

## Gender Variance



## Disclosure

- I have no relevant financial relationships with the manufacturers(s) of any commercial products(s) and/or provider of commercial services discussed in this CME activity.
- I will be discussing the non-FDA-approved "off-label" use of 3 medications in my presentation.

## *Defining Some Terms*

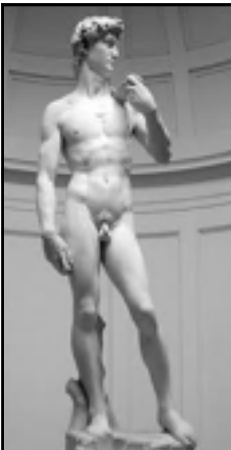


## Biological Sex v. Gender



## Biological Sex

- ❖ It's our "packaging."
- ❖ Determined by our:
  - Chromosomes
  - Hormones
  - Internal and external genitalia



## "Birth-Assigned Sex"



## **“Birth-Assigned Gender”**



## **“Gender” defined:**

- It's more than our genitals.
- “A socially-defined concept of what it means to be female, male or another gender within a particular culture.”

## **The “Gender Binary”**

- The concept that there are only 2 genders: female and male.
- These genders are viewed as distinct and seen as having differing roles, responsibilities, expression and behaviors.
- These differences are strictly defined, prescribed and enforced.

## **The “Gender Binary”**



## **“Gender Expression”**



- How a person expresses gender in terms of name, clothing, hairstyle, mannerisms, speech, interests, toys, activities etc.

## **Gender Expression**



- It may or may not conform to what our culture expects of a person's birth-assigned sex.

Those who “significantly”  
cross gender boundaries  
may be referred to as:

- Gender variant
- Gender non-conforming
- Gender atypical
- Gender expansive
- Gender creative

## “Gender Identity”



- A person’s inner sense of  
being female, male,  
both, or another gender.

## Birth-Assigned Sex and Gender



For most people,  
gender identity  
“matches”  
birth-assigned  
sex and gender.

They are  
“Cisgender”

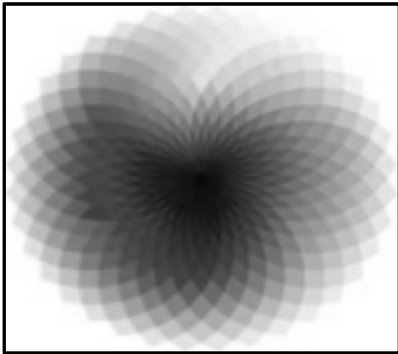
But for some people,  
often beginning in  
childhood,  
the inner sense of gender  
doesn’t “match”  
the sex and gender  
assigned at birth:

“Transgender”

Gender  
Variant  
Children

Transgender  
Children

## Beyond the “Gender Binary”



## Terminology Taking Us Beyond the “Gender Binary”

- Gender non-binary
- Genderqueer
- Gender fluid
- Bi-gender
- Pangender
- Agender

*Enter the...*

## DIAGNOSTIC AND STATISTICAL MANUAL OF MENTAL DISORDERS (DSM)



DSM 4 (2000):  
“Gender Identity Disorder”  
(GID)



DSM 5 (2013):  
“Gender Dysphoria”  
(GD)

## Gender Dysphoria (GD)

- Significant distress or discomfort that is caused by a “mismatch” between a person’s gender identity and their sex assigned at birth
- DSM 5 change– a BIG DEAL !

### Possible Gender Dysphoria

- If the child expresses a strong...
  - desire to be the other gender.
  - insistence that they are the other gender.
  - preference for clothes, toys, games and activities more typical (stereotypical) of the opposite gender.
  - rejection of clothing, toys etc. typical of their assigned gender.
  - preference for playmates of the other gender.
  - dislike of their sexual anatomy.
  - desire for the physical sex characteristics that align with their inner gender identity.

### The Developmental Trajectories of Gender Dysphoric Children



Children who are

“persistent,  
insistent,  
and consistent”

in asserting their cross-gender  
identity during childhood



more likely to self-identify as  
transgender as an adolescent  
and adult.

A Composite Case:

**Kerry**



12 years old

Hawai`i Department of Health  
2018 Report  
On Transgender Health  
(to be released Sept. 2018)

[Place picture of report’s cover  
here, followed by relevant local  
YRBS data on trans youth from  
the report]

### ❖ A ‘Place in the Middle’



### **Gender Variant Children and Youth: Mental Health Compared to Peers**

(Becerra-Culqui et al, Pediatrics, 2018)

- **GV children** (age 3-9; N= 251)
  - ↑ Anxiety disorders
  - Attention deficit disorders
- **GV adolescents** (age 10-17; N= 1082)
  - ↑ Anxiety disorders
  - Depressive disorders

### **Possible Sources of Dysphoria in a GD Child**

- Distress directly related to a “mismatch” between physical body and gender identity.
- Living in a gender-binary society that doesn’t allow for “a place in the middle.”
- Physical and emotional violence – even from those you love and respect.

