

Controversies in Treating Transgender Children and Adolescents

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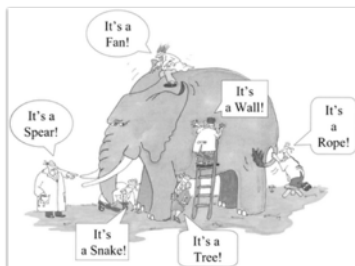
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The Complexity of Gender



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October 18, 2019



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Treatment of Transgender Children and Adolescents

Definition of Terms
History of Diagnoses
Gender Diagnoses Controversies

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Definition of Terms

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Sex (Sexual)

- ✦ The biological attributes of being male or female (understood in terms of reproductive capacity) such as sex chromosomes, gonads, sex hormones, and non-ambiguous internal and external genitalia

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Gender

- ✦ The public (and usually legally recognized) lived role as boy or girl, man or woman, with biological factors seen as contributing, in interaction with social and psychological factors, to gender development

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Sexual Orientation

- ✦ A person's erotic response tendency or sexual attractions, be they directed toward individuals of the same sex (*homosexual*), the other sex (*heterosexual*) or both sexes (*bisexual*)
- ✦ Androphilic: attracted to men
- ✦ Gynephilic: attracted to women

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Gender Identity

- ✦ A social identity referring to an individual's identification as male, female or, occasionally, some category other than male or female
- ✦ A gender identity says nothing about a person's sexual orientation

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Gender Atypical

- ✦ Somatic features or behaviors that are not typical (in a statistical sense) of individuals with the same assigned gender in a given society and historical era
- ✦ For behavior, *gender-nonconforming* is an alternative descriptive term

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Gender Expression

- ✦ How individuals demonstrate their gender to others via manner of dress, behaviors, and appearance; a term increasingly being used in non-discrimination documents

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Gender Variant (GV)

- ✦ A non-pathologizing term to describe individuals of any age who might otherwise be referred to by medical terms such as
 - ✦ "gender dysphoric" (DSM)
 - ✦ "gender incongruent" (ICD)

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Gender Assignment

- ✦ Historically, "biological" female or "biological" male
- ✦ "Birth-assigned female/male" or "individual assigned male/female at birth"
- ✦ Natal female or male—once acceptable (DSM-5), now it is not

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Disorders of Sex Development

- ✦ DSDs denote conditions of inborn somatic deviations of the reproductive tract from the norm and/or discrepancies among the conventional biological indicators of male and female
- ✦ Historically: hermaphrodites, intersex conditions
- ✦ Recently: Differences in Sex Development

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Gender Dysphoria

- ✦ The distress that may accompany the incongruence between one's experienced or expressed gender and one's assigned gender
- ✦ More specifically a DSM-5 diagnostic category (previously Gender Identity Disorder or GID)

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Gender Incongruence

- ✦ ICD-11 (2019)
- ✦ Marked and persistent incongruence between individual's experienced gender and assigned gender
- ✦ Previously "Transsexualism" and "Gender Identity Disorder of Childhood" (ICD-10)

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Gender Reassignment

- ✦ An official (and sometimes legal) change of gender
- ✦ Social Transition
- ✦ Hormonal Treatment: the use of feminizing hormones in an individual assigned male at birth or the use of masculinizing hormones in an individual assigned female at birth

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Gender Reassignment Surgery (GRS)

- ✦ The surgical procedures by which a person's physical appearance and function of their existing sexual characteristics are altered to resemble that of the other sex; formerly Sex Reassignment Surgery (SRS)
- ✦ Gender confirmation surgery, gender realignment surgery, genital correction surgery, genital reconstruction surgery
- ✦ Surgery rarely performed in minors who do not have DSDs

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Transsexual

- ✦ Historic, medical term for individual receiving hormonal and/or surgical treatment to modify body so it conforms to the gender identity
- ✦ Partial versus Complete Transition
- ✦ Male to Female (MTF, Transwoman)
- ✦ Female to Male (FTM, Transman)
- ✦ Gender identity and sexual orientation may be independent variables

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Transwoman

Male to Female [M to F, MTF], Gynephilic
(Caitlyn Jenner)



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Transman

Female to Male [F to M, FTM], Gynephilic
(Chaz Bono)



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Transgender (The "T" in LGBT)

- ✦ A popular (not scientific) inclusive term for persons whose gender identity, gender expression, or behavior does not conform to that typically associated with the sex to which they were assigned at birth

