Sexual Minority Youth: Development of Gender Identity and Sexuality

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Disclosures

“Within the past twelve months, I have not had any financial relationships with the manufacturers of health care products.”

“I WILL discuss pharmaceuticals, medical procedures, or devices that are investigational or unapproved for use by the FDA.”

Medications and surgeries used to treat gender dysphoria
UI LGBTQ Clinic

Nationally recognized comprehensive healthcare in a welcoming and affirming environment

Request An Appointment

Welcome to UI LGBTQ Clinic

The University of Iowa LGBTQ Clinic serves the lesbian, gay, bisexual, transgender, queer and questioning communities. Our clinic provides full-
Objectives

- Understand normal development of gender identity and sexuality in youth
- Describe the differences between gender nonconformity and gender discordance
- Compile a resource/referral list to better care for sexual minority youth
14 year old child

- Legal name is Vanessa
- Preferred name is Hiroshi
- Sex is listed as female
- Reason for appointment is "gender concerns"
- Accompanied by mother
- PMH: depression and anxiety
- SH: Struggles in school, bullied
- Identifies as a transboy
- Identifies as pansexual
- Interested in hormones
Normal Childhood Development

Sexuality and Gender Identity
Components of Sexuality

- Erotic fantasies & romantic feelings
- Physiological arousal
- Activity/Behavior
- Orientation
- Identity
Biologic Influences

- Genetics (twin studies, pedigree studies)
- Neuroanatomical (brain imaging)
- Neuroendocrine (fetal androgen levels)
Psychosocial Influences

- No influence of sexual abuse of same-sex parents on same-sex attraction
- Same-sex attraction cannot be modified (conversion therapy)
- Sociocultural context has an effect on expression
Sexual Orientation Change Efforts (SOCE)

- American Psychological Association Task Force on Appropriate Therapeutic Responses to Sexual Orientation (2009)
  - Are SOCE effective in changing sexual orientation?
    - Enduring change was quite uncommon
  - Are SOCE harmful?
    - Decreased sexual feelings, increased depression, suicidality, anxiety
  - Are there any benefits that can be reasonably attributed to SOCE?
    - Possible short term decrease in arousal in the lab setting
    - No significant change in same-sex sexual behavior
    - No ability to develop other-sex attraction
    - Unlikely to increase other-sex sexual behavior

Recommendations to Avoid SOCE

- National medical organizations
  - American Medical Association
  - American Psychological Association
  - American Psychiatric Association
  - American Association of Pediatrics
  - National Association of Social Workers

- Legal ban for minors
  - California
  - New Jersey
Key Features of Sexual Minority Development

- Feeling “different”
- Frequently entails gender nonconformity
- Sometimes entails gender discordance
  - males > females
Sexuality Development

- Awareness of same sex attraction
  - Gay males - age 9
  - Lesbians - age 10

- Self Identify
  - Gay males - age 16
  - Lesbians - age 16.7

Components of Gender in Children

- Identity
- Anatomy/Sex characteristics
- Aggression patterns
- Toy preferences
- Rough and tumble play
- Playmate sex preferences
- Clothing
Influences on Gender

- Biological
- Psychological
- Sociocultural
Gender
Nonconformity
vs Discordance
Gender Nonconformity

- Variation of expected gender role behavior
- Clothing
- Hairstyles
- Toys, games
- Playmates
Gender Discordance/Dysphoria

- Strong and persistent mismatch between gender identity and assigned sex at birth
- Usually associated with marked gender nonconformity
- Accompanied by distress or affective disturbance in school, social activities, or important areas of functioning
- Distress from stigma and distress from discordance
DSV-V Gender Dysphoria in Children

