

Gender Nonconforming Youth in Pediatrics & Primary Care: Opportunities for Better Outcomes

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Disclosures

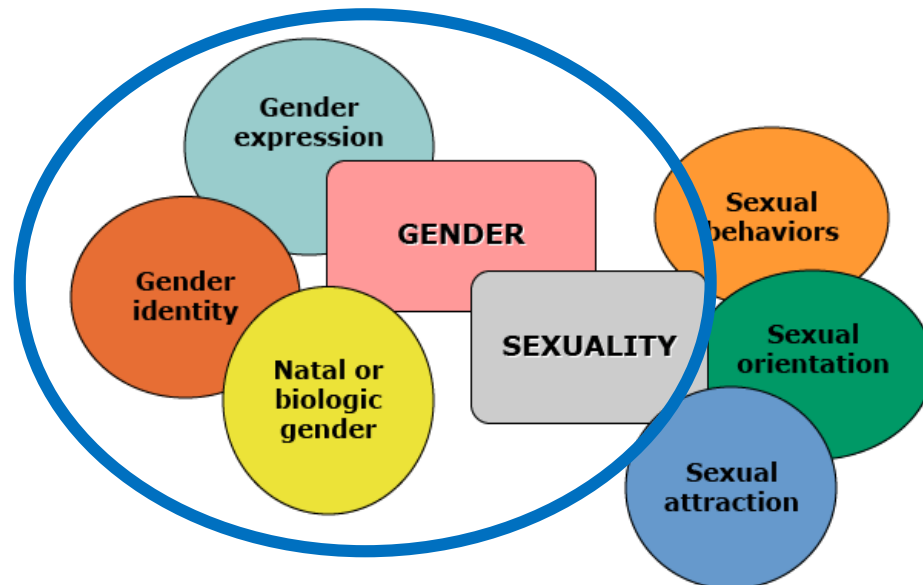
- All medications discussed used off label
 - Recommendations based on available evidence, guidelines, & community experience
- Affiliations
 - Board member
 - Physicians for Reproductive Choice and Health
 - Trans Youth Equality Foundation
 - Center for Sexual Pleasure and Health
 - Consultant – Merck; Planned Parenthood

Objectives

- Providers Critical to Care for Gender Nonconforming Children
- 1. Developmental paradigms, approaches to gender nonconforming prepubertal children
- 2. Screening & options for early identification
- 3. Early intervention with puberty blockers
- 4. Help parents support their gender nonconforming child

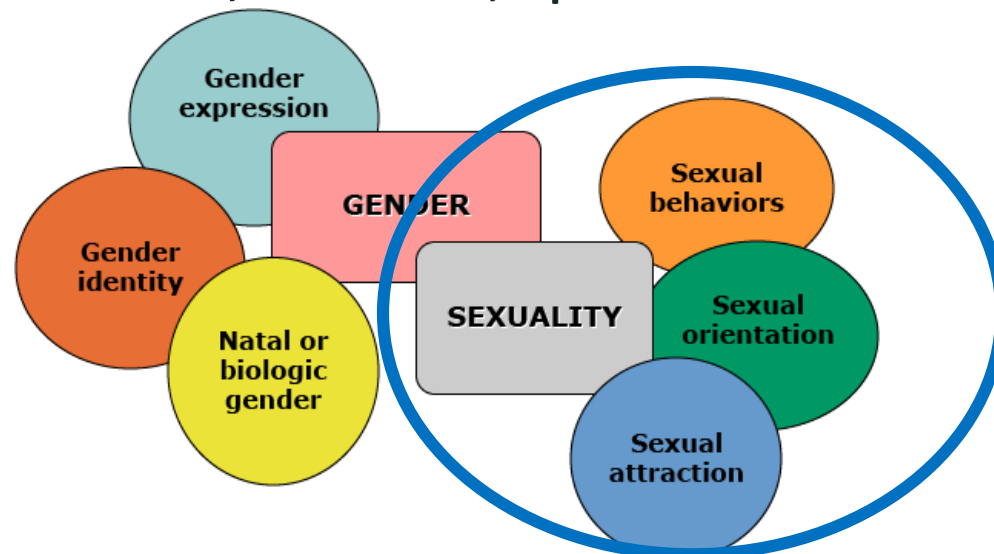
Gender: Who we are

- **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 person acts, presents self & communicates gender within a given culture



