Gender Identity Development

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Continuing Medical Education Disclosure

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- **Current Position**: Pediatrician, Adolescent Medicine Provider, Hasbro Children’s Hospital, and Associate Professor of Pediatrics, Warren Alpert Medical School of Brown University
- **Disclosure**: Consultant: Merck and PPLM. Hormone therapy for transgender patients is not currently FDA approved.

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Part 1

Understand developmental approaches to gender nonconforming pre pubertal and post pubertal youth

Paradigms & terminology inform approach & care
Gender...Who We Are

- Natal or biologic gender
  - Brain, hormones, body parts assigning male/female gender, usually at birth
- Gender identity
  - Person’s basic sense of being male or female, especially as experienced in self-awareness and behavior
- Gender expression
  - Ways in which a person acts, presents self & communicates gender within a given culture
Sexuality...Who We Love

- LGBTQQI
  - Lesbian, Gay, Bisexual, Transgender, Queer, Questioning, Intersex

- YMSM
  - Young Men who have Sex with Men

- YWSW
  - Young Women who have Sex with Women

- Bisexual, pansexual, asexual, queer
Gender Nonconforming Prepubertal Children vs. Transgender Adolescents/Young Adults

- Umbrella term individuals & communities whose identity does not conform unambiguously to conventional notions of male or female gender roles, but blends or moves between them

- Gender non-conforming
- Gender variant
- Cross-dresser
- Pre/post-operative
- Intersex

- Femme queen
- Femme boi or boy
- Drag queen/king
- Bigender
- Gender bender

- Two-Spirit
- Stud
- Gender queer
1-d(isease) Model

Deviation = Disease & Pathology

- Disease  ➔  Diagnose
  - Psych testing
  - DSM diagnostic criteria
  - Meeting guidelines
  - Real life experience
  - Gatekeeping model to services

- Treat or “Fix”
  - Stigmatize
    - Shame, isolation
    - Bias, discrimination

- How can children know?
- What if we make a mistake?
- What if they get hurt? Change their mind? Can’t find love?
- Why not wait?
2d-Spectrum Model

Biologic Gender

Gender Identity & Expression

Sexual Attraction, Orientation, Behaviors

Cisgender

XY Male

Intersex

XX Female

Masculine

Androgynous

Feminine

Androphilic

Gynophilic
Transgender Male to Female/MTF/Asserted Female

XY
Male

Intersex

XX
Female

XY

Masculine

Androgynous

Feminine
Transgender Female to Male/MTF/Asserted Male

XY

Male

Intersex

Female

XX

Masculine

Androgynous

Feminine
Non-Binary Approach

Biologic Gender

Gender Identity & Expression

Sexual Attraction, Orientation, Behaviors

XY
Male
Intersex
Female

Masculine
Androgynous
Feminine

Androphilic
Genderqueer Pansexual
Gynophilic
Diane Ehrensaft’s Gender Web

- Searching, creating, editing fabric of one’s authentic self = GENDER HEALTH!
- Weaving over time various interconnected threads
Early Gender Development Awareness of Gender Identity

Between ages 1 and 2
Conscious of physical differences between genders

At 3 years old
Label themselves as girl or boy

By age 4
Gender identity is often stable
Recognize that gender is constant
Gender Play

- All pre-pubertal children play with gender expression & roles
  - Passing interest or trying out gender-typical behaviors
  - Interests related to other/opposite sex
  - Few days, weeks, months, years
Gender Nonconforming

- Persistent, consistent, insistent
  - Cross gender expression, role playing
  - Wanting other gender body/parts
  - Not liking one’s gender & body (gender dysphoria)

- Fluid, expansive
  - Fluid interpretation of gender roles, expression
  - Rejects binaries, boxes
  - Wanting to self define
  - Singular definition unique to person
• “She never wanted to wear dresses.”
• “He liked to play with dolls and dress up with his sisters.”
• “She always wanted to have her hair cut short.”
• “He did not want to join little league like his brother did.”
• “All her friends are boys.”
 “S/he was always a little different than peers, even as early as in preschool or kindergarten.”
 “He drove his father crazy by never wanting to join his brothers outside but instead playing with his sister and her friends.”
 “She told me in first grade that she was a boy.”
 “He wanted to grow his hair long and wear jewelry.”
 “She adamantly refused to wear a dress to her aunt’s wedding.”
 “He wanted to be in the school play in the role of Cinderella.”
School Age...Social Norms

- At 5-6 years...pick up on rules
  - Sensitive to adult explicit & implicit messages
  - What is accepted, rewarded, valued

- At 7 years...gender constancy
  - Independent of external feature
  - Loss of magical thinking about body, gender possibilities
Going Underground

- Suppress cross gender activities
  - Move to secretive thoughts, feelings, behaviors
  - Avoid distressing parents, criticism in social settings
- ...Thoughts, feelings still exist
Screening & Early Identification

- How to screen
- Interventions
- Understanding outcomes
Who to Screen?

