



Hormones 101

On this page, we have listed a number of key things you may want to know about hormones as relates to transgender young people, including how to access hormone therapy.

What are hormones and what do they do?

Hormones are substances naturally produced by the body. They include sex hormones. The male sex hormone, known as ‘testosterone’, is produced by the testes and the female sex hormone, known as ‘oestrogen’, is produced by the ovaries. Both females assigned at birth and males assigned at birth naturally produce some amounts of both testosterone and oestrogen.

“Along with genetic factors, sex hormones affect the development of the reproductive system, the brain and physical characteristics such as height and build, the way fat is distributed in your body and your muscle bulk.”¹

In general, before birth, these sex hormones are associated with the development of sex organs (penis and testicles in males; clitoris, labia, ovaries, uterus, and vagina in females).

At puberty, these hormones affect the development of ‘secondary’ sex characteristics. In males assigned at birth, this includes: both facial, body, and pubic hair; the development of an Adam’s apple; voice deepening; a growth in the penis and testicles; erections; and increased height and muscle. In females assigned at birth this includes: the development of breasts; the onset of periods; the growth of underarm hair and pubic hair; and a more rounded body shape.

Why would transgender young people seek hormone therapy?

Transgender young people may seek hormone therapy to address discomfort they feel in relation to their physical body. An Endocrinologist is a health care professional who works with hormonal issues.

“The aim of hormone therapy is to make you feel more at ease with yourself, both physically and psychologically.”¹

‘Hormone blockers’, or GnRH Analogues (GnRHA), may be used in the early stages of development to ‘block’ the onset of a young person’s puberty. They may be used to: “1. their use gives adolescents more time to explore their gender variance/nonconformity and other developmental issues and 2. to facilitate transition by preventing the development of sex characteristics that are difficult or impossible to reverse if adolescents continue on to pursue sex reassignment²”. They are not prescribed until after first stages of puberty (known as ‘Tanner stage 2’). ‘Cross-sex hormones’ are hormones which are prescribed to masculinise or feminise the body and affect the sex characteristics described in the section above.

Sources: ¹Gender Identity Research and Education Society (GIRES)(2007); ²Coleman et al. (2011); ³Cohen-Kettenis et al. (2011); ⁴ Subject Matters Experts (SMEs) in Transgender Equality Network Ireland (TENI). Full references included at the end of the module



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Are there any risks to hormone therapy?

Hormone blockers:

- There may be risks to a young person in not being able to access hormone blockers or from the development of irreversible secondary sex characteristics. There are concerns about its long-term physical impact; however, early research results are encouraging²⁻³.
- Completely reversible.
- Use guided by the World Professional Association for Transgender Health (WPATH)'s 'Standards of Care.'²

Cross-sex hormones:

- There are some health risks associated with cross-sex hormones². These should be explored fully with your family member's health care provider.
- Semi-reversible
- Use guided by the World Professional Association for Transgender Health (WPATH)'s 'Standards of Care.'²

How do we access hormone therapy in the Republic of Ireland⁴?

If your child (under 16 years) is referred to Treatment Abroad Scheme (TAS) or Tavistock and Portman NHS Foundation Trust Gender Identity Development Services (GIDS) by CAMHS:

- Tavistock do the assessments for hormone therapy (3-6 assessments) and then forward on their recommendations to the Paediatric Endocrinologist to prescribe hormone blockers. Paediatric Endocrinologist is a health care professional who deals with hormonal issues for young people and children.
- Currently, this required assessment service not available in the Republic of Ireland. Tavistock comes over to Dublin every few months to deliver the service and conduct these assessment.
- Tavistock will keep seeing the child; however, they prefer the child remain under the care of CAMHS.

The process for accessing cross-sex hormones ages 16+ years of age:

- TENI suggests that your child/family member collect as much information as possible about their diagnosis and situation from CAMHS, or the community mental health or primary care provider they are seeing before attempting to access hormones.
- Cross-sex hormones can be accessed from Professor Donal O'Shea, Endocrinologist in Loughlinstown, Dublin or Dr. Marcia Bell, Endocrinology, in the Galway Clinic.
- Cross-sex hormones should be accessed in conjunction with a mental health support worker, e.g. a private counsellor, psychotherapist or therapist.

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