

# GENDER IDENTITY

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# SEX, GENDER AND SEXUAL ORIENTATION

- Sex is a biological status, such as male, female, or intersex and is indicated by chromosomes, gonads, internal reproductive organs, and external genitalia.
- Gender is a psychological status and denotes the attitudes, feelings, and behaviors associated with being male or female.
- Gender Identity is the individual's articulation as to whether he or she is male, female or transgender
- Sex and gender identity overlap in most people
- When there is no overlap individuals may categorize themselves as transgender or transsexual.

# TERMINOLOGY

- Cisgender: indicates gender identity congruent with natal sex
- Genderqueer: the absence of identifications with either the male or female binary and instead an incorporation of sex typical traits of both
- Gender expression: communications of gender-specific behaviors and attitudes, which vary in different cultural and social contexts
- Gender variant and gender nonconforming are broad terms used to identify individuals whose gender expression does not fit with their natal sex

# GENDER IDENTITY DISORDER

- This has been eliminated in the most recent Diagnostic and Statistical Manual of Mental Disorders (DSM-V)
- Reflects the evolving concept that transgender identity is not an independent pathology
- However this leaves a gap for the feelings of discontent related to social stigmatization, isolation, and rejection in the context of the experience of a body or a natal sex based assigned gender that are incongruent with gender identity
- This may now fall under the newer criteria of gender dysphoria

# ETIOLOGY AND EPIDEMIOLOGY

- Gender identity is likely influenced by a combination of:
  - Biology
  - Socialization
  - Culture

## BIOLOGICAL COMPONENT TO TRANSGENDER IDENTITY

- Twin study indicates a significant genetic component (62%) and a smaller nonshared environmental component for transgender identity
- Observation in humans with inborn disorders of excessive testosterone production and/or exposure show that direct effects of testosterone on the fetal brain are important for the development of male gender identity.

## ENVIRONMENTAL?

- The number of individuals who identify as transgender appears to be increasing dramatically, suggesting possible environmental effects
- However the increase could also be a consequence of more widespread awareness and increased societal acceptance

# PREVALENCE STUDIES

- Gender Identity studies may be misleading
  - The reported age at which individuals first identify themselves as transgender varies substantially
  - Gender identity may not be simply binary
  - Gender identity can be fluid for an individual across the lifespan

## PREVALENCE ESTIMATES

- In the USA from 0.005% to 0.014% for male to female
- 0.002% to 0.03% for female to male

# MENTAL HEALTH AND SOCIAL COMORBIDITY

- Psychiatric comorbidity is very common in transgender youth
  - Depression
  - Anxiety
  - Suicidality (two to three times more frequent than among cisgender controls)

## CONT.

- Recent study demonstrated that youth who were treated with pubertal suppression, cross-sex hormones, and gender reassignment surgery, in addition to being cared for by a highly trained team had mental health outcomes similar to the general population
- This MEANS that many of the adverse psychological outcomes noted in transgender youth may be preventable with early recognition, hormonal treatment, and mental health support.

CONT.

- Youth who are validated in their transgender identity by their families and in their social environment have much better psychological outcomes
- Critical to their health
  - An investment in family counseling and education about gender identity

## WHAT IF PARENTS AREN'T SUPPORTIVE?

- The primary care clinician becomes so important in helping family understand and continue education
- They should also refer the child for a mental health evaluation and/or counseling
- Would also advice to do family counseling
- This is vital given the higher risk of depression, anxiety, and suicide

## WHAT ABOUT THE SCHOOL ENVIRONMENT

- School environment plays a major role in the psychosocial adjustment of transgender youth
- Schools respond to these situation very differently
- Persistent use of the gendered birth name and nonpreferred pronouns is common practice in schools and can be harmful to the transgender child
- Important to advocate the family so they can be aware of their rights and help educate school officials

## EVALUATION AND TREATMENT

- Role of primary clinician is to identify patients who have gender dysphoria and to refer them to the appropriate resources
- A parent or child may not express gender dysphoria due to
  - Lack of awareness
  - Shame
  - The hopes that this is just a “phase”
  - The belief that this should not be addressed until adulthood

# THE PREPUBERTAL CHILD

- Start by asking nonjudgemental questions such as
  - “Do you have any concerns that your child might have a problem with his or her gender?”
  - Information about gender nonconforming behaviors should be elicited
    - Preference for toys
    - Clothing typical of the opposite sex
    - Preoccupation with fantasy characters that are typically of greater interest to the opposite sex
    - Assumption of the role of the opposite sex parent in pretend play

## WHAT NEXT

- If a patient is experiencing any gender dysphoria they should be referred to a psychologist, psychiatrist or licensed therapist with experience in this field
- There is no recommended endocrine therapy or intervention for GD during prepubescence

## PERIPUBERTAL AND PUBERTAL CHILD OR ADOLESCENT

- Important to identify due to the increased rates of high-risk behaviors and suicide
- Also if endocrine therapy is deemed appropriate, it is the ideal time to intervene

# PUBERTY SUPPRESSION

- Achieved with GnRH analogs
- Suppressing puberty allows time for assessing the persistence of the affirmed gender as the child matures
- Therapy diminishes the psychological trauma and risk of suicide provoked by the physical changes of puberty
- Currently gender reassignment surgery is not recommended before adulthood

## EDUCATION OF HEALTH STAFF

- All individuals who have direct contact with these patients should be educated about gender identity and nonconformity
- Sensitivity training can have a profoundly positive impact on patients' experience in the clinical setting

## RESOURCES

- Lopez X, Stewart S, Jacobson-Dickman E. Approach to Children and Adolescents with gender Dysphoria. Pediatrics in Review March 2016