- All children
  - Developmental stages
- Non-conforming expression
- Concerns/problems with
  - Mood
  - Behavior
  - Social
Nonconformity → Bias & Bullying

- 89.5% unsafe in school\(^1\)
  - 55% physical harassment
  - 81% sexual harassment
  - 82% faculty/staff never or only sometimes intervene
  - 33.2% attempted suicide
- Harassment so severe by students/teachers
  - 15% quit school
  - Dramatically worse health, other outcomes

1“Harsh Realities: The Experience of Transgender Youth In Our Nation’s Schools. Gay Lesbian and Straight Education Network. 2009
Gender or sexual minority (any social minority status)

Suicide
Substance use
SES disadvantage
Victimization

Prejudice, Discrimination, Abuse
Lack of Acceptance
Isolation, Esteem, Resources

Stigma

Anxiety
Depression

Minority Stress
Internalize societal phobia

- Decreased sense of self-worth
  - Guilt, Shame
- Self-medication
  - Substance abuse
- Isolation, Lack social support & connectedness
- Risk-taking behavior
- Suicidality

IF Social Messaging… Different = Deviant
Mental Health Outcomes: 3 Recent Studies

- Reisner S 2014 APH Post
  - N=180 trans youth matched to cis peers
  - 2-3x risk depression, anxiety disorder, suicide ideation/attempt, self harm, both in and out patient psychiatric care

- Bockting WO 2013 AJPH
  - National online sample
  - 44% clinical depression, 33% anxiety, 27% somatization
  - Social stigma positively associated with psychological distress

- Fredriksen-Goldsen KI Gerontologist 2013
  - N=2560 >50yro trans adults
  - Poorer physical health, disability, depression, perceived stress
**Numbers and Facts**

Survey of 6500 transgender & gender nonconforming adults

<table>
<thead>
<tr>
<th>Issue</th>
<th>Percentage</th>
<th>Note</th>
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<tr>
<td>Extreme poverty</td>
<td>12%</td>
<td>(3x general population)</td>
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<td>Harassment/Discrimination at work</td>
<td>90%</td>
<td></td>
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<tr>
<td>Delayed/Hid transition to avoid discrimination</td>
<td>71%</td>
<td></td>
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<tr>
<td>Compelled to work in underground economy (sex work, selling drugs)</td>
<td>16%</td>
<td></td>
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<tr>
<td>Attempted suicide</td>
<td>41%</td>
<td>(1.6% general population)</td>
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<tr>
<td>Reported hate murders</td>
<td>45%</td>
<td>transgender women</td>
</tr>
<tr>
<td>HIV</td>
<td>2.6%</td>
<td>(4x general population)</td>
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<tr>
<td>Refused medical care by a provider</td>
<td>19%</td>
<td></td>
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<tr>
<td>Routine medical care</td>
<td>30-40%</td>
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# MTF Most Vulnerable

- N=151 MTF youth LA & Chicago

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<tr>
<td>Ever sex work</td>
<td>70%</td>
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<tr>
<td>Ever HIV tested</td>
<td>85%</td>
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<td></td>
<td>19% HIV+ ... few in care</td>
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<tr>
<td>Poverty (&lt;$1000/month)</td>
<td>70%</td>
</tr>
<tr>
<td>Ever homeless</td>
<td>43%</td>
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<tr>
<td>Ever incarcerated</td>
<td>52%</td>
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<tr>
<td>Street drugs</td>
<td>52%</td>
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Without Systemized Screening...

- Many youth eventually wind up getting into medical care after multiple instances of mental health problems
  - School failure
  - Mood & behavior problems
  - Substance use/abuse
  - Child abuse, victimization
  - Self harm, suicidality
  - Out & inpatient psychiatric care

How to Screen

- **Ask! Parent(s)**
  - Child play, hair, dress preferences
  - Parent concerns with these
  - Concerns re: behavior, friends, getting along at school, school failure, bullying, anger, sadness, isolation, other???

- **Ask! Child**
  - Do you feel more like a girl, boy, neither, both?
  - How would you like to play, cut your hair, dress?
  - What name or pronoun (he for boy, she for girl) fits you?
The Genderbread Person v2.0

Gender is one of those things everyone thinks they understand, but most people don’t. Like Inception. Gender isn’t binary. It’s not either/or. In many cases it’s both/and. A bit of this, a dash of that. This tasty little guide is meant to be an appetizer for understanding. It’s okay if you’re hungry for more.

