GENDER IDENTITY DEVELOPMENT AND DYSPHORIA IN CHILDREN AND ADOLESCENTS

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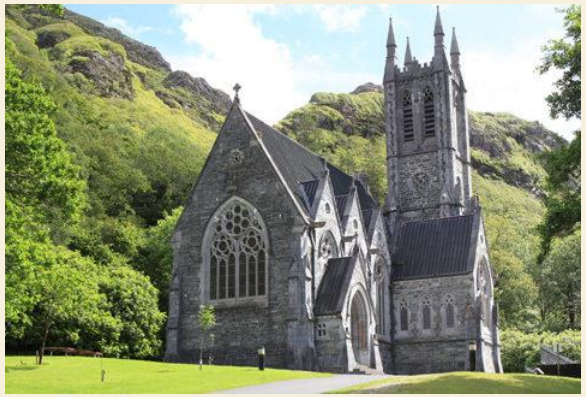
DISCLOSURES

I, Laura Edwards-Leeper, PhD, do not have any relevant financial interests or other relationships with a commercial entity producing health-care related products and/or services.

OTHER DISCLOSURES

Cisgender White Woman

Hetero-sexual



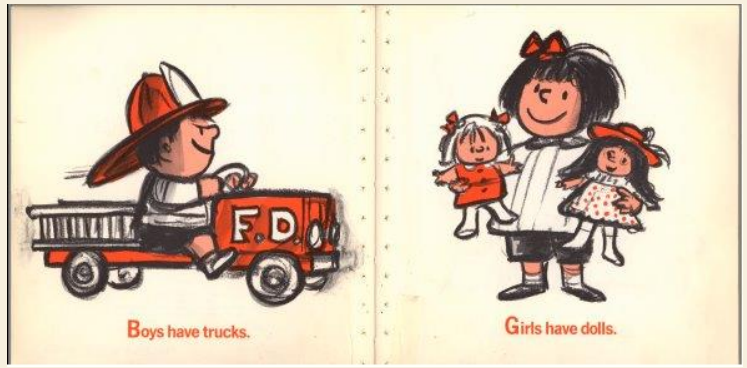
GENDER DEVELOPMENT AND DYSPHORIA IN CHILDREN

DEVELOPMENTAL THEORY

- Gender identity is established between ages 3-5 (Kohlberg, 1966)
- Early research did not account for gender diverse identities
- Recent research on identity development in transgender children (Olson, Key & Eaton, 2015)
  - Pre-pubertal transgender children prefer same-gender peers (rather than same-sex)
  - Transgender children's (5-12 yo's) response to an implicit behavioral measure of gender identity (strength of one's cognitive associations between self and male/female constructs) shows strong implicit awareness of their affirmed identity; comparable to cisgender controls

- Research by Fast & Olson (2017)
  - Socially transitioned 3-5 year old transgender children do not differ from cisgender sibs or matched cisgender controls in:
    - Their understanding of gender consistency
    - Gender preferences
    - Gender stereotypes
    - Their gender identity and expression
  - Transgender children were less likely to believe that their own gender and gender of others is stable across time

SOCIETY'S IMPACT ON GENDER DEVELOPMENT



DSM-5 (PARAPHRASED) GENDER DYSPHORIA IN CHILDREN

A. Marked incongruence between one's experienced/expressed gender and assigned gender; at least 6 months duration; manifested by at least 6 (one must be A1):

1. Strong desire to be or insistence that one is the other gender
2. Strong preference for clothing of "other gender"
3. Strong preference for cross-gender roles in make-believe play or fantasy play
4. Strong preference for toys, games, or activities of "other gender"
5. Strong preference for playmates of the "other gender"
6. Strong rejection of toys, games, and activities of assigned gender
7. Strong dislike of one's sexual anatomy
8. Strong desire for the primary and/or secondary sex characteristics that match one's experienced gender

B. The condition is associated with clinically significant distress or impairment in social, school, or other important areas of functioning

Specify if: With a Disorder of Sex Development

MENTAL HEALTH OF TRANSGENDER CHILDREN WHO ARE SUPPORTED IN THEIR IDENTITIES

- Examined anxiety/depression symptoms of 73 pre-pubertal, fully socially transitioned transgender children ages 3-12 (mean 7.7 years)
    - Compared scores with:
        - non-transgender age-matched controls (n=73)
        - non-transgender siblings (n=49)
- Depression symptoms did not differ from national average or comparison groups
- Anxiety symptoms were elevated compared to comparison groups (but not in the clinical range)

Kristina R. Olson, Lily Durwood, Madeleine DeMeules, & Katie A. McLaughlin
Pediatrics, 2016; 137(3):e20153223

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ANECDOTAL CLINICAL EXPERIENCE

- Gender diverse youth who are not supported in their identities and/or are forced to pretend to be someone they are not (and/or adhere to rigid gender roles), often have emotional and behavioral difficulties
- Most children (regardless of gender identity) who are shamed by their parents (and others) respond negatively
- Many children who socially transition after a supportive, thoughtful process do remarkably well