- Criterion A: (#1 must have been present for at least 6 months duration AND at least 5 of the indicators #2-8 must have been present for at least 6 months duration)
  1. A strong desire to be of the other gender or an insistence that one is the other gender.
  2. In natal boys, a strong preference for wearing female attire, or in natal girls, a strong preference for wearing only typical masculine clothing and an aversion to wearing typical feminine clothing.
  3. A strong preference for cross-gender roles in make-believe or fantasy play.
  4. A strong preference for the toys, games, or activities stereotypically used or engaged in by the other gender.
  5. A strong preference for playmates of the nonassigned gender
  6. In natal boys, a strong rejection of typically masculine toys, games, and activities (including an avoidance of rough and tumble play), or in natal girls, a strong rejection of typically feminine toys, games, and activities.
  7. A strong dislike of one’s sexual anatomy.
  8. A strong desire for the primary and/or secondary sex characteristics that match one’s experienced gender.
Wishing vs Being

I won’t forget when Peter Pan
Came to my house, took my hand
I said, "I was a boy"
I’m glad he didn’t check
I was a kid that you would like
Just a small boy on her bike
Riding topless, yeah
I never cared who saw

And he says, "Oh no, no, can't you see
When I was a girl, my mom
And I we always talked
And I picked flowers
Everywhere that I walked
And I could always cry
Now even when I'm alone I seldom do
And I have lost some kindness
But I was a girl too
And you were just like me
And I was just like you

Lyrics by Dar Williams, “When I was a Boy”
Wishing vs Being

- You would glare at us with your huge, defiant brown eyes and say, “I AM A BOY!”

- At Disney World, you were the only kid we saw in a Prince Charming costume. You glowed when strangers stopped and remarked, “Isn’t he adorable!!” and “What a handsome little man!”

- “I want to go to a new school. I want to be a boy always. I want to be a boy named Jacob.”

A Letter to My Son Jacob on His 5th Birthday, by Mimi Lemay
Developmental Trajectories: Gender Nonconformity & Discordance

- Gender Conforming Child → Heterosexual Adult
- Gender Nonconforming Child → Gay/Lesbian Adult
- Gender Discordant Child → Transgender Adult
Gender Nonconformity and Gender Discordance

Gender Nonconformity

Behavior

Gender Discordance

Identity
Gender Discordance and Puberty

- Puberty as diagnostic time period (hormones, secondary sex characteristics)

- Either consolidate identity as cisgender (usually around age 10-13) or experience worsening dysphoria

- Small studies suggest that ~30% of gender discordant youth affirm a trans identity as adolescents

- If adolescent have persisting gender dysphoria, it is likely that they will identify as transgender adults
Predicting Persistence

- Intensity of dysphoria and meeting criteria for DSM 5 diagnosis
- Cognitive cross-gender identification
- Younger age of presentation
- Assigned sex at birth male
DSM-5 Gender Dysphoria in Adolescents

- **Criterion A:** (#1 must have been present for at least 6 months duration AND at least 2 of the indicators #2-6 must have been present for at least 6 months duration)
  1. **Marked incongruence** between experienced/expressed gender and primary and/or secondary sex characteristics (or anticipated ones in young adolescents).
  2. **Strong desire** to be rid of primary and/or secondary sex characteristics because of marked incongruence with experience/expressed gender (or desire to prevent development anticipated secondary sex characteristics in young adolescents).
  3. A **strong desire for primary and/or secondary sex characteristics** of other gender.
  4. A **strong desire to be of the other gender** (or an alternative one from assigned one).
  5. Strong desire to be **treated as the other gender** (or an alternative one from assigned one).
  6. **Strong conviction that one has typical feelings and reactions** of the other gender (or an alternative one from assigned one).

