

Affirming gender: Caring for gender-atypical children and adolescents

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Pediatricians are in a powerful position to promote health and provide positive outcomes for children with issues of gender identity and expression. This article offers a primer for understanding gender and addressing gender-nonconforming, gender-expansive, and transgender children and their families.

Case 1

Your patient Mark comes to his 3-year-old well-child checkup wearing a dress and also barrettes in his hair. During the visit, you mention to the parents, "I notice Mark's creative outfit today. Is that something you want to talk more about?" The parents mention that Mark has been wearing this dress every day since his female cousin came to visit. He likes to tell people that his name is "Katie" and that when he grows up he wants to be a girl like his cousin. When adults correct him, he doesn't really seem to mind, saying, "I'm just playing pretend."

Case 2

It is time for your patient Alex's 8-year-old well-child checkup. Alex was assigned

female at birth, but since he was able to talk, he has been insistent that he is a boy. He was so distressed when adults corrected him that he told his parents he wanted to die. Alarmed, and conscious of what their child was telling them, Alex's parents facilitated his enrollment in kindergarten as a boy and allowed him to wear typical "boy" clothing. They trained the school staff about gender issues, and his state's law recognizes gender as a protected class. The children have not had any problems adjusting. Alex is a top student and plays on the boys' T-ball team.

Case 3

Your patient Nicole comes to his 12-year-old well-child visit, and you immediately notice something different. He will not

make eye contact beneath his baseball cap. Assigned female at birth, he has told his parents that he is a lesbian. When you meet with Nicole alone, he says that he knows that he is attracted to girls but does not feel like a lesbian. Instead, he feels like a boy (thus the use of male pronouns per his request). He says he has felt this way for a long time but just thought it meant he was a tomboy. Now that he is getting breasts, he has become very depressed about feeling as if he is going through the wrong puberty.

Families who are concerned or seeking information about their child's gender expression or identity often turn to their primary care providers (PCPs) for help. As pediatricians, we are in a powerful position to promote health and positive outcomes for these children; however, few of us have received any formal education or training to grapple with this increasingly common issue.¹ The goals of this article are to help the general pediatrician develop a basic understanding of gender, and offer ways to approach gender-expansive and transgender children or adolescents.

The first step is to examine our own feelings, attitudes, and beliefs about gender and consider how these affect our work with youth. Equally important is educating ourselves on the diversity of gender in our patients and the corresponding interventions available for supporting them. Adopting supportive, affirming practices, such as intake forms that allow for the patient's preferred name and pronouns (and using them accordingly), is another critically important step for helping young persons feel comfortable (see "Creating a supportive office

RESOURCES FOR FAMILIES AND HEALTHCARE PROFESSIONALS

Numerous organizations provide support for parents (and other family members) of gender-expansive youth:

Gender Spectrum:

● www.genderspectrum.org

Parents, Families, and Friends of Lesbians and Gays:

● www.community.pflag.org

TransYouth Family Allies (TYFA):

● www.imatyfa.org

Gender Spectrum, TYFA, and other organizations including the **Gay and Lesbian Medical Association** (www.glma.org) and **Advocates for**

Youth (www.advocatesforyouth.org) provide educational resources to healthcare professionals pertaining to gender-expansive youth.

Fenway Health

(www.fenwayhealth.org) also provides education and advocacy services to enhance the well-being of the lesbian/gay/bisexual/transgender community.

environment for gender-expansive youth," page 18). In addition, medical professionals can be effective advocates for their transgender patients' needs and rights in settings outside the clinic, such as home and school.²

What is gender?

"Gender identity" is defined as the internal sense of oneself as male or female or other. Numerous studies support the concept that gender identity is not simply a psychosocial construct but likely reflects a complex interplay of biologic, environmental, and cultural factors.³ Most individuals have a gender identity that is aligned with the sex that was assigned at birth based on external genitals. The term "cisgender" is often used to describe those who have a gender identity aligned with anatomic sex. Children are aware of their gender identity generally by age 2 years or younger. "Gender expression," on the other hand, refers to the way an individual

communicates his or her gender within the community and culture, and can include name, haircut, pronouns, and clothing, among others.

Many children display periods of nonconforming gender expression, which typically does not persist into grade school years. Some children, at very young ages, recognize that their gender is different from the sex they were assigned at birth, conveying this sense through their identity, expression, or both, and sometimes correcting the adults around them, such as Alex in case 2. These children may be referred to as "gender expansive," or sometimes "gender creative," "gender nonconforming," or "gender independent." Regardless of the label, this is a naturally occurring phenomenon representative of the diversity of human experience. If met with rejection, suspicion, or negative responses, children may internalize that there is something wrong or shameful about their sex-gender discrepancy. This internalization can lead to high rates of

CREATING A SUPPORTIVE OFFICE ENVIRONMENT FOR GENDER-EXPANSIVE YOUTH

Before the visit

- Refer to the child by his/her preferred name/pronoun. Instruct your office staff to do the same. Change your forms; have more than 2 boxes for gender.
- Have gender-neutral bathrooms in your office; eg, using single stalls. Use bathroom signage such as "All genders welcome."
- Have toys in your waiting room that are gender inclusive.
- Have posters/handouts in your waiting room that depict gender-nonconforming children or adults.
- Create and use intake forms that seek information about aspects of the child's life beyond his/her medical issues.

During the visit

- Ask questions in a nonjudgmental, normalizing manner and listen to the child's response. Suggested questions are listed below.
- Be sensitive to the child's comfort during genital exams. Should a physical exam be necessary, consider alerting the child in advance and offering the option of deciding when it will occur. Also, be sure to explain why the exam is important, and how it will help you to make sure the child is healthy.
- Avoid using terms such as "male body" or "female body" when

describing a transgender girl or boy, respectively. Instead, consider language such as "people with testicles/penises," "people with vaginas," "people whose bodies produce sperm," or "people whose bodies produce eggs."