Sex: 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



Transgender or Gender Nonconforming

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

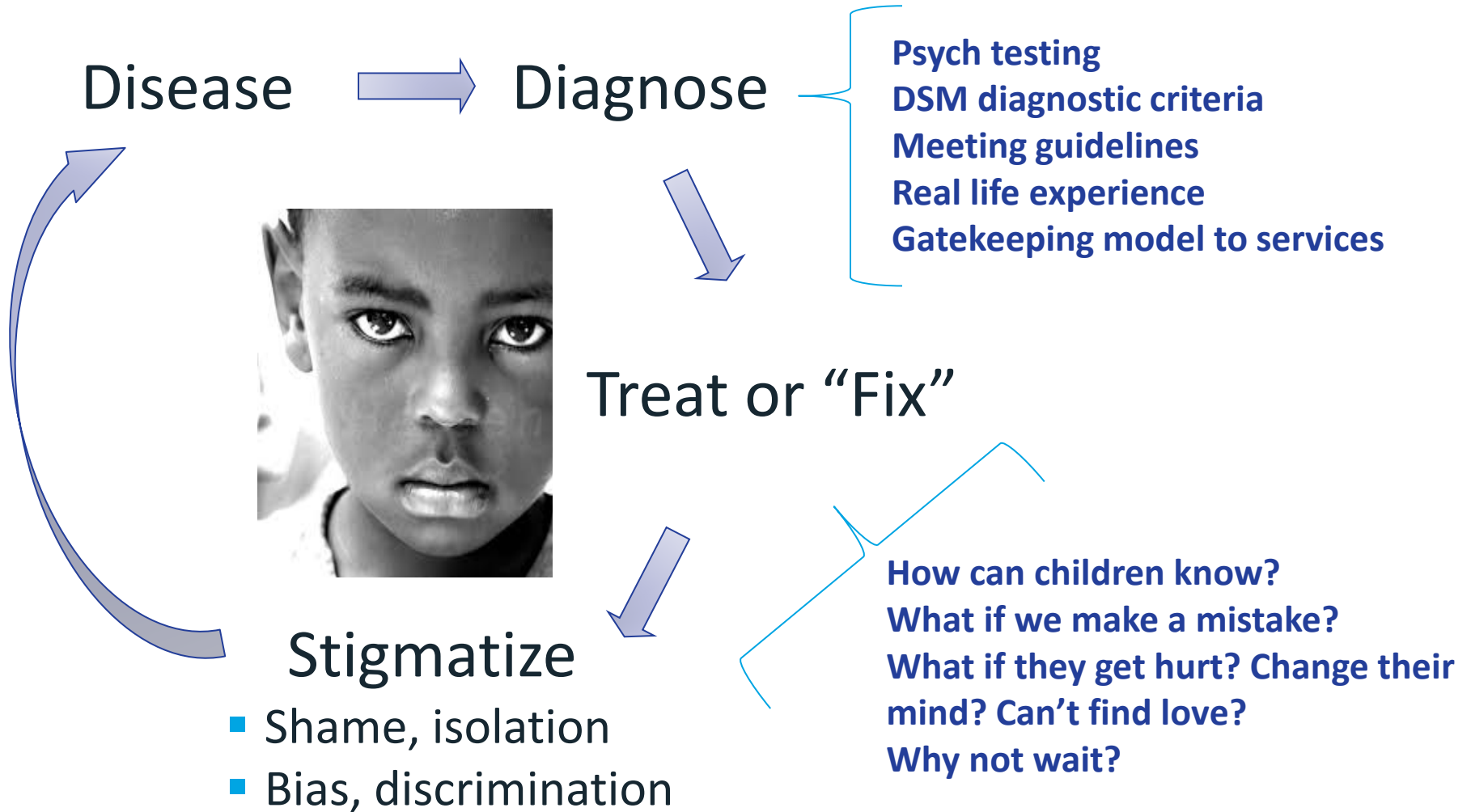


Drag queen/king
Bi-gendered
Gender bender
Two-spirit
Stud
Gender queer
Gender bender

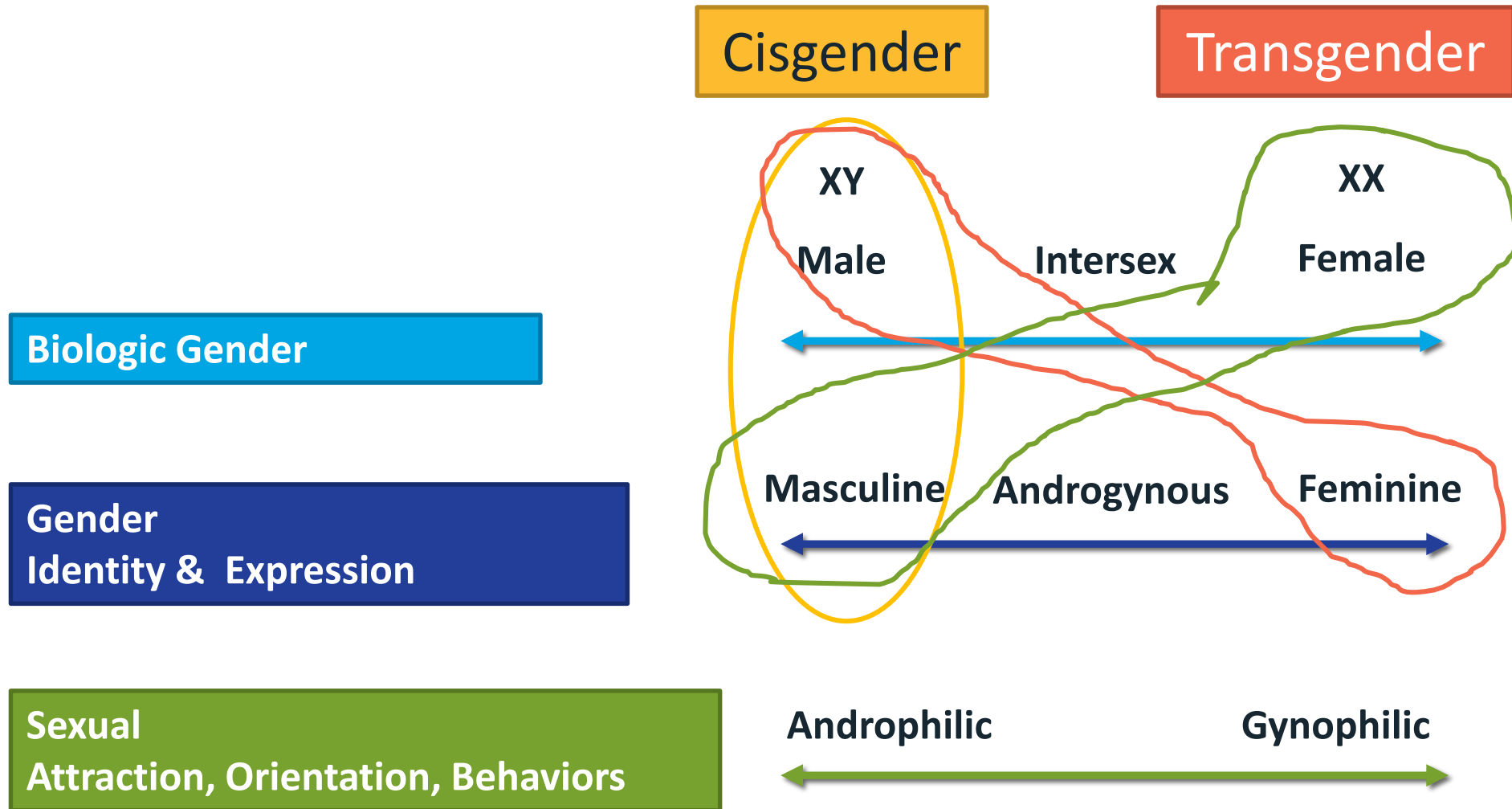
Gender non-conforming
Gender variant
Cross-dresser
Pre/post-operative
Intersex
Femme queen
Femme boi or boy

