Working with Transgender and Gender Non-Conforming Youth

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Definitions and terminology

<table>
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<tr>
<th>Sex</th>
<th>Gender Identity</th>
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<td>Classification based on anatomic or biological markers.</td>
<td>How one identifies, internally, as male, female, or an intersection of the two</td>
<td>How one manifests or expresses their masculinity or femininity (e.g., dress, hair, behaviors, mannerisms)</td>
<td>Describes an enduring pattern of sexual or romantic attraction</td>
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Definitions and terminology

Transgender – an individual whose assigned sex does not match their gender identity

Cis-gender – someone whose gender identity matches assigned sex

Trans-Male – a transgender person assigned female at birth whose gender identity is that of a man

Trans-Female – a transgender person assigned male at birth whose gender identity is that of a woman
Definitions and terminology

Non-Binary Gender – a gender identity that doesn’t fit within the gender binary.
• *I’m not a boy but not quite a girl. I’d feel more myself if I was somewhat more feminine, but I like my dangadoo.*

Gender Fluid – a gender identity which varies over time. A gender fluid person may, at any time, identify as male, female or non-binary, or some combination of identities.

Genderqueer – a person who does not subscribe to conventional gender distinctions but identifies with neither, both or a combination of male and female genders.
Definitions and terminology

Sex assigned at birth (Assigned female at birth – AFAB)

Demiboy

Demigirl

Agender

Bigender
THE IDENTITY SPECTRUM

This graph is a fun exercise to help one understand that Sex, Gender Identity, Gender Expression and Sexual Orientation does not have to be black and white as both the Heteronormative/Cisgender Society around us (AKA Straight People) and the LGBT Community ascribe them to be — find your own identity with this exercise and sincerely explore who YOU are and challenge the stereotypes of Gender and Sexual Orientation. Simply draw a line that best identifies along these spectrums.

SEX

<-------------------------------------+
Female Intersex Male

GENDER IDENTITY

<-------------------------------------+
Woman Genderqueer Man

GENDER EXPRESSION

<-------------------------------------+
Feminine Androgynous Masculine

SEXUAL ORIENTATION

<-------------------------------------+
Attracted to Male Bisexual Pansexual Attracted to Female
Asexual

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Term “preferred” has fallen out of favor

Hi My name is Matt, I use he/him pronouns, what pronouns do you use?
Gender Dysphoria

1. What is gender dysphoria?

2. How does gender dysphoria manifest over development?

3. How do we know if it will last over time?
Gender Dysphoria DSM 5

Gender Incongruence (in Adolescents or Adults)

• A. A marked incongruence between one’s experienced/expressed gender and assigned gender, of at least 6 months duration, as manifested by 2:
  • 1. a marked incongruence between one’s experienced/expressed gender and primary and/or secondary sex characteristics (or, in young adolescents, the anticipated secondary sex characteristics)
  • 2. a strong desire to be rid of one’s primary and/or secondary sex characteristics because of a marked incongruence with one’s experienced/expressed gender (or, in young adolescents, a desire to prevent the development of the anticipated secondary sex characteristics)
  • 3. a strong desire for the primary and/or secondary sex characteristics of the other gender
  • 4. a strong desire to be of the other gender (or some alternative gender different from one’s assigned gender)
  • 5. a strong desire to be treated as the other gender (or some alternative gender different from one’s assigned gender)
  • 6. a strong conviction that one has the typical feelings and reactions of the other gender (or some alternative gender different from one’s assigned gender)
Gender Dysphoria DSM 5

• B. The condition is associated with clinically significant distress or impairment in social, school, or other important areas of functioning.

• Subtypes
  • With a disorder of sex development
  • Without a disorder of sex development

• Specifier: Posttransition (If the individual has transitioned to full-time living in desired gender (with or without legalization of gender change) and has undergone (or is preparing to have) at least one cross-sex medical procedure or treatment regimen - namely regular cross-sex hormone treatment or gender reassignment surgery confirming the desired gender (e.g., penectomy, vaginoplasty in a natal male, mastectomy or phalloplasty in a natal female).

• DSM NOTES that adolescent or adult-onset gender dysphoria exists
Age of Awareness of Trans Identity

• Many children understand the concept of gender as early as 3-4 years of age.

• Most recent research = study of 100 youth 12-24: awareness of cross-gender identity at mean age of 8.3 years and disclosure to parents at mean age of 17.1 yo

• Parents want to know: Will they change their minds??
When gender identity is:

• persistent
• insistent
• Consistent

it is very unlikely to change.

