Gender Dysphoria and Nonconformity

Pediatric Mental Health ECHO

Project ECHO Billings Clinic

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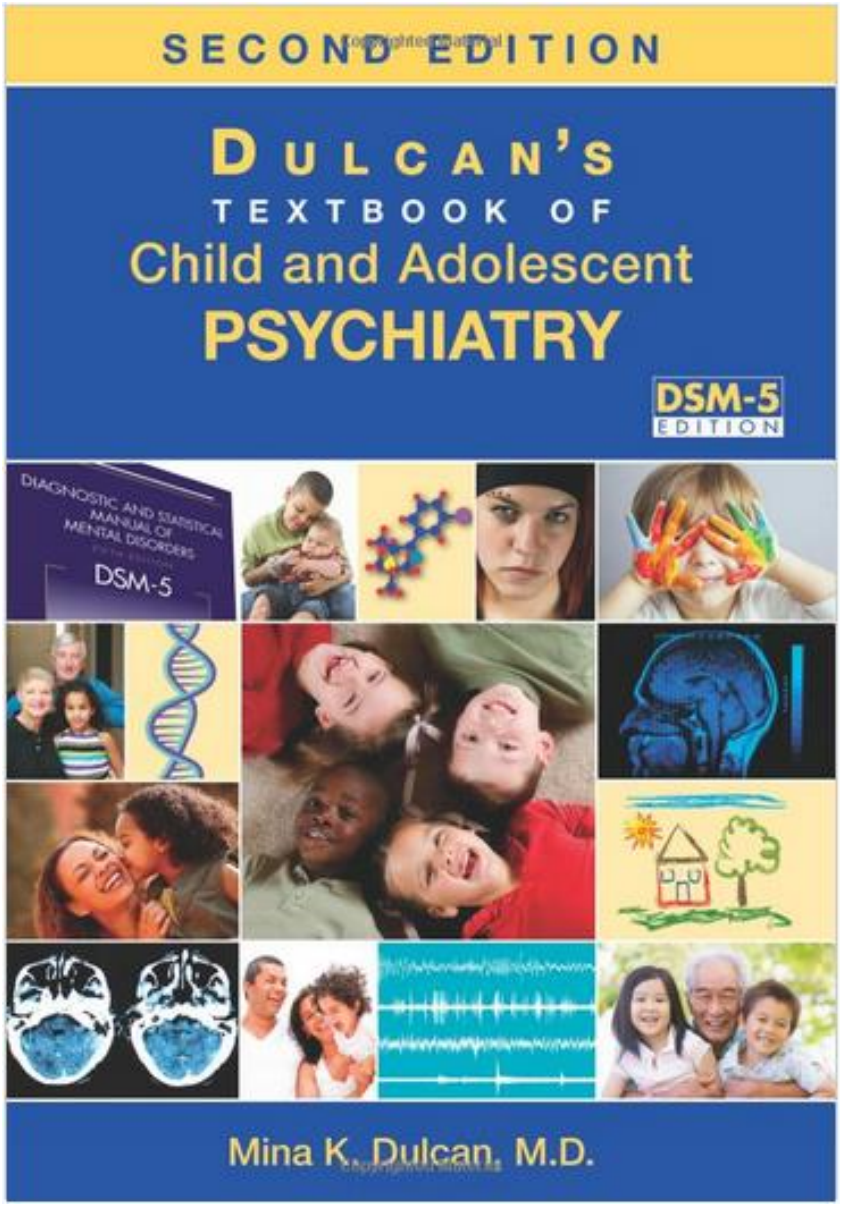

Key Concepts

- *Gender identity* = an individual's personal sense of self as male or female, which is not assigned, but psychologically rooted;

Key Concepts

- Per cognitive theories of gender development, majority of children have a sense of gender identity by age 3yrs;
- Most establish a lifelong male or female gender identity consistent with their natal sex by age 5 or 6yrs;

Key Concepts

- *Gender expression* = method of communicating gender identity within a given culture;
  - Varies by culture;
  - Varies over time;

Key Concepts

- *Gender nonconformity* = sometimes used synonymously with *gender variance*, gender role behavior that does not conform to culturally defined norms;
- *Gender discordance* = incongruence between anatomical sex and gender identity;