1-d(isease) Model

Deviation = Disease & Pathology



2d-Spectrum Model



Non-binary Approach

Transgender, Gender
Nonconforming, Pansexual

Biologic Gender

Gender
Identity & Expression

Sexual
Attraction, Orientation, Behaviors

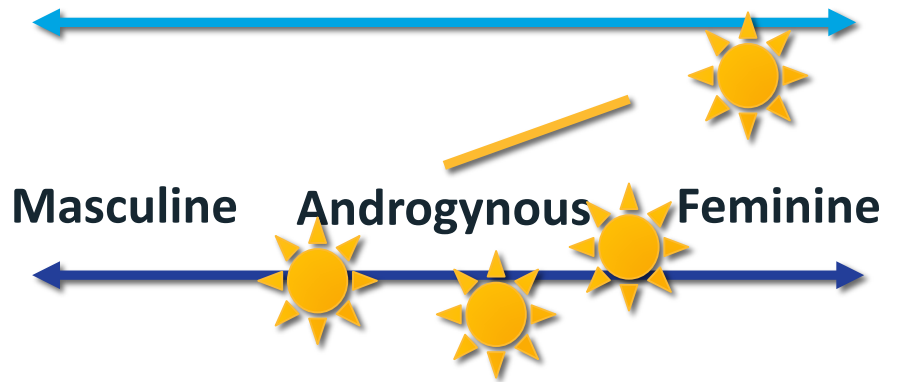
XY

XX

Male

Intersex

Female



Masculine

Androgynous

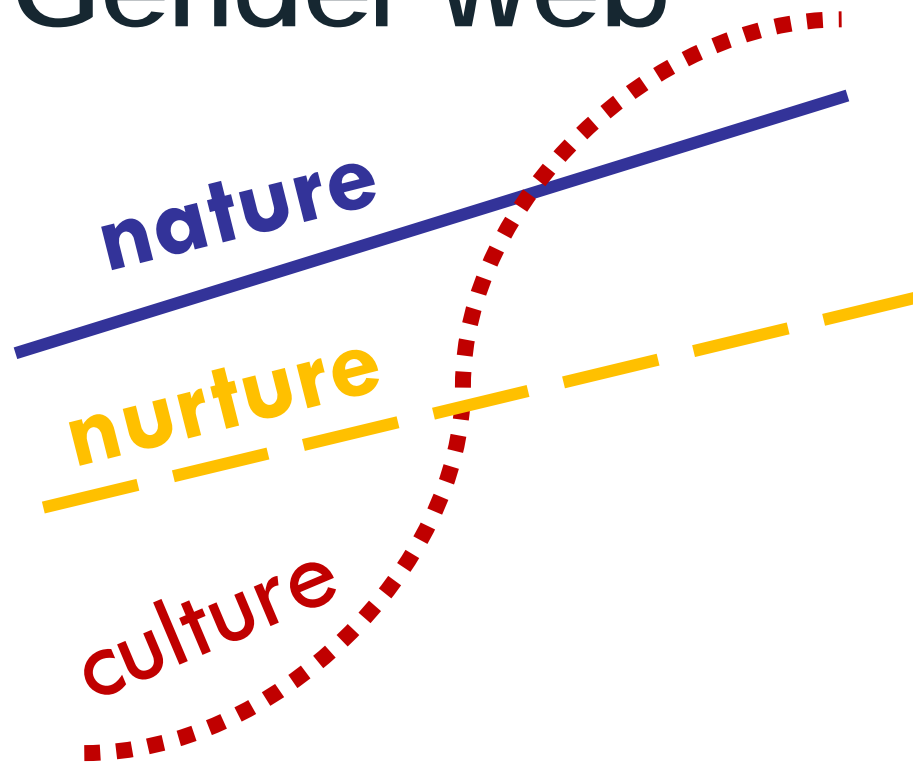
Feminine

Androphilic

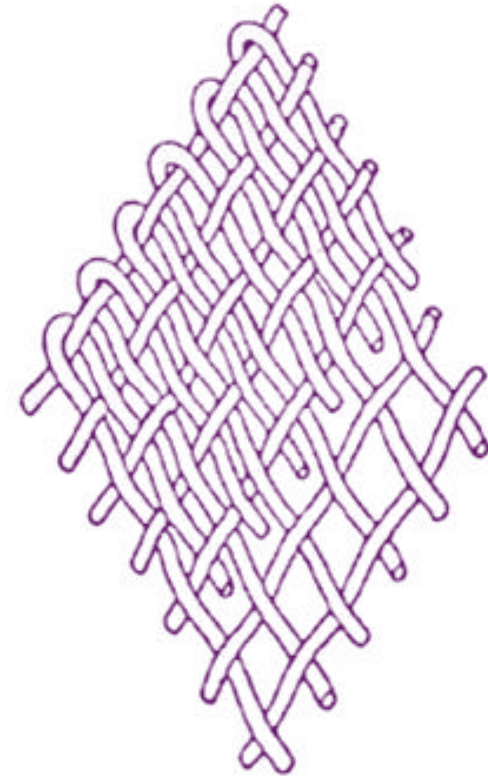
Gynophilic



3-d(evelopmental) Weaving the Gender Web



Weaving over time
various interconnect threads



- Searching, creating, editing
fabric of one's authentic self
= GENDER HEALTH!

Gender Development is Human Development

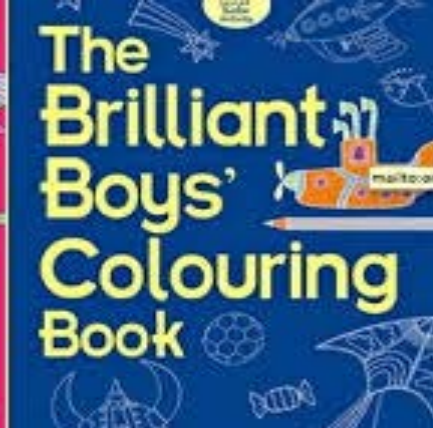
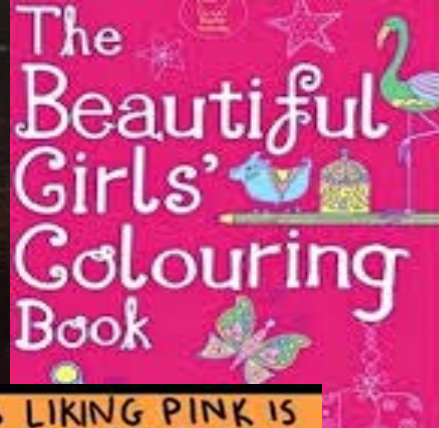
Prepubertal Children & Gender



**Big
Strong
Boy**



**Little
Cute
Girl**



Awareness of Gender Identity



Between ages 1 and 2
Conscious of physical differences
between sexes



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

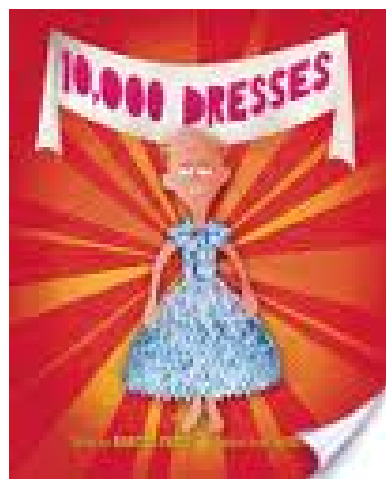
Persistent, Consistent, Insistent

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

- “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.”



