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[Gender Identity Disorder: When Should the Hormonal Treatment Start?](#)

A vivid debate

GID (gender identity disorder) can turn life into a hell. The condition is characterized by strong disgust for the body and deep uncertainty over the sense of self. Hiding the condition is the cause for a lot of distress. At puberty, transboys may grow female secondary sex traits, like breasts, and may even have menstruation, whereas transgirls may grow beards and masculine Adam's apples, have erections and be taller than average. Currently, there is a vivid debate on the issue. GID children are being denied hormonal drugs, this fact leading to bullying, violence and even suicide. "British doctors are depriving children relief from 'extreme suffering' caused by their condition - forcing their families into seeking help outside the UK," said Dr. Simona Giordano from The University of Manchester. In British schools, homophobic bullying affects 89.2% of lesbian, gay, bisexual and transgender youths, 17.6% being physically assaulted and deaths even occurring. "The ethicist based at the School of Law contacted US medics who report treating children turned down at UK clinics. Poorer families, however, are unable to afford US medical care. Significant numbers of children are suffering alone and without support, though detailed research is needed to reveal the true extent of the problem," said Giordano. Hormone-blockers impede the installation of puberty and are easily reversible, while masculinizing and feminizing hormones are later strategies, more difficult to reverse. Controversial guidelines published in 2005, by the British Society for Pediatric Endocrinology and Diabetes, say that treatment should not begin until puberty is complete. "Current evidence on risks and benefits of blockers in children and adolescents does not justify the strong resistance of UK specialists, especially considering the risks of refusal of treatment. Children are being exposed to the anguish and terror of growing in a body that is experienced as alien. It means they will suffer the ill effects of having to begin less reversible treatment on a body which is already fully formed. That in turn may lead to more invasive surgery, should he or she decide to transition. It's an intolerable state of affairs: some individuals attempt to buy the hormones from non-medical sources and inject them at unregulated dosages and without medical supervision. Some will turn to prostitution to pay for these hormones which exposes them to risks of hepatitis, HIV, and stunted development," said Giordano. "Many of these people, if they are refused medical help, will do whatever it takes to get hormonal treatment, because they can't cope with what's happening to them. Lives are certainly at risk and the public is widely uninformed about the matter; even general practitioners often lack competence to identify problems of gender identity and refer children to specialist clinics," she added.