Key Concepts

- *Gender dysphoria* = affective disturbance that individuals with gender discordance may experience;

Key Concepts

- *Transsexual* = individuals with gender discordance and gender dysphoria who identify as the “opposite” gender and who may pursue some form of social, medical, and/or surgical gender reassignment to decrease their gender discordance and dysphoria;

Key Concepts

- *Transgender* = has evolved to become an all-inclusive term for individuals who exhibit any combination of gender nonconformity, gender discordance, and/or gender dysphoria, including those formerly described as transsexual;

Key Concepts

- *Sexual orientation* = the sex of a person to whom an individual is erotically attracted and comprises several components including sexual fantasy, patterns of physiological arousal, sexual behavior, sexual identity, and social role;

Key Concepts

- *Cisgender* = person in whom affirmed gender matches natal sex;
- *Genderqueer* = person who defies all categories of culturally defined gender and prefer to self-identify as gender-free, gender-neutral, or completely outside gender;

Key Concepts

- *Pansexual* = a colloquial term used by youth who are attracted to individuals along all lines of the gender spectrum, not necessarily within the male-female gender binary;

Key Concepts

- *Disorder / difference of sex development* = congenital medical condition that results in discordance between a person's genetic sex and the appearance of the external or internal reproductive structures;
  - DSDs may include congenital adrenal hyperplasia, 46 XY DSD, or hypospadias;

DSM-5 = Gender Dysphoria (Adolescents and Adults)

- Marked incongruence between expressed or experienced gender and assigned gender, lasting at least 6mos and manifested by at least 2 of the following:
  - Mismatch between expressed / experienced gender and primary and/or secondary sex characteristics (in young adolescents, the anticipated secondary sex characteristics);

DSM-5 = Gender Dysphoria (Adolescents and Adults)

- Strong desire to be rid of primary and/or secondary sex characteristics because of the mismatch described above;
- Strong desire for the primary and/or secondary sex characteristics of the other gender;
- Strong desire to be of the other gender (or some alternative gender different from one's own assigned gender);

DSM-5 = Gender Dysphoria (Adolescents and Adults)

- Strong desire to be treated as the other gender (or some alternative gender different from one's assigned gender);
- Strong conviction that one has the typical feelings and reactions of the other gender (or some alternative gender different from one's assigned gender);

DSM-5 = Gender Dysphoria (Adolescents and Adults)

- Condition results in clinically significant distress or impairment in social, occupational, or other important areas of functioning;
- Specifiers:
  - With a disorder of sex development;
  - Posttransition;

Key Concepts

- *Gender variance in children* = those who act and / or dress in ways typically associated with the other gender;
- *Gender variance in adolescents* = gender dysphoria may be triggered or exacerbated by phenotypic changes of puberty;

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Epidemiology

- Homosexuality emerging in adolescence doesn't appear to exceed 10% across cultures;
- No US population-based studies of gender-variant identity or behavior phenomena in children, adolescents, or adults;

Epidemiology

- Parent report studies in Canada and Netherlands for children 4-11yrs:
  - Natal girls vs. natal boys (8.3% vs. 3.8%) rated as having behavior “like the opposite sex”;

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Mental Health Vulnerabilities

- Higher exposure to rejection, discrimination, victimization and bias;
- Higher risk for bullying, peer nonacceptance, and family rejection;
- LGB youth from “rejecting families”:
  - Up to 9x greater risk for suicidal behavior, higher risk for illegal drug use, unprotected sex, depression vs. LGB youth controls;

Mental Health Vulnerabilities

- Due to psychosocial challenges, higher rates of anxiety, depression, self-harming;
- 8x greater prevalence of ASD in gender-variant children presenting to specialized gender clinic vs. general population;
- Higher than expected rate of gender variance among children presenting to specialty clinic for ASD treatment;

Overview of Gender and Sexuality Development

- Per prospective research on trajectories of childhood gender variance:
  - Gender dysphoria tends to abate during early adolescence in majority of youth;
  - As adults, more likely to express gender consistent with natal sex, and more likely to ID as gay, lesbian, or bisexual vs. heterosexual;

