Gender Identity Development in Children and Adolescents

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Continuing Medical Education Disclosure

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- **Disclosure**: Consultant: Merck and PPLM. Hormone therapy for transgender patients is not currently FDA approved.
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
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”
  - 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?

- Stigmatize
  - Shame, isolation
  - Bias, discrimination
2d-Spectrum Model

Biologic Gender

- XY Male
- Intersex
- XX Female

Gender Identity & Expression

- Masculine
- Androgynous
- Feminine

Sexual Attraction, Orientation, Behaviors

- Androphilic
- Gynophilic
Non-Binary Approach

Assigned Gender

Gender
Identity & Expression

Sexual
Attraction, Orientation, Behaviors

Genderqueer
Pansexual

XY
Male

XX
Female

Intersex

Masculine

Androgynous

Feminine

Androphilic

Gynophilic

Sexual Attraction, Orientation, Behaviors
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, nonconforming

- Agender
- Non binary
- Refuses to ascribe to typical masculine or feminine assignments
“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
## Coming Out—Transgender

<table>
<thead>
<tr>
<th>Patients</th>
<th>Mean, (Age Range)</th>
<th>Assigned Female at Birth</th>
<th>Assigned Male at Birth</th>
</tr>
</thead>
<tbody>
<tr>
<td>Age of Presentation</td>
<td>14.8 (4-20)</td>
<td>15.2 (6-20)</td>
<td>14.3 (4-20)</td>
</tr>
<tr>
<td>Tanner Stage</td>
<td>3.9 (1-5)</td>
<td>4.1 (1-5)</td>
<td>3.6 (1-5)</td>
</tr>
<tr>
<td>Total n, (%)</td>
<td>97 (100)</td>
<td>54 (55.7)</td>
<td>43 (44.3)</td>
</tr>
</tbody>
</table>

Spack N, GeMS Clinic, Boston Children’s Hospital. *Pediatrics*, 2012
TransYouth Project

- Large-scale (>150 children) longitudinal study of transgender children in 25 states
- 2015 - childhood transgender identities are as deeply rooted as cis peers
- 2016 - 73 children, age 3-12
  - NIH Patient Reported Outcome Measurement Information System
  - Symptoms of depression or anxiety during past week
  - Rates depression (50.1) and anxiety (54.2) no higher than 2 control groups -- their own siblings & cis age- and gender-matched children
    - Significantly lower than those of gender-nonconforming children in previous studies

Nonconformity → Bias & Bullying

2015 YRBS LGB students
- 10% threatened or injured with weapon on school property
- 34% bullied on school property
- 28% bullied electronically
- 23% sexual dating violence in prior year
- 18% physical dating violence
- 18% forced to have sex at some point in their lives.³
Bias → Negative Effects YRBS 2015

- Exposure to violence → health disparities
- LGB students 140% (12% v. 5%) more likely to not go to school at least one day during 30 days prior because of safety concerns
  - Absenteeism linked to low graduation rates, SES impact
- 29% LGB youth attempted suicide at least once prior year compared to 6% of heterosexual youth
- 2014, YMSM 80% HIV diagnoses among youth
Gender or sexual minority (any social minority status)

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

Minority Stress

Anxiety, Depression

Suicide, Substance use, SES disadvantage, Victimization

Stigma
Social Messaging... Different = Deviant

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

Risk Behaviors—MTF Youth

- Student Survey 9th and 11th graders, n=81,885
- Trans/genderfluid/non-conforming n=2,168 (2.7%)
- Risk behaviors significantly higher among trans than cis
- Emotional distress, bullying significantly more common among birth-assigned females than males
- Protective factors:
  - Family connectedness
  - Student-teacher relationships
  - Feel safe in community