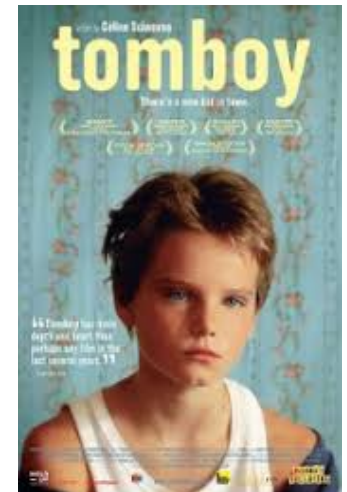
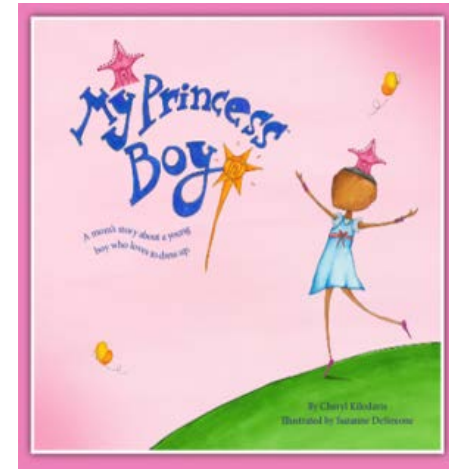
- “S/he was always a little different than peers, even as early as in preschool or kindergarten.”
- “He drove his father crazy by never wanting to join his brothers outside but instead playing with his sister and her friends.”
- “She told me in first grade that she was a boy.”
- “He wanted to grow his 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 yrs ...pick up on rules
 - Sensitive to adult explicit & implicit messages
 - What is accepted, rewarded, valued
- At 7 yrs ...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



Who to Screen?

- ✓ All children
 - Developmental stages

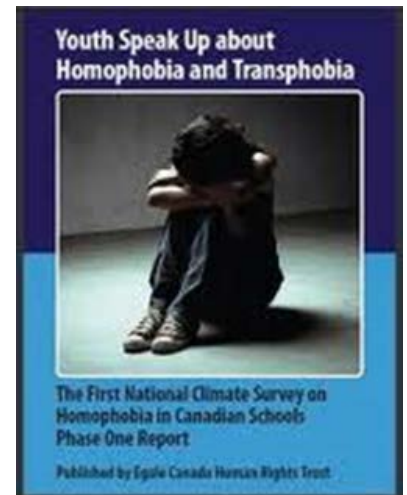
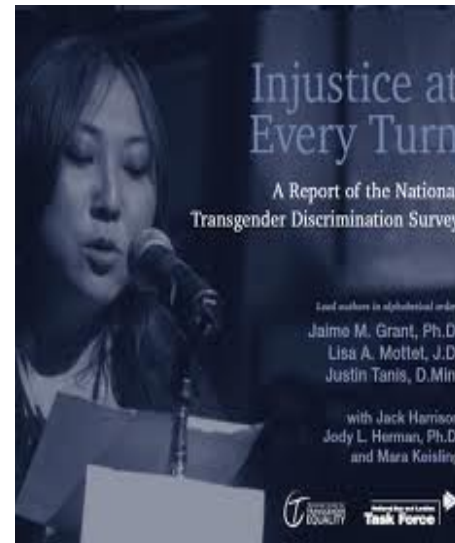
- ✓ Non-conforming expression

- Concerns/problems with
 - Mood
 - Behavior
 - Social



Nonconformity ↔ Bias & Bullying

- 89.5% unsafe in school¹
 - 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

