enhancing the chest with implants.

The research shows this surgery can significantly improve a person’s confidence and comfort with their body, helping to reduce feelings of distress related to gender dysphoria. As with any surgery, there are risks like infection or scarring, but many people feel the potential benefits outweigh these risks.



### Preservation of fertility

Preservation of fertility means taking steps to preserve a person’s ability to have biological children in the future. Research on saving fertility for people with gender dysphoria before starting medical or surgical treatments shows that freezing sperm for transgender women and eggs for transgender men are effective methods. However, there are some risks, such as potentially lower-quality sperm from those who have had puberty suppression or hormone treatments and the physical and emotional challenges of these fertility preservation procedures during adolescence, which might worsen gender dysphoria.

## Recommendations for further research

To date, research on treatments for gender dysphoria has faced several challenges:

- **Comparing Groups:**

It’s difficult to design research studies that compare people receiving treatment with those not receiving treatment because it’s not ethical to deny treatment to those who need it. Without a comparison group, it’s difficult for researchers to confidently determine a treatment’s effects.

- **Long-term and Mixed Treatments:**

Gender dysphoria treatments often take a long time and involve a mix of medical, surgical, and psychological care. This makes it tough to determine the impact of a single treatment on its own.

- **Small and Single-Centre Studies:**

Many research studies have only a small number of participants and are conducted at a single medical centre. This makes it uncertain whether the results would be the same for a larger, more diverse group of people in different locations.

We recommend three main directions for research to improve the quality of research and our understanding of treatments for gender dysphoria:

1. **Improving Study Design:**

Develop innovative study methods that include well-chosen comparison groups. Traditional randomised controlled trials (RCTs) may not be practical or ethical, however comparison might still be possible by drawing on siblings, cisgender adolescents, population datasets, or historical reference control groups.

2. **Long-Term Follow-Up:**

Research teams could track existing groups of participants over time to learn about long-term outcomes, including checking for health risks, benefits and costs.

3. **Collaboration and Multi-Centre Studies:**

Research teams starting new studies in Australia should work with established teams to create studies involving multiple medical centres. This approach can combine data to better understand how people use services and improve models of care.

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## Conclusion

Our review of current research provides NSW Health with access to the latest information on specific treatments for children and young people with gender dysphoria. The report suggests directions for further research, and does not make any recommendations.

This review's findings will guide various projects designed to gather more information from experts and people with lived experiences, with the aim of providing safe and effective psychological and medical treatment services for young people with gender dysphoria.

For more information on NSW Health's services for trans and gender diverse people see <https://www.health.nsw.gov.au/lgbtiq-health/Pages/tgd-health-service.aspx>

## About the Sax Institute

The Sax Institute is an independent, not-for-profit organisation that improves health and wellbeing by driving better use of evidence in policies, programs and services.

## About Evidence Checks

An Evidence Check review is a synthesis, summary and analysis of the best and most relevant research evidence to inform policy making and program development. Evidence Check is used by a range of agencies, including government agencies, non-government organisations, and other policy making agencies.

## Additional resource

View full report: <https://www.saxinstitute.org.au/resource/evidence-for-effective-interventions-for-children-and-young-people-with-gender-dysphoria-update/>

If you or someone you know needs mental health support, please call one of the following services and speak with someone.

- **QLife** on 1800 184 527
- **Lifeline Australia** on 13 11 14
- **Suicide Call Back Service** on 1300 659 467
- **NSW Mental Health Line** on 1800 011 511

Enquiries regarding this document may be directed to:

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