- **Criterion B:** distress or impairment in social, school, or other important areas
Recognizing Gender Dysphoria in Children and Adolescents

- Need multiple criteria
  - Playmates, toys, dress
  - Identity, secondary sex characteristics, desire for treatment

- Traits must be strong and enduring
  - >6 months

- Must cause significant distress/impairment
  - Due to gender discordance, not ONLY from stigma and prejudice

- Not due to a different condition affecting identity (sexuality, race, ethnicity, delusions, etc)
Provider Interventions for Transgender Youth

- Support identity development
  - Refer for individual or family counseling
- Promote health and well-being
- Focus on resilience
  - Support groups (GSA), social support networks
- Advocate for patient and mediate for family
- Discuss realistic expectations, expected course
- Manage stigma and psychosocial problems (abuse, homelessness)
- Provide transgender specific health needs with appropriate guardian consent
WPATH Recommendations for Mental Health Providers

- Facilitate a supporting and nurturing response from the family
- Focus on reducing the child’s distress related to gender dysphoria and stigma
- Support families in managing uncertainty
- Help youth develop positive self-concept
- Do not impose a binary view of gender, encourage exploration
- Support discussions regarding appropriateness and timing of social transition
- Advocate and educate when needed
- Maintain an on-going therapeutic relationship
WPATH Criteria for Puberty Blockers or Hormones

- Mental health assessment
  - Assess for long lasting and intense gender dysphoria (>6 months)
  - Gender dysphoria emerged or worsened with puberty
  - If co-existing medical or psychological problems exist, they are controlled
- Strengths and weaknesses of family functioning
- Informed consent discussion has been completed and adolescent has given assent and guardian(s) have given consent
Puberty Suppression in Gender Dysphoria

- Tanner Stage II or age 12
- Gonadotropin releasing hormone analogues (GnRHa)
  - Completely reversible pubertal blockade
- Significant benefits, tolerability
- Relieves distress related to development of secondary sex characteristics
- Facilitates satisfactory physical transition
- Unknown long term data on possible risks (bone growth, fertility, CNS, etc)
Multidisciplinary Treatment of Adolescents with Gender Dysphoria

- Mental health
- Primary care
- Pediatric endocrinology
- Surgical specialists
- Social support networks
Treatment of Gender Dysphoria in Adolescents

- Puberty blockers with parental consent at Tanner Stage II
  - Completely reversible

- Cross sex hormones around the age of 16 (puberty induction)
  - Partially reversible

- Surgical procedures if necessary, age 18 and older
  - Irreversible
Back to the case....
Resources for LG BT Youth and Families

- **Family Acceptance Project**: familyproject.sfsu.edu
- **Parents and Friends of Lesbians and Gays**: www.pflag.org
- **It Gets Better Project**: www.itgetsbetter.org
- **The Trevor Project** (suicide prevention): www.thetrevorproject.org
- **Gay Straight Alliance Network**: www.gsanetwork.org
- **Gay Lesbian & Straight Education Network**: www.glsen.org
- **KidsHealth**: www.kidshealth.org
- **TransYouth Family Allies**: www.imatyfa.org
Provider Resources

- AAP Policy Statement- Office-Based Care for Lesbian, Gay, Bisexual, Transgender, and Questioning Youth: http://pediatrics.aappublications.org/content/early/2013/06/19/peds.2013-1282

- World Professional Association of Transgender Health: http://www.wpath.org


- AAP Reaching Teens Strength-Based Communication Strategies To Build Resilience and Support Healthy Adolescent Development: http://ebooks.aappublications.org/content/reaching-teens-strength-based-communication-strategies-to-build-resilience-and-support-healthy-adolescent-development
Local Resources

- UI LGBTQ Clinic at Iowa River Landing: www.uilgbtqclinic.com
  - Tuesdays 5-8 PM
  - Family Medicine, Internal Medicine, Pediatric Endocrinology
  - Referrals to Family and Couple Therapy and/or Child Psych

- Safe Zone Training: http://diversity.uiowa.edu/programs/lgbtq-safe-zone-project
  - UI Chief Diversity Office

- Cedar Rapids PFLAG: http://www.pflagcr.com/

- Iowa Safe Schools: http://www.iowasafeschools.org/

- Local High School GSA (City High GLOW, West High COLORS)

- Transformations Des Moines/Transverse Iowa City