Social Messaging Different = De

Internalize
societal phobia

```
graph LR; A[Internalize societal phobia] --> B[Decreased sense of self-worth  
Guilt, Shame]; A --> C[Isolation, Lack social support, resources  
& connectedness]; A --> D[Risk-taking behavior  
Sexuality, Substance, Social]; A --> E[Safety, Violence, Poverty, Suicidality];
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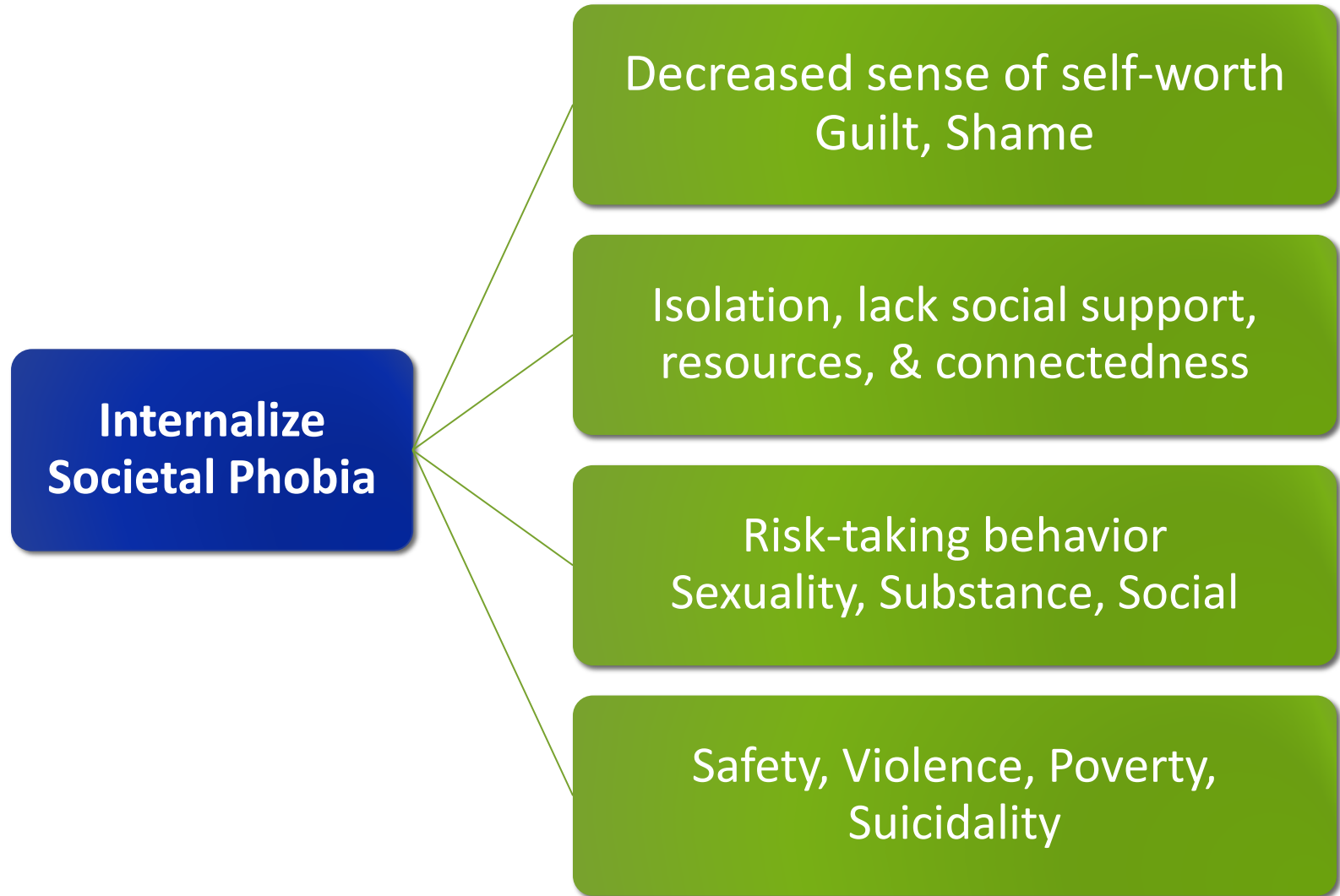
Decreased sense of self-worth
Guilt, Shame

Isolation, Lack social support, resources
& connectedness

Risk-taking behavior
Sexuality, Substance, Social

Safety, Violence, Poverty, Suicidality

Social Messaging Different = Deviant



Mental Health Outcomes: Three Recent Studies

- Reisner S 2014 APH Post
 - N=180 trans youth matched to cis peers
 - 2-3 x 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 >50 yro trans adults
 - Poorer physical health, disability, depression, perceived stress

How to Screen: Ask!

Parent(s)

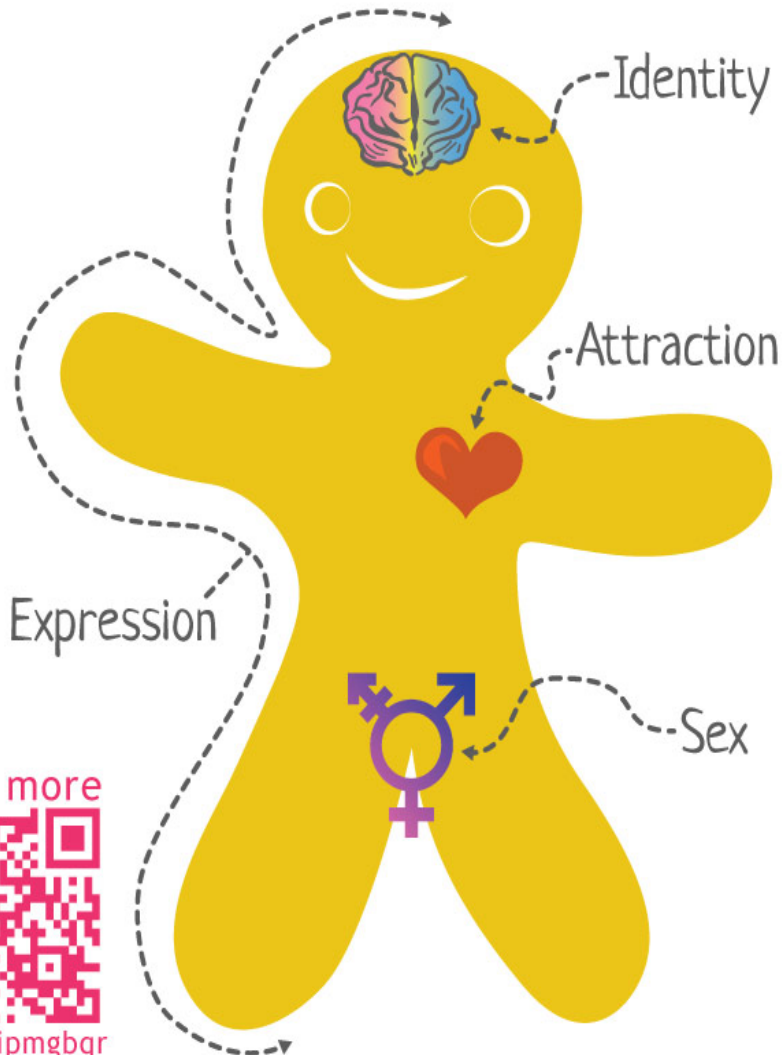
- Child play, hair, dress preferences
- Parent concerns with these
- Concerns re behavior, friends, getting along at school, school failure, bullying, anger, sadness, isolation, other???

Child

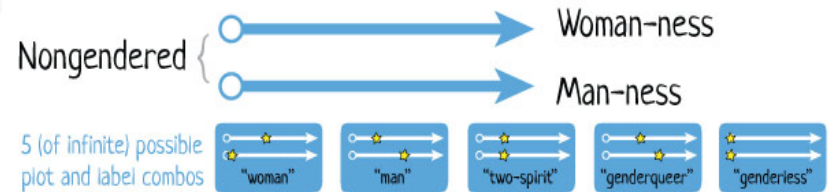
- Do you feel more like a girl, boy, neither, both?
- How would you like to play, cut your hair, dress?
- What name or pronoun (he for boy, she for girl) fits you?

The Genderbread Person v2.0 by it's pronounced METROsexual.com

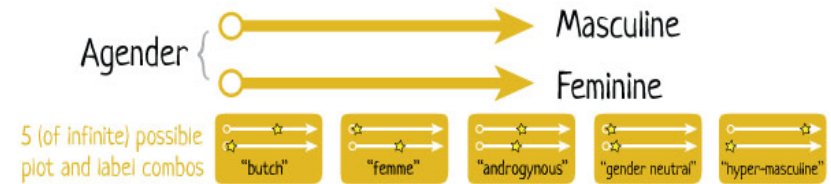
Gender is one of those things everyone thinks they understand, but most people don't. Like *Inception*. Gender isn't binary. It's not either/or. In many cases it's both/and. A bit of this, a dash of that. This tasty little guide is meant to be an appetizer for understanding. It's okay if you're hungry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