**particularly after age 14**
Gender Dysphoria through development:

Research Findings:
• 6-50% of children with gender dysphoria persist until adolescence/adulthood

• Factors associated with persistence:
  • Intensity and consistency of gender dysphoria
  • Puberty and the anticipation of body changes generates distress and increasing dysphoria
  • THINK and FEEL you are the other gender VERSUS WISHING you are the other gender
Gender Dysphoria Through Development

• Study on 55 gender dysphoric adolescents who had gender dysphoria at age 12, puberty suppression, cross gender hormones and surgical interventions (de Vries et al., 2014)

• Behavioral and emotional symptoms decreased
• General functioning improved
• Quality of life similar reports similar to general population
• No adolescents withdrew from cross-gender medical treatments or said they regretted it
Gender Dysphoria Through Development

• Gender and Body Dysphoria typically increase at puberty

• Male pubertal changes that could be undesirable in a Trans Female (MTF)
  – Adam's apple, facial and body hair, big hands/feet, frontal brow ridge, growing taller.

• Female pubertal changes that could be undesirable in a Trans Male (FTM)
  – Menstruation, fat redistribution, breast growth, stop growing taller.

  – As a result, may see increase in depression, anxiety and other emotional behavioral symptoms around puberty
Mental Health and Psychosocial Concerns
Psychosocial Needs

Trans youth have higher rates of:

• Discrimination
• Victimization
• Family Rejection
• Social Isolation
• Peer Harassment and Violence
• Homelessness
• Poor Access to Health Care
• School Problems related to victimization
Mental Health Needs

Trans youth have higher rates of
• Depression
• Low Self-Esteem
• Anxiety
• Non Suicidal Self-Harm
• Trauma
• Substance Use
• Sexual Risk Behaviors
Rates of Suicide

Rate of suicide attempts (%)

- Trans or GNC
- LGB
- Overall Population

US Trans Survey
Ongoing experiences of discrimination, rejection and isolation

internalized transphobia, depression, low self-esteem, loneliness, self-injury

Increased risk of suicide
Why Support for Trans* Youth Matters

Travers, Bauer, Pyne, & Bradley, 2012; TSER

Many of the youth we serve do not have supportive families. Likely due to MSAHC’s mode
Factors Associated with Positive MH

- Family Acceptance
- Social transition
- Medical transition
- Community/school acceptance
Fears of “Passing”

Am I passing?
Will I be clocked?
Can they tell I have breasts?
Does my voice sound too low/high?
Is my stubble showing?
What bathroom will I use?
Will someone freak out if I enter the bathroom?
Are my shoulders too broad?
What if the substitute teacher calls me by my birth name?
What if someone yells something at me on the street
Psychotherapeutic, Social and Medical Intervention
Therapeutic Approaches in the Past

Pathologizing and reparative:
• CBT therapy directed at:
  • reducing GNC behaviors
  • blaming parents

Outcomes:
• Not much influence on gender or sexual identity
• Did NOT alleviate distress
• Was harmful

CONVERSION THERAPY BANNED
The Gender Affirming Approach Assumes:

- gender variations are not disorders, are normal part of the human experience
- gender presentations are diverse and varied across cultures, therefore requiring our cultural sensitivity
- gender may be fluid, and is not binary, both at a particular time and over time
- if there is pathology, it more often stems from cultural reactions (e.g., transphobia, homophobia, sexism) rather than from within the child.
Clearance for Medical Transition: Hormone Therapy

World Professional Association for Transgender Health Guidelines

• persistent, well-documented gender dysphoria
• Capacity to make fully informed decision and to consent to treatment
• Age of majority in a given country**
• If medical or mental concerns are present, they must be reasonably well-controlled

**many clinics will start 14-16yo with parent permission
Clearance for Medical Transition: Hormone Therapy

How hard should we make it to access medical interventions??

Is it fair to ask someone to “prove” their gender??
Physical Interventions

• Fully reversible interventions
  – GnRH Analogs (aka Hormone Blockers)
  – *Will start prior to onset of puberty (age 10-12)*

• Partially reversible interventions
  – Cross Hormone Therapy
  – Testosterone/Estradiol injections or oral pills

• Irreversible interventions
  – Surgery
  – Top, bottom, facial feminization
Social Transition

Different for every individual, but may include:

- Change dress
- Change pronouns
- Name Change (social and legal)
- Adopting new mannerisms
- Changing voice (with or without voice therapy)
- Using different bathrooms
- Coming out/disclosure to friends, family, romantic partners, school personnel and/or strangers
- Binder - packer
- Bodyshaper – corset – gaff

Can be the first step in transitioning (although some wait to physically transition)
Components of Ongoing Individual Therapy

Help navigating medical and social transition
• Pacing and problem solving around social transition
• Managing expectations
• Dealing with social issues/consequences
• Intervening in youth’s various contexts if necessary (e.g., school)

Address ongoing comorbid mental health issues and psychosocial stressors

Addressing harassment/discrimination/trauma
Family Context

• Parents often have their own grieving process and anxiety about the future
• Managing desired pace of child vs. parents
• Parental dilemmas
  • How to support my child’s authentic self while also making sure he/she is socially accepted and safe?
  • What does it mean for me as a parent or a person?
    • Is it my fault??
  • Who around me will be supportive or will judge?
  • How does this fit into my culture/community/religion?
SUPPORT GROUPS!!