Identity
- Nongendered
  - Woman-ness
  - Man-ness
  - Two-spirit
  - Genderqueer
  - Genderless

Gender Expression
- Agender
  - Masculine
  - Feminine
  - Butch
  - Femme
  - Androgynous
  - Gender neutral
  - Hyper-masculine

Biological Sex
- Asex
  - Female-ness
  - Male-ness
  - Female self-ID
  - Male self-ID

Attracted to
- Nobody
  - Men/Males/Masculinity
  - Women/Females/Femininity

read more
bit.ly/ipmgbqr

ADVANCING EXCELLENCE IN TRANSGENDER HEALTH
Ask More… Listen…

**Health provider role**
- Nothing to “fix” … encourage & support
- Parents accepting, allowing child to be, loving child “as is”
- Ongoing relationship(s) for support & intervention

**Gender Play**
- Passing interest or trying out behaviors, activities, clothes & roles
- Shared characteristics but does not want to “be” other gender

**Gender Nonconformity**
- Persistent, consistent, insistent
- Desire to be other gender
- Dysphoria about body & gender
Developmental, Patient-Centered Paradigms Foster Trans Positive Approach

Gender & sexual development are natural parts of human development.

Gender & sexual expression can vary according to person.

Gender & sexual diversity is different than risk.

Open, honest communication is critical to healthy decision making, behaviors, support, & access to care.
Approaches to Care Not Recommended

- Shame & conform
- Ignore or reject
- Reparative therapy
  - Conversion, aversion techniques
  - Electric shock
  - Hands/genital pressure, nausea-inducing drugs, with the presentation of homoerotic stimuli, masturbatory reconditioning
  - Visualization, social skills training, psychoanalysis, prayer groups, social pressure

American Psychological Association, National Association of Social Workers, American Academy of Pediatrics, American Psychiatric Association
Better Options

- Wait & see over time
- Mental Health Assessment/Therapy
- For the Child
  - Explore & experience gender development
  - Offers non-biased, supportive setting
  - Other diagnostic concerns, co-morbidities
- Parents & Family
  - Time, planning, experience to proceed
  - Process & values clarification
  - Provide support, resources
  - Avoid psychological stress & stigma
Family Acceptance Project

Predicts improved
- Self esteem
- Social support
- General health status

Protects against
- Depression
- Substance use
- Suicidality

N=245 LGBT
Retrospective assess family accepting behaviors in response to gender & sexual minority status

Ryan CJ; 2010, 2009
Early Social Transition

- Assuming cross gender expression to match identity
  - Multiple or all social settings
  - Reversible, cosmetic
  - Well planned & supported
  - Safety!!

- Considerations & preparation
  - Trial run – see how it feels, how child responds
  - Specifics – name, pronoun, clothing...restrooms, locker room, sleepovers
  - Disclosure or not...to whom...how to prepare
  - Family, school, friends, school, church, social groups
Being Ready for Parents’ Questions

- More important focus...How can we love and support our authentic child?
Parents Assert & Ask?

- I don’t believe in transgender.
- This is just a phase.
- I don’t understand.
- Why can’t we just wait & see?
- Is my child going to be gay?
- Why can’t we wait until they are 18?
Prepubertal Trajectories

- Cisgender, Heterosexual
- Cisgender, Homosexual
- Transgender or Gender Diverse

Behaviors & expression may non-conform, but children can still feel that they are in right-gendered body
Prepubertal Trajectories – More Predictive?

- Early, insistent presentation
- Prepubertal social transition
- Significant body/gender dysphoria

...Continue intro transgender adolescence

Peri Post Puberty Gender Identity & Goals More Predictable

Close to 100% continue from blockers to cross gender hormones, surgery

Better Question is: How Do I Help My Kid?

Helping parents/family helps the youth
- Parents/family undergo their own transition process
- Parents/sibs need their own separate support

Helping with transition planning for school, work, community
- Who should we tell? How do we tell?
- Advocating civil rights
- Worries about safety

Grieve the child & dreams they lost... not yet realize the child they gain
Family Acceptance, Love, Support Critical

- All children are at risk for crisis when their true sense of identity is discouraged &/or punished
- Family acceptance improves health outcomes:
  - Self-esteem
  - Social support
  - General health status
  - Depression
  - Substance abuse
  - Suicidal ideation & behaviors

For Parents & Families

- Gender & sexuality
  - Normal, lifespan
- Look & listen
  - Let kids pick clothes, hair, activities
  - Talk about & support interests
- Unconditional –
  - love
  - acceptance
  - support
- Support for parents themselves
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Being different is one of the most beautiful things on earth. Embrace your "you"ness.