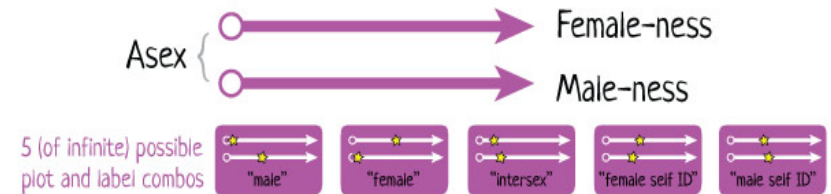
Gender Identity



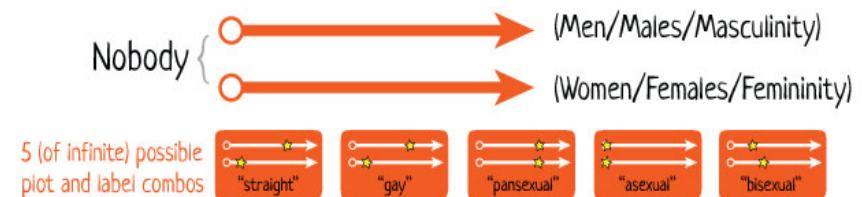
Gender Expression



Biological Sex



Attracted to



read more



bit.ly/ipmgbqr

Ask more.... Listen....

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



Health Provider Role

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

Developmental, Patient-Centered Paradigms Foster TransPositive 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

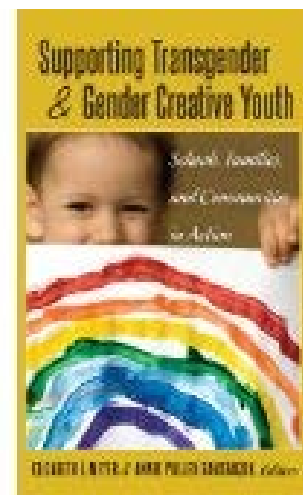
Open honest communication critical to health behaviors, support, & access to care

Approaches to Care **Not** Recommended

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

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



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 rooms, teams, sleep-overs
 - Disclosure or not ... to who ... how to prepare
 - Family, school, friends, school, church, social groups



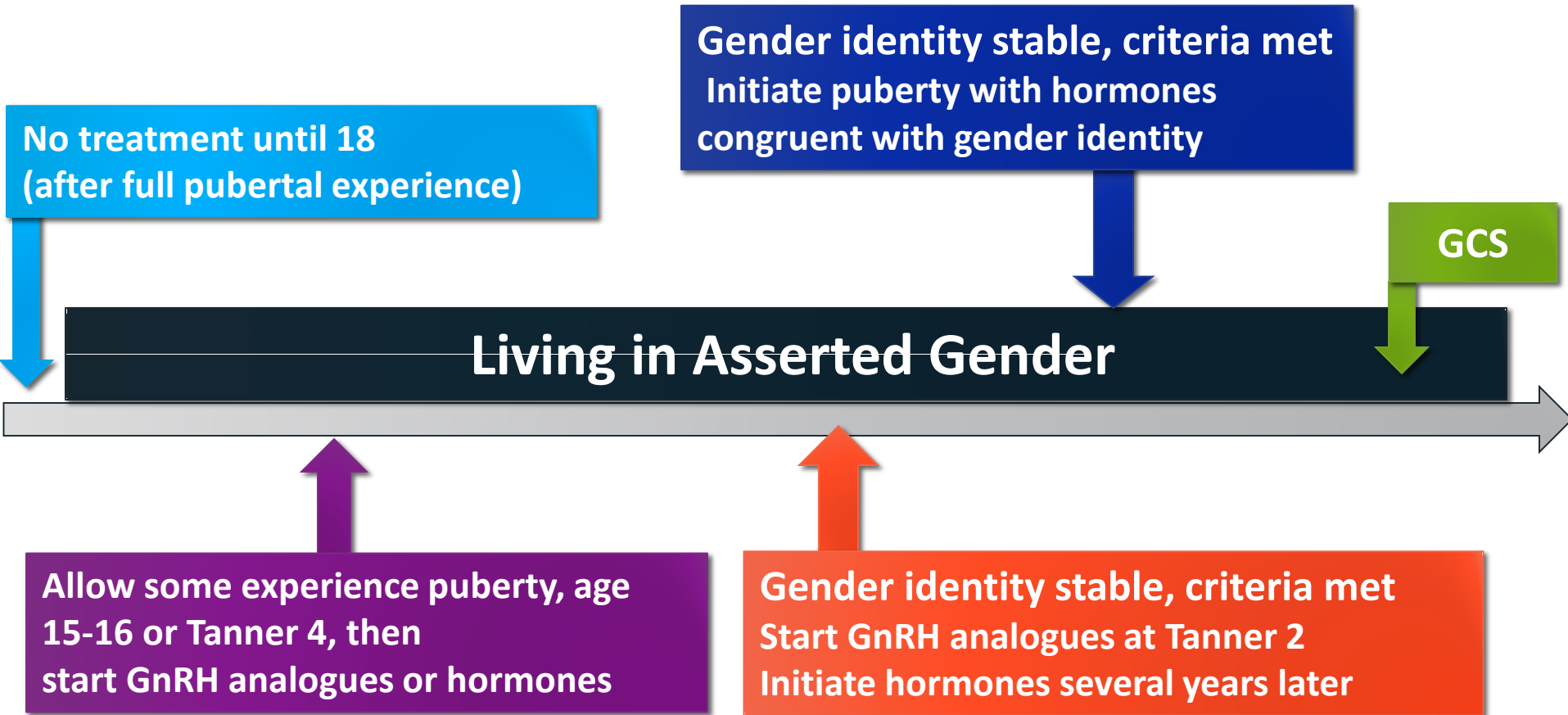
Objective

Early identification makes a difference!

- Puberty blocking hormones (GnRH analogues)
- Answering parents' questions & concerns



Range of Treatment Approaches



Earlier support, planning offers more opportunities

Goal

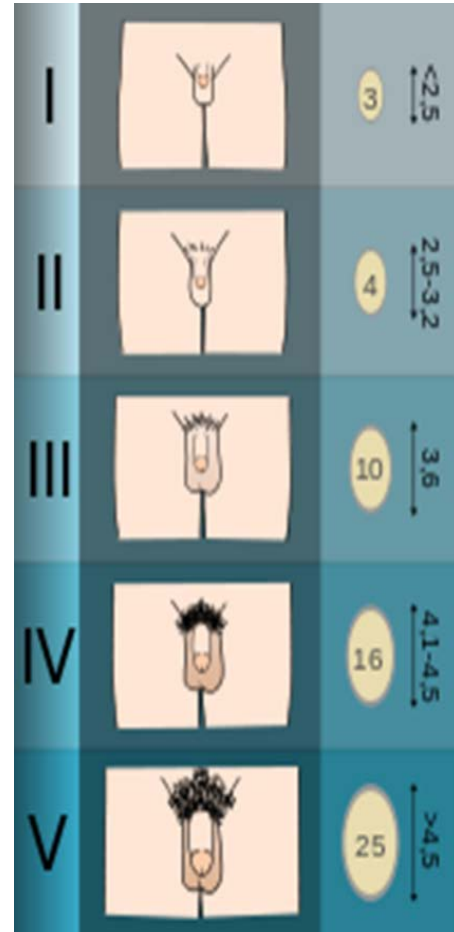
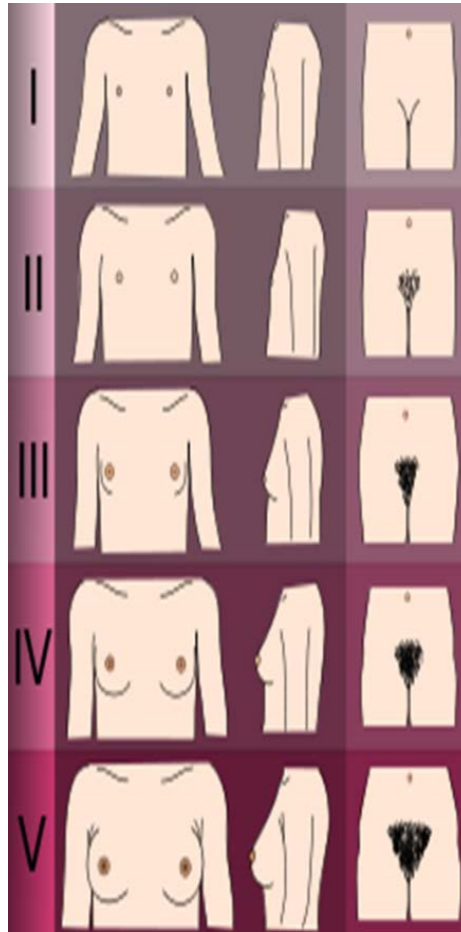
Improve
quality of life

by facilitating
congruency
with asserted
identity

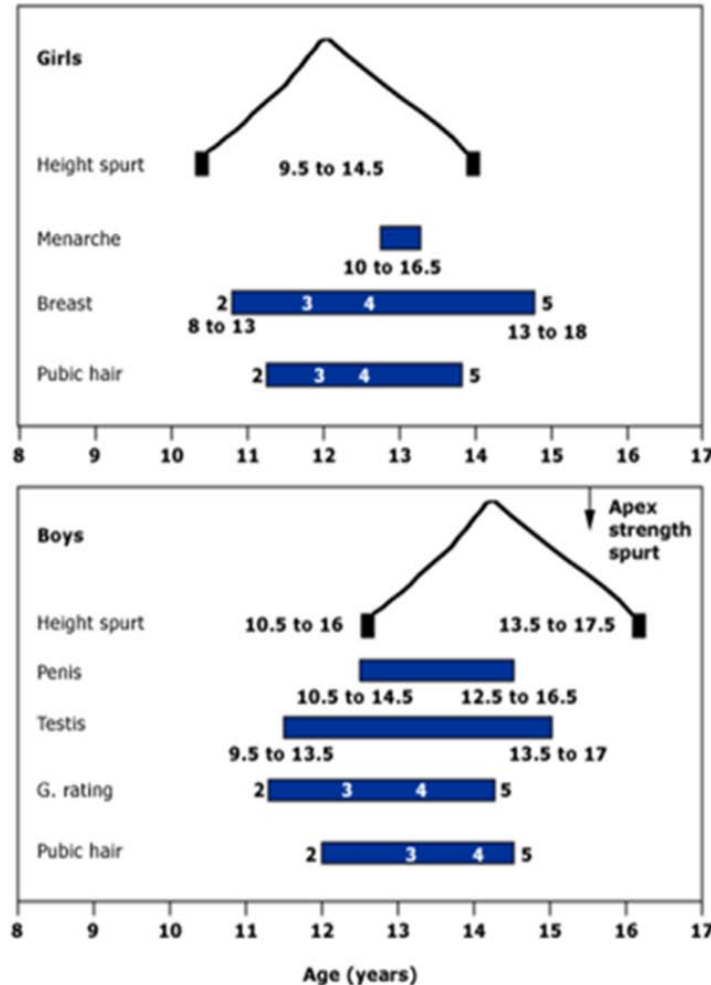
- Early, strong social support & plan
 - Multiple studies demonstrate family & parent support critical to positive health outcomes
- Early medical & mental health resources
 - Experience puberty congruent with gender
 - Avoid psychological stress- anxiety, depression
 - Prevent unwanted 2nd sex characteristics
 - Reduce need for future medical interventions

A Pause Blocking “Wrong” Puberty

- Ideal before or early Tanner 2