LIKELIHOOD OF A GENDER DIVERSE CHILD PERSISTING IN A GENDER DIFFERENT THAN WHAT THEY WERE ASSIGNED AT BIRTH

- Only ~20% (12-50%) of gender dysphoric ***children*** will persist; the remainder will "desist" *(according to research to date)*

- Any one (or more) of the following is possible for gender dysphoric children:
  - It may be one chapter in their gender identity journey
  - Child may later identify as gay/lesbian
  - Child may always be a more masculine girl or feminine boy, but never desire to live as the other gender
  - Child may identify as Gender Queer/Non-Binary and perceive gender as fluid
  - Child may transition socially but not physically
  - Child may strongly and persistently identify with the other gender and pursue both a social and physical transition (cross-sex hormones, surgery)

RECENT RESEARCH AND CLINICAL EXPERIENCE SUGGESTS:

- *Children with more severe gender dysphoria in childhood are more likely to persist.*
- *As gender dysphoria and cross-gender identification persist and intensify into adolescence, the likelihood of one fully transitioning to a different gender seems to increase.*

Steensma et al., 2013

HOWEVER:

- Every child is unique
- Every gender journey is unique
- There is no way to predict an individual child's gender trajectory
- There are many transgender adolescents and young adults who were not gender dysphoric as children
- There are many children who are gender diverse (even socially transition) when young and do not continue on this path (i.e., desist)
- BOTTOM LINE: Adults (parents, providers, teachers, etc.) must remain open to each child's gender journey and not box children in

GENDER DEVELOPMENT AND DYSPHORIA IN ADOLESCENTS

PREVALENCE

- 1.4 million adults identify as transgender in the U.S.

(The Williams Institute, 2016 – utilizing CDC data)

- An estimated 150,000 U.S. youth (ages 13 to 17) identify as transgender (The Williams Institute, 2017)

MENTAL HEALTH CONCERNS

- 44.3% presented with previous psychiatric diagnosis
- 36.1% on psychotropic medications
- 9.3% with prior psychiatric hospitalizations
- 20.6% reported history of self injury
- 9.3% reported suicide attempts

Psychiatric Diagnoses Reported at Initial Visit	
Depression	58.1%
Anxiety	18.6%
Bipolar	16.3%
Autism/PDD	11.6%
Eating Disorder	7%

Spack et al. (2012). Pediatrics.

FACTORS THAT CONTRIBUTE TO RESILIENCY

- Having a supportive family*
- Attending a culturally sensitive, open-minded school
- Peer/friend support (in person and/or online)*
- Supportive community, neighborhood, religious/spiritual group*
- Supportive therapy
- Peer support groups
- Appropriate medical interventions*

*Research support

COMPLEX CASES – MENTAL HEALTH

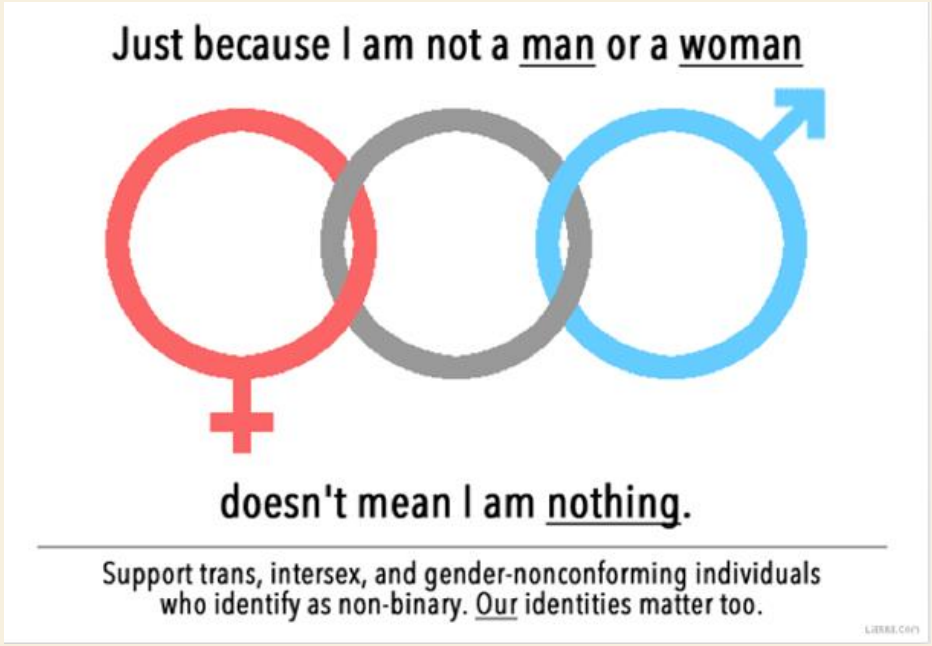
- High co-occurrence with autism spectrum disorders
- Suicidal Ideation, history of attempts
- Self-harming behaviors (cutting)
- Psychosis
- Homicidal ideation
- Personality Disorders
- Developmental Delay