<table>
<thead>
<tr>
<th>Health Risk Behavior</th>
<th>TRANS Youth</th>
<th>CIS Youth</th>
</tr>
</thead>
<tbody>
<tr>
<td>Alcohol use</td>
<td>23%</td>
<td>17%</td>
</tr>
<tr>
<td>No condom at last sex</td>
<td>51%</td>
<td>38%</td>
</tr>
<tr>
<td>Depressive symptoms</td>
<td>58%</td>
<td>21%</td>
</tr>
<tr>
<td>Self-harm past year</td>
<td>54%</td>
<td>14%</td>
</tr>
<tr>
<td>Suicidal Ideation</td>
<td>20%</td>
<td>61%</td>
</tr>
<tr>
<td>Physical bullying</td>
<td>25%</td>
<td>12%</td>
</tr>
<tr>
<td>Relational bullying</td>
<td>52%</td>
<td>32%</td>
</tr>
<tr>
<td>Prejudice-based reason: gender</td>
<td>35%</td>
<td>5%</td>
</tr>
<tr>
<td>Prejudice-based reason: gender expression</td>
<td>47%</td>
<td>15%</td>
</tr>
</tbody>
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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.

Gender Identity
- Nongendered
  - Woman-ness
  - Man-ness
- Agender
  - Masculine
  - Feminine
- Asex
  - Female-ness
  - Male-ness

Gender Expression
- Biological Sex
  - Female
  - Male
- Attracted to
  - Men
  - Women
  - Masculinity
  - Femininity

read more
bit.ly/ipmgbqr

ADVANCING EXCELLENCE IN TRANSGENDER HEALTH

by its pronounced METROsexual.com
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
Range of Treatment Approaches

**No treatment until 18 (after full pubertal experience)**

- Allow some experience puberty, to age 15-16 or Tanner 4, then start GnRH analogues or hormones
- Gender identity stable, criteria met
  - Initiate puberty with hormones congruent with gender identity

**Living in Asserted Gender**

- Gender identity stable, criteria met
  - Start GnRH analogues at Tanner 2
  - Initiate hormones several years later

GCS
Earlier is Better

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
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, sleep-overs
  - Disclosure or not ... to who ... how to prepare
  - Family, school, friends, school, church, social groups
Timing Puberty Blocking

- 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
  - Mental health & perimenopausal symptoms
## Blocker Considerations for...

<table>
<thead>
<tr>
<th>GNC Boys</th>
<th>GNC Girls</th>
</tr>
</thead>
<tbody>
<tr>
<td>▪ Breast development early in puberty</td>
<td>▪ Tanner 4-5 testes but minimal external gender characteristics</td>
</tr>
<tr>
<td>▪ Broaden hips</td>
<td>▪ Bigger heavier skeleton</td>
</tr>
<tr>
<td>▪ Early epiphyseal closure, shorter height</td>
<td>▪ Adam’s apple</td>
</tr>
<tr>
<td>▪ Early identification before menses</td>
<td>▪ Male pattern face, body hair</td>
</tr>
<tr>
<td>▪ Low dose T for promoting height</td>
<td>▪ Estradiol earlier for earlier puberty &amp; height reduction</td>
</tr>
</tbody>
</table>
**GnRH Agonists**

**Leuprolelin**

**Triptorelin**

**Goserelin**

- Monthly $500-1000
- 3-monthly depot $1500-2000

**Histrelin implant**

- 12-24 months
  - $3500 (Vantas)
  - 15,379.16 - $12,560.00 (Supprelin)

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Stimulate puberty when pulsatile (physiologic)

Block hypothalamus when given continuously
Blocking

**CONS**

- Few long term, lifetime outcome data
- Possible temporary adverse effect on bone density
  - Reversible once hormones initiated
  - BMD normal in teens with precocious puberty treatment
- Height reduction
- Height reduction for FTMs
- Lack of secondary sex characteristics compared to peers
- Expensive! Insurance sometimes covers

**PROS**

- Delays decision to undergo cross hormone therapy until child is older
- Prevents irreversible body changes
- Decreases distress, with mental health/self esteem benefits
- Prevents need for costly and invasive surgery as adult
- Cosmetic congruency as adult leading to passing & greater social & financial opportunities

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Delemarre-van de Waal, EuropJEndo 2006
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

Peri Post Puberty Trajectories

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

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?
Better Question is: How Do I Help My Kid?

Grieve the child & dreams they lost... not yet realize the child they gain

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
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
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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