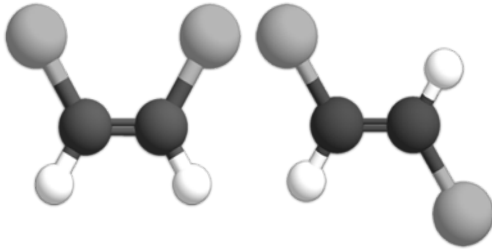
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Cisgender

- ✦ A term used in the transgender community to describe individuals whose gender identities align with their assigned sex at birth (non-transgender). Also *cissexual*
- ✦ Parallels historical coinage of terms homosexuality/heterosexuality
- ✦ Origin in the Latin-derived prefix *cis*, meaning 'on the same side' as in the *cis-trans* isomer distinction in chemistry

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Cis/Trans Isomers



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Transphobia

- ✦ Etymology: Patterned on term "homophobia"
- ✦ Includes a wide range of negative attitudes, feelings or actions toward transgender people
- ✦ Seen as underlying much of the social stigma confronted by transgender individuals, i.e., "bathroom bills"
- ✦ May lead to violence: Fatal violence disproportionately affects transgender women of color

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Gender Beliefs

- ✦ Implicit cultural ideas about the "essential" qualities of men and women
- ✦ Usually only allow for the existence of two sexes
- ✦ Expressed in everyday language that assigns binary gendered meanings to what individuals do, think and feel
 - ✦ "female doctor"
 - ✦ "male nurse"

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Gender Binaries

- ✦ Maintained by insisting that every individual be assigned to the category of either man or woman at birth and that individuals conform to the category to which they have been assigned thereafter
- ✦ The categories of "man" and "woman" or "boy" and "girl" are considered mutually exclusive

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History of Diagnoses

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Krafft-Ebing (1886)

- ✦ Transgenderism as pathology: *Psychopathia Sexualis* documented cases of gender dysphoria and of gender variant individuals born to one sex yet living as members of the other

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Hirschfeld (1923)

- ✦ Distinguished the desires of homosexuality (to have partners of the same-sex) from the desires of transsexualism (to live as the other sex)
- ✦ By early 1920s, physicians in Europe are performing SRS
- ✦ Christine Jorgensen (1952)

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1950's-1975

- ✦ Transsexualism or GID diagnoses do not appear in DSM-I (1952) or DSM-II (1968) or ICD-7 (1955) or ICD-8 (1965)
- ✦ Many physicians and psychiatrists, and particularly psychoanalytic practitioners, criticized using surgery and hormones to irreversibly—and in their view incorrectly—treat people suffering from what they perceived to be either a severe neurotic or psychotic, delusional condition in need of psychotherapy and “reality testing”

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Early Contributors to Gender Identity Diagnoses

- ✦ John Money
- ✦ Harry Benjamin
- ✦ Robert Stoller
- ✦ Richard Green

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John Money

- ✦ Starting in 1950s, studied children born with intersex conditions at Johns Hopkins
- ✦ Gender identity is acquired and determined by external, environmental factors
- ✦ Gender identity fixed by 3 years of age, and changing difficult if not impossible in anyone older
- ✦ Parental attitudes determine whether a child accepts the gender category to which it had been surgically and medically assigned

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Harry Benjamin

- ✦ Credited with popularizing the term *transsexual* in current usage and raising awareness within the medical profession
- ✦ Believed psychotherapeutic efforts to change gender identity were “futile”
- ✦ Pioneered the treatment of gender dysphoric individuals using sex hormones
- ✦ Worked in a private practice setting without university or academic support

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Robert Stoller

- ✦ Psychoanalyst who worked with transsexual and intersex patients (USC)
- ✦ Coined term “gender identity” (1964)
- ✦ Believed in some cases, childhood family dynamics “caused” adult transsexualism
- ✦ Served on DSM committees that removed homosexuality and introduced GID

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Richard Green

- ✦ Psychiatrist, student of Money, residency with Stoller, worked with Benjamin
- ✦ Served on DSM committees that removed homosexuality and introduced GID
- ✦ Known for his early work with gender dysphoric children (USC)
- ✦ *The "Sissy Boy Syndrome" and the Development of Homosexuality* (1987)