- Screen for family acceptance and provide resources for support. (For examples, see the Family Acceptance Project at familyproject.sfsu.edu.)
- Avoid labeling behavior as "just a phase" and realize that misguided advice is more damaging than no advice.

After the visit

- Consider referrals carefully. Realize that just because someone claims to be a "gender specialist" does not mean he or she employs gender-affirming practices.
- Counseling may be needed more for parents. If the child is not in crisis or distress, then a mental health referral may not be needed.
- Find and network with other providers in your area through a listserv or organization such as the World Professional Association for Transgender Health at www.wpath.org.
- Find out which physicians are prescribing hormone therapy and puberty blockers, and which

mental health providers work with gender-nonconforming children.

- Consider teaching other professionals in your area about gender-expansive youth.

Suggested screening questions for patient visits or intake forms

For parents of young children:

- "Do you have any concerns about your child's sexual or gender development you'd like to discuss today?"

For children of all ages:

- "Do adults or other children ever pick on you for how you express being a boy or a girl?"
- "Some of my patients wonder if they're more like a girl or boy inside, or something else entirely. What has it been like for you?"
- "Do you ever feel the people around you have got it wrong about being a boy or a girl?"

For adolescents:

- "During puberty, your body experiences many different changes. All this is completely normal but can be confusing. Some of my patients feel as if they're more of a boy or girl or something else inside, while their body changes in another way. What has it been like for you?"

depression, anxiety, and other negative health outcomes.⁴⁻⁶

"Transgender" is an umbrella term that refers to an individual with a gender identity that does not conform to expectations based on the sex they were assigned at

birth. Some transgender children will eventually seek out medical therapies at or after puberty, including hormone blockers, cross-sex hormones, and surgery, to establish an external appearance that more closely aligns with their gender

identity. Still other children, called "gender fluid," do not identify clearly as completely male or female, but as somewhere else on a spectrum of gender.

(For a list of definitions regarding these and other terms, see

“Appendix: Definitions” at the end of this article.)

Prevalence and natural course

Epidemiologic studies documenting the prevalence of transgender adults have been inconclusive and are non-existent for transgender youth. It is clear, however, that referrals of gender-expansive and transgender children to specialty pediatric centers such as the Child and Adolescent Gender Center (CAGC) at the University of California, San Francisco (UCSF) Benioff Children’s Hospital are rapidly increasing, although it is not known whether this is because of increased prevalence or increased recognition or acceptance.^{4,7,8}

Gender-nonconforming behavior and gender expression in young children are common, with gender-atypical behavior reported in about 23% of boys and 39% of girls.⁹ Research shows that most of these children will not become transgender adults.¹⁰ Some of them may grow up to be gay or bisexual, as several studies have shown associations between early gender-nonconforming behavior and later same-sex attraction.^{11,12} All these children are at high risk for adverse health outcomes if not met with supportive and affirming environments. It is clear that although professionals and parents can influence the youth to change their external presentation of gender, they cannot change the young person’s internal sense of self and such pressure can lead to alarming mental health consequences, including high rates of suicidal ideation.⁶

Although more research is needed to provide predictive variables regarding which gender-expansive children

will become transgender adults, some unifying trends are evident among those young children whose gender-nonconforming expression predicts later transgender identity. These factors include persistence, insistence, and consistency in affirmations of their cross-gender identity early in life; tendency to make declarative statements such as “I am a boy (or girl)” rather than “I want to be (wish I were) a boy (or girl)”; significant distress about their body (often referred to as “body dysphoria”); cross-gender expressions not as play but as authentic expression of affirmed gender; and later great distress when either undergoing pubertal changes in the “wrong” gender or when forced to present themselves as a gender that does not align with their internal sense of self.¹³

Gender identity vs sexual orientation

Although often discussed together, gender identity is a separate developmental track from sexual identity or orientation. Gender, the internal sense of self as male/female/other, appears very early in life. Sexual orientation, or one’s attraction to other people, generally does not appear until later childhood. Transgender individuals can have any sexual orientation. That is, they can be attracted to people of the same, different, or any gender. When discussing the sexual orientation of a transgender individual, it is appropriate to use that person’s affirmed gender as opposed to their sex assigned at birth.

Some gender-expansive children are diagnosed with gender dysphoria (GD), characterized by “a marked incongruence between

one’s experienced/expressed gender and assigned gender of at least 6 months’ duration.”¹⁴ For this diagnosis, assigned gender refers to the “natal gender,” based on the “initial assignment as male or female,” typically based on the physical sex characteristics present at birth. Prior to the 2013 revisions of the *Diagnostic and Statistical Manual of Mental Disorders (DSM-5)*, this diagnosis appeared as gender identity disorder (GID), and the shift from GID to GD resulted from a complex discourse among mental health researchers and practitioners. Many providers, including the American Psychiatric Association, as well as the authors of this article, do not consider gender-expansive or transgender identities to be pathologies, instead recognizing them as a normal variation of human experience. The dysphoria is recognized as resulting from a mismatch of body and mind and resultant psychosocial stresses, and very often resolves with medical transition and/or with greater acceptance from the communities surrounding these youth.⁴

Although controversial because of the implication of disease, the diagnostic criteria have allowed for standardization of research studies as well as access to mental health and medical services for this population. As time has passed, we have seen more children presenting as transgender or gender nonconforming without any associated dysphoria. We see this as a sign of change in public support and understanding.



For the extended version of this article with references, go to ContemporaryPediatrics.com/gender-identity