### **The Pediatrician’s Role**



### **Published Standards-of-Care and Guidelines**

- **World Professional Association for Transgender Health (WPATH)** (2011)
- **Endocrine Society** (2017)
- **Pediatric Endocrine Society** (2017)



SUPPORTING & CARING FOR  
**TRANSGENDER  
CHILDREN**

AAP, ACOP, HRC -- 2016

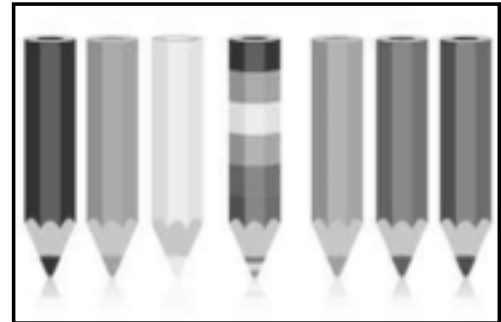
### **Supporting the GV/GD Child**

- **Prepubertal child**
- **Peri-pubertal child**
- **Adolescent**

## The Pediatrician's Role

- Screening
- Gender Affirmation
- Education and guidance
- Assessing safety
- Creating a team
- Connecting to resources
- Advocacy
- Discussing "transition" choices

## 1. How Do We Screen ?



## Screening

- All children / youth
- Ask directly:
  - ✓ Parents
  - ✓ Children
  - ✓ Youth
- Why do we ask?

## Possible Wording

### • Parent of a younger child:

"Have you had any wonderings or concerns that your child's behaviors or interests are more masculine (or feminine) than other children their age? Have they shared anything about feeling more like a boy (or a girl) inside?"

### • A younger child:

"So, \_\_\_\_, your mommy and daddy told me what you told them about your feelings. I'm really happy you did that. Can you tell me how it feels inside, if it feels more like a boy or a girl, or maybe something else?"

## 2. Gender-Affirmative Care



## AAP Position (2016)

"Clinicians increasingly embrace a 'gender-affirming' approach to children who are gender-expansive or transgender. This approach means focusing on what the child says about their own gender identity and expression, and allowing them to determine which forms of gender expression feel comfortable and authentic."

**“The American Academy of Pediatrics endorses gender-affirming care, as described in its policy statement and technical report on office-based care for LGBTQ youth. Guidelines from other key professional organizations either permit or endorse this approach.”**

**“Despite this consensus, some groups – including a minority of healthcare professionals – continue to promote non-affirmative strategies: reparative therapy or delayed gender transition. Reparative therapy attempts to ‘correct’ gender-expansive behaviors, while delayed transition prohibits gender transition until a child reaches adolescence or even older, regardless of their gender dysphoria symptoms.”**

**“While researchers have much to learn about gender-expansive and transgender children, there is evidence that **both reparative therapy and delayed transition can have serious negative consequences** for children. While some groups promote these strategies in good faith, many use misleading descriptions of research or even outright misinformation.”**

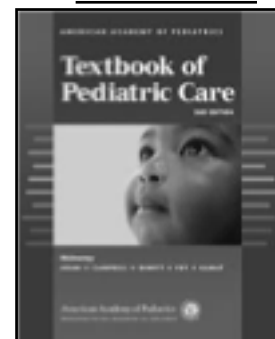
### **Affirming the Child/Youth**

- **A welcoming approach**
- **Validating the child’s expression and assertion of gender**
- **Listening to and addressing their experience, their feelings, their fears, their hopes, their desires, their requests related to gender.**

### **Affirming The Parent**

- **Listen respectfully:** their concerns, fears, anger, disgust, embarrassment, disappointment, sadness, guilt, confusion, expectations, hopes, dreams.
- **Validate their feelings and actions** as coming (usually) from a place of love and concern for the happiness and safety of their child.
- **Point out evidence of their good parenting**, and how far they have come in supporting their child.

### **3. Education and Guidance**





## New AAP Publication (2018)



## Some of the thing I share...

- Gender variance is developmentally normal.
- The parents are not “to blame”. In fact, nothing went wrong.
- As pediatricians, our concern is a GV child’s unhappiness or distress, not their gender variance.
- Reparative therapy is not an option.
- Gender variant children can grow into a happy and healthy adulthood.
- Family love and support is essential.

## 4. Assessing Safety



## Assessing Safety

- In the family
- Among peers
- At school
- In the neighborhood
- In faith communities
- In other settings: sports; scouting; stores, restaurants, the beach etc.
- Within themselves

## 5. Creating a “Team”



## Potential Team Members

- Child and family
- PCP
- Physician with gender expertise
- Endocrinologist
- Mental health provider
- Social worker
- Teachers, etc.

## 6. Connecting to Resources

- Consultants with gender expertise



## AAP: When to Refer a GV Child

- Significant or prolonged gender-related distress.
- Expressed disgust about their gendered body parts, or self-harm of these body parts.
- Distress increases with age, or the onset of puberty.
- Child's assertion of a cross-gender identity is persistent, insistent, and consistent.
- Child or parents request a meeting with a 'gender expert.'