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DSM Gender Diagnoses

DSM Edition (year)	Parent Category	Diagnosis Name
DSM-I (1952)	N/A	N/A
DSM-II (1968)	Sexual Deviations	Transvestitism
*DSM-III (1980)	Psychosexual Disorders	Transsexualism Gender identity disorder of childhood
DSM-III-R (1987)	Disorders usually first evident in infancy, childhood, or adolescence	Transsexualism Gender identity disorder of childhood Gender identity disorder of adolescence and adulthood, non-transsexual type

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DSM Gender Diagnoses (cont'd)

DSM Edition (year)	Parent Category	Diagnosis Name
DSM-IV (1994)	Sexual and gender identity disorders	Gender identity disorder in adolescents or adults Gender identity disorder in children
DSM-IV-TR (2000)	Sexual and gender identity disorders	Gender identity disorder in adolescents or adults Gender identity disorder in children
DSM-5 (2013)	Gender dysphoria	Gender dysphoria in adolescents or adults Gender dysphoria in children

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ICD Gender Diagnoses

ICD Edition (year)	Parent Category	Diagnosis Name
ICD-6 (1948)	N/A	N/A
ICD-7 (1955)	N/A	N/A
ICD-8 (1965)	Sexual deviations	Transvestitism
*ICD-9 (1975)	Sexual deviations	Transvestism Trans-sexualism

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ICD Gender Diagnoses (cont'd)

ICD Edition (year)	Parent Category	Diagnosis Name
*ICD-10 (1990)	Gender identity disorders	Transsexualism Dual-role transvestism Gender identity disorder of childhood Other gender identity disorders Gender identity disorder, unspecified
ICD-11 (2019)	Conditions related to sexual health	Gender incongruence of adolescents and adults Gender incongruence of children

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Gender Diagnoses Controversies

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Controversies

- ✦ I: Diagnostic Removal vs Retention
- ✦ II: Public Accommodation
- ✦ III: Rapid Onset Gender Dysphoria (ROGD) in Adolescents
- ✦ IV: Treating Prepubescent Children

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I. Diagnostic Removal Vs Retention

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DSM-5 Calls for Removal

- ✦ 2008: APA appoints Work Group on Sexual and Gender Identity Disorders
- ✦ APA accused of stigmatizing expressions of gender variance as symptoms of a mental disorder
- ✦ As with homosexuality in 1973, the diagnosis should be "depathologized"

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Calls for Retention

- ✦ Removing the diagnoses would lead third party payers to deny access to care for transgender individuals already struggling with inadequate private and public sources of healthcare funding for medical and surgical care
- ✦ Deleting the adult diagnoses would lead to the loss of a potent, successful argument in legal cases challenging denial of coverage to transgender individuals

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Challenge to Work Group

How to Reduce Stigma While Maintaining Access to Care?

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DSM-5 Revisions

- ✦ Retention of a gender diagnosis
- ✦ Name change: **Gender Dysphoria**
- ✦ GD separated from Sexual Dysfunctions and Paraphilias
- ✦ Add (+) **DSD and non-DSD specifiers**
- ✦ Add (+) **post-transition specifier**
- ✦ Remove (-) sexual orientation specifier
- ✦ Narrowing of criteria to reduce false positives
- ✦ Recommend removal of NOS/NEC category*

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Gender Dysphoria

- ✦ One overarching diagnosis with separate developmentally appropriate criteria sets for children and for adolescents and adults
- ✦ Gender Dysphoria in Children 302.6
- ✦ Gender Dysphoria in Adolescents & Adults
- ✦ Other Specified Gender Dysphoria
- ✦ Unspecified Gender Dysphoria

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ICD-11

- ✦ 2011: World Health Organization (WHO) appoints Working Group on Sexual Disorders and Sexual Health to revise International Classification of Diseases (ICD-10)
- ✦ Again, Stigma vs Access to Care
- ✦ 2019: WHO removed gender diagnoses from mental disorders section of ICD-11 to new chapter: "Conditions Related to Sexual Health"

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ICD-11

- ✦ 2019: Gender Incongruence of Childhood (GIC) retained in ICD-11
- ✦ Some still calling for removing GIDC entirely from the manual
 - ✦ "Psychopathologizing" GV children
 - ✦ "Pathologizing" GV children
- ✦ Normal spontaneous delivery" and "menopause" also have ICD codes

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Gender Incongruence

- ✦ HA60 Gender incongruence of adolescence or adulthood
- ✦ HA61 Gender incongruence of childhood
- ✦ HA6Z Gender incongruence, unspecified

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II: Public Accommodation Culture Wars

- ✦ Military Service
- ✦ School Locker Rooms
- ✦ "Bathroom Bills"

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Impact of Bathroom Bills?