 - Maintain prepubertal status
 - Follow exam, LH, estradiol/testosterone
- Can use Tanner 3-5
 - Halt continued puberty changes, prevent continued 2nd gender characteristics



A Pause Blocking “Wrong” Puberty



Being Ready for Parents' Questions

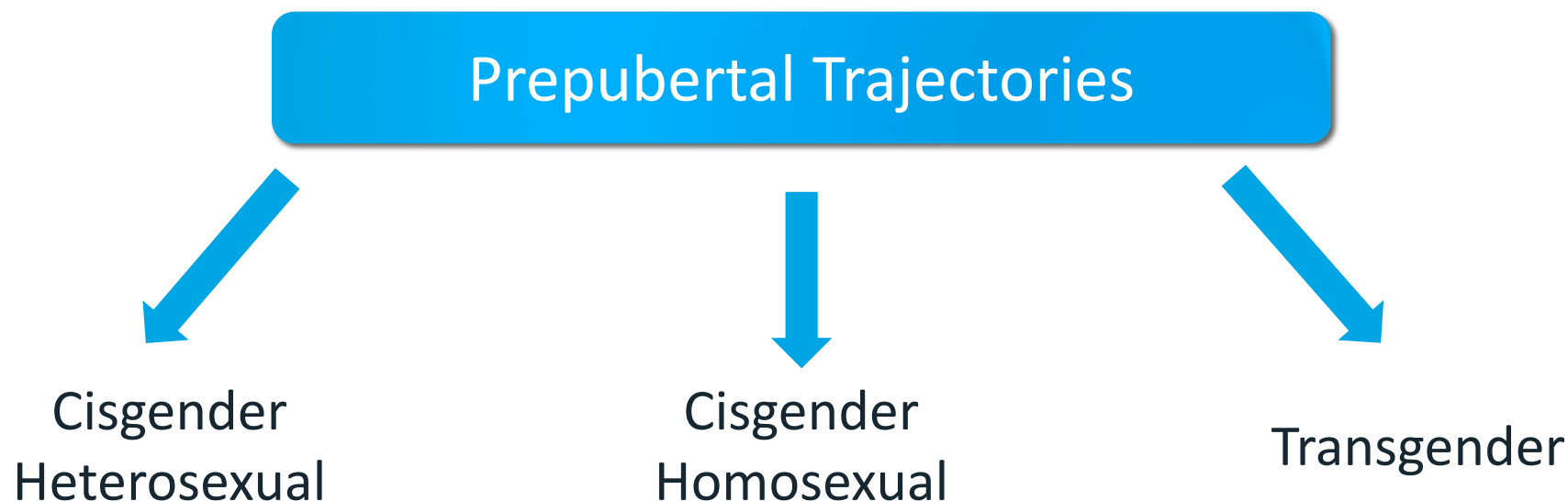
How did this happen? Why?

- DSD: Migeon C 2002, Dessen A 2005 2006, Rerner WG 2004
- Genetics: Hare L 2009, Burke 2014, Mueller/Goren 2008, Baba 2007, Heylens G 2012
- Brain: Garcia-Falgueras/Swaab 2008, Rametti G 2011, Kruivjer 2000, Simon 2013, Luders E 2009 Draganski B 2004, Scholz J 2009, Burgland H 2008
- Social: Freeman

- Who should we tell? How do we tell?
- Worries about *safety*

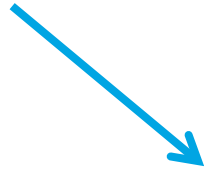
Parents go through their own process of transition
Grieve the child & dreams they lost... not yet realize the child they gain

- Addressing Parents' Concerns
- This is just a phase.
- Why can't we just wait & see?
- Is my child going to be gay?

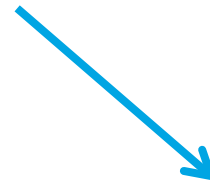


Behaviors & expression may non-conform, but children can still feel that they are in right-gendered body

Prepubertal Trajectories



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




...Continue intro transgender adolescence

Steensma TD 2013, Malpas J 2011, Teurk CM 2012, Bussey K 2011, DeVries 2010, Wallien MS 2008, Drummon 2008, Zucker 2005, Green 1987, Davenport 1986,



Peri Post Puberty Trajectories



Almost 100% continue
to gender affirming
hormones, surgeries,
with NO regret

deVries AL 2014, Steensma TD 2013, deVries AL
2012, Spack NP 2012, deVries AL 2011, Steensma
TD 2011

Family Acceptance, Love, Support is 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

Simons L 2013, Riley EA 2013, SAHM JAHM 2013, Toomey RB 2011, Russell ST 2011, Ryan C 2010, Toomey RB 2010, Ryan C 2009 Pediatrics