- Creating safe space
- Decreasing invisibility
- Social support
- Accessing information
- Improve emotional well being
- Improve self-esteem
- Risk reduction
- Skill development
- Community Engagement
Common Dilemmas

• Individuals that have always felt gender dysphoria (since age 2-3) vs. individuals that start feeling dysphoria during puberty or much later

• Binary versus non-binary identities

• Internet Use: Source of support and information but also need to exercise precaution (loneliness can make people more vulnerable)
Intersectionality

There is no such thing as a single-issue struggle because we do not live single-issue lives.

Audre Lorde
Intersectionality

- Various aspects of our identity intersect in ways that create relative positions of power or privilege in society.

- Gender identity intersects with other forms of identity such as race, class, ethnicity, religion, sexuality, disability, etc.

Japanese/Turkish 16yo trans male – “my father’s language does not even have the words to express being transgender”
Challenges: Significant Psychopathology/Autism Spectrum

Patient RT (caucasian 18 yo Trans male) comes to AHC seeking hormones. States that he has always identified as a male and provides a history that is consistent with long-term gender dysphoria. However, he also presents with disorganized thinking and seemingly paranoid thinking/behavior. In addition, his interpretation of language is quite concrete and his social understanding is poor. Patient also had significant trauma history.

- Therapist prolonged evaluation process (up to 9 months) and was clear with patient about why. Continued to assess how patient’s understanding of gender could be influenced by concrete thinking.
- Patient had psychological testing (ruled out psychosis)
- Patient had psychiatric evaluation
- Therapist worked to help patient understand social implications of transitioning
- Therapist worked to help patient identify supports he could use while transitioning

****Mental health problems do not remove option for transitioning!!
Challenges: Intellectual Disability

20 yo African American trans male comes seeking hormones. Patient’s understanding of gender seems less nuanced and clear than other trans patients. Therapist learns that patient’s IQ is tested to be 70.

- Therapist slows down evaluation process and explains why to patient
- Therapist collects collateral information from family members about history of gender dysphoria
- More careful with explaining risks and benefits
- Therapist looks for guardian or proxy to help with decision-making
Age 4-5 would only play male roles in make believe games; told brother he was a boy

Was inwardly distraught at development during puberty

Age 17-18 went to foster home; went to LGBT center and learned about transgender

Middle childhood: age 7-10 wore brother’s clothes, was mistaken for boy and this made him very happy

Lived with grandmother (who is religious and traditional) early to late teens; outwardly conformed to girl gender stereotypes

Cut hair short and began to wear masculine clothes again; social transition resulted in significant mood improvement

Came out as transgender to mixed family reactions
Challenges: Managing Expectations and “Real Life” Experience

Patient expects to fully transition and be “stealth” for life. Is not interested in any kind of “partial” social transition. Believes that everything will be totally different and fine once the transition happens.

- Therapist helps patient create a more nuanced understanding of the process
- Therapist helps patient entertain the idea of some kind of social transition
Challenges: Family Rejection

Patient is an 18yo Bengali trans female who faced serious rejection upon coming out to family. Therapeutic interventions aimed to promote acceptance among family were unsuccessful. Patient is extremely depressed.

- Therapist helps connect patient to other supports (e.g., support group at AHC; community resources that are supportive of trans youth)

- Phases of transition are considered in context of family support and potential consequences (e.g., getting kicked out)

- Benefits of “being oneself” are weighed in relation to dangers of physical changes
Cisgender Privilege
Cisgender Privilege

What the Hell is Water??

“There are these two young fish swimming along, and they happen to meet an older fish swimming the other way, who nods at them and says, ‘Morning, boys, how's the water?’ And the two young fish swim on for a bit, and then eventually one of them looks over at the other and goes, ‘What the hell is water?’”

- David Foster Wallace
Cisgender Privilege

• The fish are the last to see or even feel the water around them because it is so pervasive, so taken for granted, so "normal."
• So too is privilege for those who have it
• Those who do not have it, they often function marginally outside of the water, and they understand the socially granted privileges of the dominant group

• Cisgender privilege = Right, advantage, immunity granted to those who are cisgender
Cisgender Privilege

Review handout

What stands out

Anything surprising?
Contact Info

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