Men's Room



Ladies' Room



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III Rapid Onset Gender Dyphoria (ROGD)

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†Littman, L. (2018). Parent reports of adolescents and young adults perceived to show signs of a rapid onset of gender dysphoria. PLoS One. August 16

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ROGD

- † Parental reports (256) of teenagers suddenly manifesting symptoms of GD and self-identifying as transgender at same time as others in their peer group
- † Parents describe process of immersion in social media immediately preceding their child becoming gender dysphoric

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ROGD

- † Defined ROGD as development of GD observed beginning in an adolescent or young adult who would not have met criteria for gender dysphoria in childhood
- † Raised question of social influences
 - † Social contagion?
 - † Similar to eating disorders?
- † Unlike cases of GD in research literature

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Controversies

- † Immediate criticism of study
- † Two weeks after publication, journal announced a post-publication review
- † Brown University retracts its press release promoting the study; removed from webpage

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Criticisms

- † Seen as political attack
 - † "a poisonous lie used to discredit trans people" (The Guardian)
- † Selection bias: Survey of parents, rather than TG young people or their health care providers

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March 2019 Revision

- ✦ Littman, L. (2019). Correction: Parent reports of adolescents and young adults perceived to show signs of a rapid onset of gender dysphoria. PLoS One. March 19; 14(3)

61

March 2019 Revision

- ✦ “. . . a revised version in which the author has updated the Title, Abstract, Introduction, Discussion, and Conclusion sections, to address the concerns raised in the editorial reassessment. The Materials and methods section was updated to include new information and more detailed descriptions about recruitment sites and to remove two figures due to copyright restrictions. Other than the addition of a few missing values in Table 13, the Results section is unchanged in the updated version of the article”

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IV. Prepubescent Children

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Desisters and Persisters

- ✦ 11 published peer-reviewed studies of GIDC from 1972-2013
- ✦ Majority of children with GID assessed in gender clinics “grow out of it,” do not become trans adults, grow up to be gay and referred to as “desisters”
- ✦ Children who do not “grow out of it” are “persisters” and, without transition services, remain dysphoric

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Desisters and Persisters

- ✦ Some argue desistence is myth because the studies rely upon overly inclusive GIDC diagnoses
- ✦ Caveat: Huffington Post is not a peer-reviewed scientific journal

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Treatment Approaches

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J Homosexuality 59(3)



Canada

Netherlands

United States

--Boston

--Los Angeles

--Washington DC

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Clinical Papers

- + de Vries, A.L. & Cohen-Kettenis, P.T. (2012). Clinical management of gender dysphoria in children and adolescents: The Dutch approach.
- + Edwards-Leeper L. & Spack, N. P. (2012). Psychological evaluation and medical treatment of transgender youth in an interdisciplinary "Gender Management Service" (GeMS) in a major pediatric center.
- + Ehrensaft, D. (2012). From gender identity disorder to gender identity creativity: True gender self child therapy.
- + Menvielle, E. (2012). A comprehensive program for children with gender variant behaviors and gender identity disorders.
- + Zucker, K.J., Wood, H., Singh, D. & Bradley, S.J. (2012). A developmental, biopsychosocial model for the treatment of children with gender identity disorder.

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Discussants

- + Anne Fausto-Sterling, PhD (molecular biologist, gender theorist)
- + Shannon Price Minter, JD (attorney, LGBT advocate)
- + William G. Reiner, MD (pediatric urologist, child psychiatrist)
- + D. Townsend Reiner, MA (research consultant)
- + David C. Rettew, MD (child psychiatrist)
- + David Schwartz, PhD (psychologist, psychoanalyst)
- + Edward Stein, JD, PhD (law professor, ethicist)

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What Research Shows

- + The children and adolescents (collectively referred to as minors) who present for clinical evaluation and/or treatment are a heterogeneous group
- + Despite the attention they get in the popular media, the number of minors with GD/GV is low in the general population (<1%); while still relatively small, the number presenting to gender clinics in recent years is increasing