Changes You May Wish to Make to Your Practice

Understand how gender is universal aspect of child development

- Incorporate regular gender & sexual health screening in your anticipatory guidance
- Use contemporary developmental paradigms for early gender concerns & support
- Have knowledge of gender resources & care for gender nonconforming youth in your practice
- Just ask ... listen ... plan ... support... refer
 - Early identification
 - Timely intervention
 - Delay leads to harm
- Opportunity to educate & model Advocate diversity

Changes to Improve Child Outcomes

- Model open dialogue to help parents incorporate gender & sexuality into family life
- Encourage parents to look & listen to their kid
 - Let kids pick clothes, hair, activities
 - Ask about, support interests & authentic expression
- Unconditional -- love, acceptance, support “as is”
- Help support parents & their own “transition”

Resources

- National LGBT Health Education Center
 - www.lgbthealtheducation.org
- Center of Excellence for Transgender Health
 - transhealth.ucsf.edu
- Gay and Lesbian Medical Association
 - www.glma.org
- World Professional Association for Transgender Health
 - www.wpath.org/index.cfm
- National Center for Transgender Equality
 - www.transequality.org/
- Transgender Law Center
 - www.transgenderlawcenter.org

Thank You!

- **Michelle Forcier, MD, MPH**
 - Adolescent Medicine, Medicine Pediatrics
 - Hasbro Children's Hospital
 - Associate Professor Pediatrics
 - Brown University School of Medicine

being different
is ONE of the
most BEAUTIFUL
things on earth.

EMBRACE YOUR "YOU"NESS.

Suggested Citation

- Forcier M. Gender Nonconforming Youth in Pediatrics and Primary Care: Opportunities for Better Outcomes. Proceedings of the 1st Advancing Excellence in Transgender Health Conference; 2015 Oct 2-3; Boston, MA. The Fenway Institute: 2016.