## Other Resources (See Handout)

- Local resources
- National resources
- Websites, on-line videos
- Books, brochures

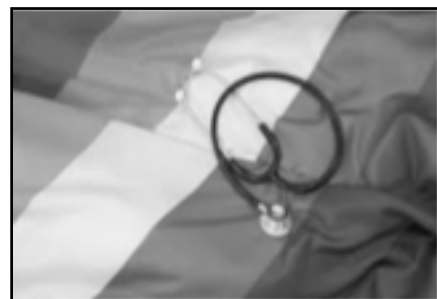
## Resources



## Resources



## 7. The Many Levels of Advocacy



## Advocacy

- Family (sibs, grandma, grandpa !!)
- Schools
- Clinics, hospitals, other health facilities
- Insurance companies
- Faith communities
- Child and youth programs
- Board of Education
- Legislature, etc.

## 8. “Transition”



## “Transition”

- The steps a transgender child or older individual takes to affirm their gender identity.
- There are 1,001+ ways to transition !!

## Common Steps in Gender Transition

- Social Transition
- Puberty Blockers
- Gender-affirming Hormone Therapy
- Gender Affirming Surgeries
- Legal Transition

### a. Social Transition



Coy Mathis, 6 years old – CNN.com, 2016

## “Social Transition”

- Adopting gender-affirming clothing, hairstyles, name, gender pronouns, restrooms and other facilities.
- Any age
- Controversial ?
- Present AAP position

**Mental Health of Transgender (TG) Children Allowed to Transition Socially**  
(Olson et al. Pediatrics, 2015)

- N = 73 socially transitioned TG children aged 3-12
- N = 73 control group of cisgender peers
- **Results:**
  - ✓ Among socially transitioned TG children, no increased levels of depression and only slightly increased levels of anxiety when compared to cisgender peers.

## b. Pubertal Suppression



-- Shay, UCSF News Center, 2015

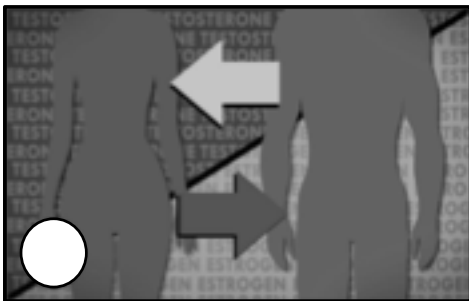
### Offering Pubertal Suppression

- Agent: GnRH agonist such as leuprolide ("off-label")
- Offered to children in early puberty (SMR 2) who are persistent, insistent, and consistent in asserting their cross-gender identity.
- Purpose: To delay the progression of pubertal changes.
- The effects are reversible.
- Importance of enlisting mental health evaluation and support.

### Pubertal Suppression

- Rationale X 3
- Course of treatment: Continue until the teen can confidently affirm their gender identity. Then, d/c pubertal suppression and either:
  - ✓ Allow biologic puberty to proceed
  - ✓ Initiate gender-affirming (cross-hormone) treatment
- Controversies
- AAP position

### c. Gender-Affirming Hormonal Treatment



### Gender-Affirming Hormonal Treatment

- Traditionally, begun at age 16; now often begun earlier (13-14).
- Female-to-male: Testosterone (off-label)
- Male-to female: Estrogen (off-label)
- Considered very safe in adolescents.
- Physical changes are partially reversible.
- Fertility effects important.
- High importance of MH evaluation and support before and during treatment.

### Gender-Affirming Hormone Treatment

- “Unknowns”
- Controversy
- AAP position

### d. Gender-Affirmation Surgery



### Gender Affirmation Surgery

- Genital surgery not until age 18 or older
- Mastectomy (FTM) may be done at < 18 yo
- GAS not universally desired (or only parts of it may be wanted).

### **“Young Adult Psychological Outcome After Puberty Suppression and Gender Reassignment”**

(de Vries ALC, McGuire JK et al.  
Pediatrics, 2014)

### Methods and Results

- N = 55 young transgender adults (22 transwomen and 33 transmen)
- Investigated psychological functioning, and objective and subjective well-being at 3 points in time:
  - Before start of puberty suppression
  - At start of cross-hormone treatment
  - 1 year after gender-affirmation surgery

### Findings

- Gender dysphoria resolved in all subjects
- Psychological functioning improved steadily.
- Perceived quality of life and subjective happiness ended up comparable to same-age non-trans peers.
- All were satisfied with their physical appearance.
- None regretted treatment.

### The Amsterdam Cohort of Gender Dysphoria Study

(Wiepjes et al. J Sex Med, 2018)

- **Goal:** To determine the incidence of regret among gender dysphoric people undergoing irreversible gender-affirming treatments.
- N = 6,793 (Birth-assigned male and female: ratio ~ 2:1)
- Includes patients assessed between 1972-2015
- **Regrets:** 0.6% of MTF and 0.3% of FTM

### Helpful Things to Know

- Insurance coverage for hormonal and surgical transition treatments (Law)
- Gender change on birth certificates (Law)
- Prohibition of conversion therapy by licensed providers. (Law)
- Protection of the rights of transgender and gender variant children and youths in schools and foster care. (Law)
- DOE "Guidance on Supports for Transgender Students." (On Hawai'i DOE website)