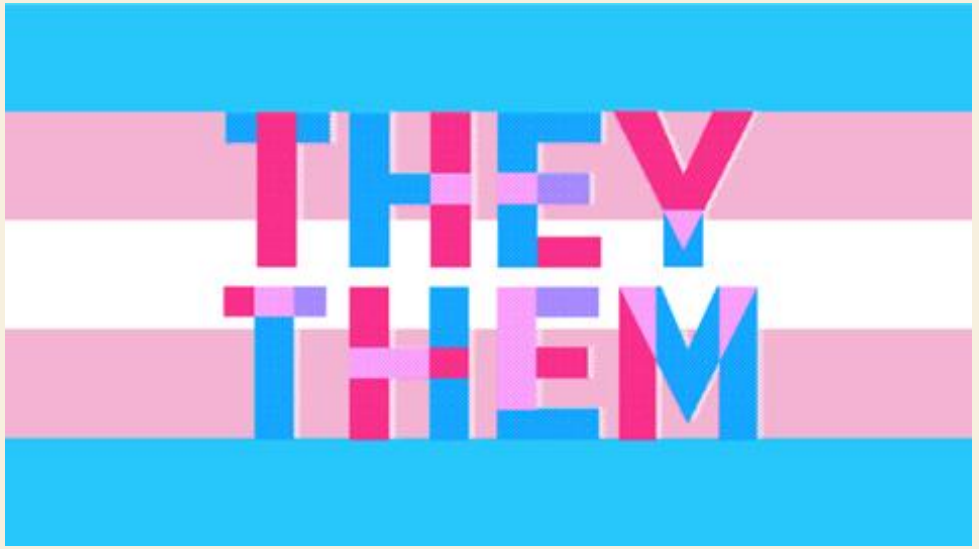
- Move more slowly and cautiously
- Ensure that patient is psychiatrically stable (within reason)
  - Effects of hormones on mood/anger
- Continue mental health services throughout transition

“Late Onset” Cases

Child to Adolescent
Gender Identity Development

NON-BINARY YOUTH





ADOLESCENTS DESERVE:

A Developmentally-Informed, Informed-Consent Model of Care

Teen Are Not Adults

- Brains are still developing – ability to give informed consent is not equal to that of adults
- Multiple identities are being formed
- Susceptible to influence
- Lack power and can feel trapped
- Decision making as it relates to fertility may be more difficult
- School and social issues are often present
- Family dynamics play a significant role in teen's psychological health and with decision making

STEPS FOR MEDICAL INTERVENTION:

Tanner Stage 2 → Psychotherapy → Psych assessment →

Puberty Blocking Medication

Age 14-16+ → (Ongoing Therapy) → Psych assess →

Cross-sex hormones

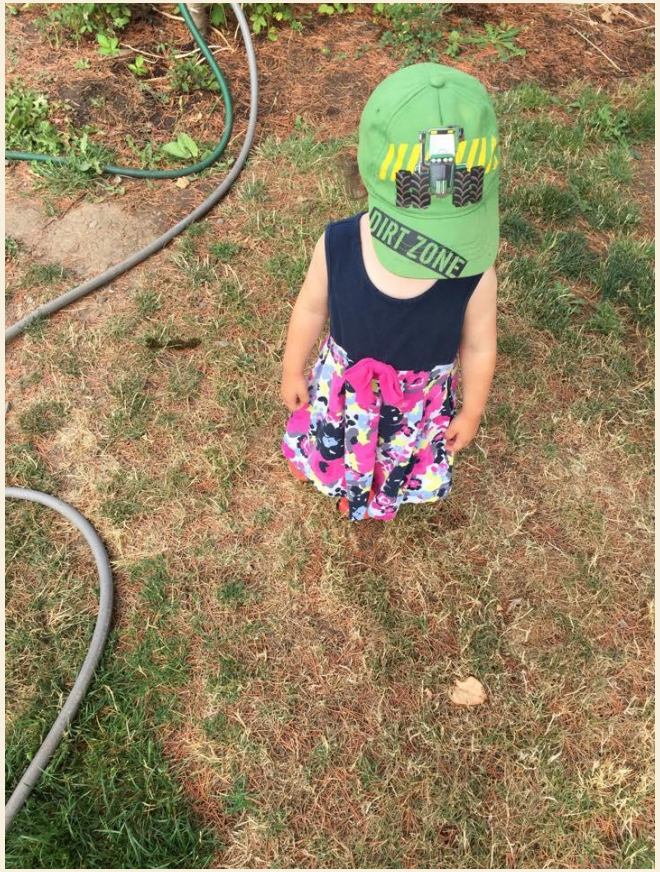
Age > 16(?) → (Ongoing Psychotherapy) → Psych assess →

Surgery

FINAL POINTS

- Maximizing the capacity for healthy psychological functioning is the main goal for the child
- Help parents tolerate the ambiguity of the child's future identity
- Always account for context and culture, the family's beliefs, expectations, and concerns
- Discuss the risk and benefits of social or physical transition, and plan for an approach that optimizes the child's well-being
- Often need to navigate family disagreement
- This is complicated work – can be very rewarding, but also very challenging
  - Seek consultation and professional support!

THANK YOU!



"To be yourself in a world that is constantly trying to make you something else is the greatest accomplishment."
~Ralph Waldo Emerson

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