Overview of Gender and Sexuality Development

- If gender dysphoria does not resolve around puberty, then likely to persist into adulthood;
- Predictors of transgenderism per Dutch study:
  - High degree of GD that persists into adolescence and more cognitive vs. affective statements regarding gender (“I am a girl/boy” vs. “I wish I were a girl/boy”);

Assessment

- Clinical interview with the child or adolescent and parents, both together and separately;
  - Evaluate for GD and co-morbidities;
  - Affirm current gender expression and identity, while lacking assumptions about future identities;

Assessment

- If meet criteria for GD, then assess the following variables:
  - Persistence = how long?
  - Consistency = when and where?
  - Insistence = how emphatic?
  - Cognitive vs. affective assertions?
- These have been implicated in predicting who accepts natal gender;

Assessment

- Growing research supporting the predictive validity of the Gender Identity Interview for Children (GIIC);

Four Issues to Consider

1. Shift in treatment of transgender adults from gatekeeper model to informed consent model (ie. no required MH exam);
2. Previously controversial interventions have gained in acceptance (eg. prepubertal social gender transition, pubertal suppression in young adoles.);

Four Issues to Consider

3. Increased focus on affirming approaches that support emotional adjustment;
4. Must create a welcoming clinical experience for treatment of gender variant youth.

Treating GD in Adolescents

- Focus on improving self-esteem, coping strategies, open-ended ID exploration, and considering external factors (ie. working with school and family);
- No evidence that encouraging suppression or change of internal aspects of self (eg. sexual orientation or gender ID) through behavioral modification is effective;

Treating GD in Adolescents

- “Corrective” approaches have been deemed harmful by the AACAP;
- Family members struggling to accept gender-nonconforming adolescent may benefit from therapy;
- Consider combining supportive individual, family, and parent guidance techniques;

Treating GD in Adolescents

- Consider connecting adolescents to groups of other gender-nonconforming youth;
  - Get to know community resources for LGBT youth;
- Get to know the various therapeutic options to treat GD;

Social Gender Transition

- Using name and pronouns of the adolescent's affirmed gender;
  - Supportive approach;
  - Help adolescent who is exploring and/or ambivalent;
- Simulating physical appearance of the affirmed gender (eg. breast binders or breast pads);

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Pubertal Suppression Therapy

- GRH-agonist to suppress development of distressing secondary sexual characteristics of the youth's natal sex;
- Developed in Netherlands;
- Transgendered adolescents who have matured to at least Tanner stage 2 can "buy time" to explore gender ID before moving to less reversible options;

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Pubertal Suppression Therapy

- Associated with positive MH outcomes;
- May prevent need for more invasive procedures (eg. mastectomy) while promoting more typical appearance in the affirmed gender later on;
  - This, combined with psychological support, is associated with better MH outcomes;

Pubertal Suppression Therapy

- Ability to appear as one's affirmed gender is associated with better psychiatric outcomes for transgender adults;

Cross-Sex Hormone Therapy

- Partially irreversible interventions that promote the development of secondary sex characteristics of the desired gender;
  - Used for adolescents aged 16yrs and older;
- World Professional Association of Transgender Health Standards of Care
  - Lists indications, risks, and benefits of CSHT;

Cross-Sex Hormone Therapy

- Some clinics moving to do CSHT at younger ages;
  - Waiting until late adolescence to start CSHT among those getting pubertal suppression can delay important effects of sex hormones;
    - eg. bone development, effects on brain development
  - Waiting can also ignore importance of going through puberty with peers;

Cross-Sex Hormone Therapy

- Optimally, adolescent referred to CSHT would happen after comprehensive psychiatric assessment to ensure that adolescent meets criteria for GD, has psychosocial supports in place, and any co-morbid psychiatric conditions are being treated;

Surgical Interventions

- Irreversible surgical procedures are sometimes beneficial for transgender adults when transitioning to the sex consistent with their gender identity;
  - eg. metoidoplasty, phalloplasty, vaginoplasty;
- Don’t assume that all adolescents with gender dysphoria desire to pursue such interventions;

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Discussion