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What Research Shows

- + Gender dysphoria of the majority of children with GD/GV does not persist into adolescence and these children are referred to as "desisters"
- + Prospective studies indicate the majority of those who desist by or during adolescence grow up to be gay, not transgender, and that a smaller proportion grow up to be heterosexual and cisgender

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What Research Shows

- + There is at present no way to predict in which children GD/GV will or will not persist into adolescence or beyond
- + GD/GV that persists into adolescence is more likely to persist into adulthood
- + The presentations and needs of prepubertal children with GD/GV differ from those of adolescents, requiring different clinical approaches for the two age groups

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What Is Unknown

- ✦ The “causes” of GD/GV in minors
- ✦ How gender identity develops in either cisgender or transgender individuals
- ✦ The relative contributions of biology and psychosocial environmental factors in the development of gender identity, whether cisgender or transgender

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What Is Unknown

- ✦ The extent to which stress experienced by minors with GD/GV should be attributed to GD/GV, *per se*, as opposed to society’s non-acceptance of gender atypicality—or whether there is even just one answer to this question
- ✦ Why gender dysphoria of most children desists around puberty and persists in others into adolescence and adulthood

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Treatment Approaches

Report of the American Psychiatric Association Task Force on Treatment of Gender Identity Disorder

Byne, W, Bradley, SJ, Coleman, E, Eyler, AE, Green, R, Menvielle, EJ, Meyer-Bahlburg, HFL, Pleak, RR & Tompkins, DA

Archives of Sexual Behavior, 41(4),759-796, 2012

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APA Task Force: 3 General Approaches to Treatments

- ✦ Working with child and caregivers to lessen gender dysphoria and to decrease cross-gender behaviors and identification (Canada)
- ✦ No direct effort to lessen gender dysphoria or gender atypical behaviors (Netherlands)
- ✦ Affirmation of the child’s cross-gender identification by mental health professionals and family members (US)

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1. Lessen Gender Dysphoria and Decrease Cross-gender Behaviors and Identification

- ✦ Proposes that self-esteem can be best served by improved social integration, including positive relationships with same-sex peers
- ✦ Assumes that this approach decreases the likelihood of GD persisting into adolescence and culminating in adult transsexualism

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1. Lessen Gender Dysphoria and Decrease Cross-gender Behaviors and Identification

- ✦ Persistence considered to be undesirable outcome due to social stigma and, in adulthood, likelihood of hormonal and surgical procedures with associated risks and costs
- ✦ No empirical support for this approach’s claims of preventing persistence (i.e., double-blind controlled studies)

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2. No Direct Effort to Lessen Gender Dysphoria/Gender Atypical Behaviors

- + Based on premise that GD diagnosed in childhood usually does not persist into adolescence, and on lack of reliable markers to predict in whom it will or will not persist
- + Neutrality with respect to gender identity and no therapeutic target with respect to outcome
- + Allows the developmental trajectory of gender identity to unfold naturally without pursuing or encouraging a specific outcome

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2. No Direct Effort to Lessen Gender Dysphoria/Gender Atypical Behaviors

- + Uses combined child, parent, and community-based interventions to support the child in navigating the potential social risks
- + Assumes that self esteem may be damaged by conveying to the child that his or her likes and dislikes, behaviors, and mannerisms are somehow intrinsically wrong
- + Sometimes referred to as "watchful waiting"

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3. Affirmation of Child's Cross-Gender Identification

- + Prepubescent child is supported in transitioning to a cross-gendered role
- + Based on belief that a transgender outcome is to be expected in some children, and that these children can be identified so that primary caregivers and clinicians may opt to support early social transition

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3. Affirmation of Child's Cross-Gender Identification

- + Child can revert to originally assigned gender if s/he desists since transition is solely at social level without medical intervention
- + Child who persists is supported in transitioning to a cross-gendered role, with the option of endocrine treatment to suspend puberty to suppress development of unwanted secondary sex characteristics

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3. Affirmation of Child's Cross-Gender Identification

- + No empirical support for this approach's claims that childhood transition from one social gender role to the other and then back again after desistance is a benign process (i.e., double-blind controlled studies)

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Comparing 3 Approaches

Clinic	Cross-Gender Interests & Play	Social Transition before Puberty	Puberty Suppression	Try to Prevent Homosexuality	Try to Prevent Transsexualism
Toronto	Discouraged	Discouraged	Yes	No	Yes
Amsterdam	Permitted	Discouraged	Yes	No	No
San Francisco	Permitted	Permitted	Yes	No	No

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Puberty Suppression

- ✦ Puberty is a critical developmental milestone in the continuation, or not, of GD
- ✦ Associated body changes (or fear of them) can have adverse short- and long-term impacts
 - ✦ Short-term: anxiety, panic, suicidal ideation
 - ✦ Menstruating, breast development in natal girls
 - ✦ Height, penis growth, body hair and beard, adam's apple, bony growth, voice changes in natal boys
- ✦ Endorsed by all approaches

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Puberty Suppression

- ✦ Administration of gonadotropin releasing hormones (GnRH) analogues can delay the sex steroid induced progression of body changes
- ✦ Synthetic GnRH agonists bind to the pituitary, preventing GnRH from stimulating pituitary secretion of gonadotropins, which in turn would cause gonads to secrete sex steroids
- ✦ "Time out" to explore options available, depending on persistence or desistance

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Puberty Suppression

- ✦ Safe duration of pubertal suspension of concern, particularly effect of sex steroid deficiency on bone metabolism and potential for deficient mineralization and osteoporosis
- ✦ Research shows period of up to several years appears safe
 - ✦ deficiency of progressive mineralization remedied by sex steroids, either endogenous or exogenous
 - ✦ No long term studies as yet

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Social Factors

- ✦ 19 US states, Washington DC and Ontario have passed laws banning efforts to change minors' sexual orientation (SOCE) or gender identity (GICE)

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Ken Zucker v CAMH

- ✦ 2015: Toronto's CAMH youth Gender Identity Clinic closed and its long-time director dismissed
- ✦ 2018: CAMH apologized to and settled with Zucker, paying \$586,000 in damages, legal fees and interest

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October 18, 2019



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October 21, 2019



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Media Aftermath

- ✦ National News story
 - ✦ Washington Post
 - ✦ New York Times
 - ✦ Fox News
 - ✦ NBC
 - ✦ Forbes.com
 - ✦ NY Post . . .

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Immediate Political Aftermath

- ✦ Texas Governor Greg Abbott promised to order the state's child protective services to investigate the case
- ✦ One Texas state legislator proposed bill to define "transitioning of a minor" as child abuse

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Aftermath

- ✦ Judge vacates jury decision, granting parents "joint managing conservatorship"
- ✦ Dec 2019: Judge removed from case at mother's request after sharing *Dallas Morning News* story about the case on her FB page in October

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South Carolina, Nov 2019

- ✦ Youth Gender Reassignment Prevention Act
- ✦ "A person under the age of eighteen years is prohibited from undergoing gender reassignment medical treatment in the state of South Carolina"

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Florida, January 2020

- ✦ Vulnerable Child Protection Act
- ✦ Felony to provide
 - ✦ Surgery
 - ✦ Puberty blockers
 - ✦ Feminizing or Masculinizing Hormones

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Treatment Guidelines

- ✦ Hembree, W.C., Cohen-Kettenis, P.T., Gooren, L., Hannema, S.E., Meyer, W.J., Murad, M.H., Rosenthal, S.M., Safer, J.D., Tangpricha, V. & T'Sjoen, G.G. (2017). Endocrine treatment of gender dysphoric/gender incongruent persons: An Endocrine Society Clinical Practice Guideline. *J Clinical Endocrinology & Metabolism*, 102(11):1-35.
- ✦ World Professional Association for Transgender Health (WPATH). (2011). *Standards of Care for the Health of Transsexual, Transgender and Gender Non-Conforming People, 7th Version*. Available online at <http://www.wpath.org/>

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Articles of Interest

- ✦ Drescher, J., Queer diagnoses: Parallels and contrasts in the history of homosexuality, gender variance, and the *Diagnostic and Statistical Manual (DSM)*. *Archives of Sexual Behavior*, 39:427-460, 2010 [DSM-5 Work Product]
- ✦ Drescher et al: Minding the body: Situating gender diagnoses in the ICD-11. *International Review of Psychiatry*, 24(6): 568-577. 2012.

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Articles of Interest

- ✦ Drescher: Controversies in gender diagnoses. *J LGBT Health*, 1(1):9-15, 2013.
- ✦ Drescher, J. & Pula, J. (2014). Ethical issues raised by the treatment of gender variant prepubescent children. *The Hastings Center Report*, 44(Suppl 4):S17-22.

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LGBT Mental Health List-serv

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