Controversies in Treating Transgender Children and Adolescents

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Definition of Terms
History of Diagnoses
Gender Diagnoses Controversies

The Complexity of Gender

October 18, 2019

Treatment of Transgender Children and Adolescents

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Chapter on Gender Dysphoria
Member, DSM-5 Workgroup on Sexual and Gender Identity Disorders
Member, ICD-11 Working Group on Sexual Disorders and Sexual Health
<table>
<thead>
<tr>
<th>Page</th>
<th>Topic</th>
<th>Definition</th>
</tr>
</thead>
<tbody>
<tr>
<td>7</td>
<td><strong>Sex (Sexual)</strong></td>
<td>+ 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</td>
</tr>
<tr>
<td>8</td>
<td><strong>Gender</strong></td>
<td>+ 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</td>
</tr>
<tr>
<td>9</td>
<td><strong>Sexual Orientation</strong></td>
<td>+ 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)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>+ Androphilic: attracted to men                                                                                           + Gynephilic: attracted to women</td>
</tr>
<tr>
<td>10</td>
<td><strong>Gender Identity</strong></td>
<td>+ A social identity referring to an individual's identification as male, female or, occasionally, some category other than male or female</td>
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<tr>
<td></td>
<td></td>
<td>+ A gender identity says nothing about a person's sexual orientation</td>
</tr>
<tr>
<td>11</td>
<td><strong>Gender Atypical</strong></td>
<td>+ 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</td>
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<tr>
<td></td>
<td></td>
<td>+ For behavior, gender-nonconforming is an alternative descriptive term</td>
</tr>
<tr>
<td>12</td>
<td><strong>Gender Expression</strong></td>
<td>+ How individuals demonstrate their gender to others via manner of dress, behaviors, and appearance; a term increasingly being used in non-discrimination documents</td>
</tr>
</tbody>
</table>
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) and "gender incongruent" (ICD)

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

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

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)

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)

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
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

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

Transwoman

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

Transman

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

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

Cisgender

- A term used in the transgender community to describe individuals whose gender identities align with their assigned sex at birth (non-transgender). Also cisssexual
- 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
Cis/Trans Isomers

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

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"

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

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
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)

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”

Early Contributors to Gender Identity Diagnoses
- John Money
- Harry Benjamin
- Robert Stoller
- Richard Green

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

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

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
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**

<table>
<thead>
<tr>
<th>DSM Edition (year)</th>
<th>Parent Category</th>
<th>Diagnosis Name</th>
</tr>
</thead>
<tbody>
<tr>
<td>DSM-I (1952)</td>
<td>N/A</td>
<td>N/A</td>
</tr>
<tr>
<td>DSM-II (1968)</td>
<td>Sexual Deviations</td>
<td>Transvestism</td>
</tr>
<tr>
<td><em>DSM-III (1980)</em></td>
<td>Psychosocial Disorders</td>
<td>Transsexualism Gender identity disorder of childhood</td>
</tr>
<tr>
<td>DSM-III-R (1987)</td>
<td>Disorders usually first evident in infancy, childhood, or adolescence</td>
<td>Transsexualism Gender identity disorder of childhood Gender identity disorder of adolescence and adulthood, non-transsexual type</td>
</tr>
</tbody>
</table>

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**DSM Gender Diagnoses (cont’d)**

<table>
<thead>
<tr>
<th>DSM Edition (year)</th>
<th>Parent Category</th>
<th>Diagnosis Name</th>
</tr>
</thead>
<tbody>
<tr>
<td>DSM-IV (1994)</td>
<td>Sexual and gender identity disorders</td>
<td>Gender identity disorder in adolescents or adults Gender identity disorder in children</td>
</tr>
<tr>
<td>DSM-5 (2013)</td>
<td>Gender dysphoria</td>
<td>Gender dysphoria in adolescents or adults Gender dysphoria in children</td>
</tr>
</tbody>
</table>

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**ICD Gender Diagnoses**

<table>
<thead>
<tr>
<th>ICD Edition (year)</th>
<th>Parent Category</th>
<th>Diagnosis Name</th>
</tr>
</thead>
<tbody>
<tr>
<td>ICD-6 (1948)</td>
<td>N/A</td>
<td>N/A</td>
</tr>
<tr>
<td>ICD-7 (1955)</td>
<td>N/A</td>
<td>N/A</td>
</tr>
<tr>
<td>ICD-8 (1965)</td>
<td>Sexual deviations</td>
<td>Transvestism</td>
</tr>
<tr>
<td><em>ICD-9 (1975)</em></td>
<td>Sexual deviations</td>
<td>Trans-sexual</td>
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**ICD Gender Diagnoses (cont’d)**

<table>
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<tr>
<th>ICD Edition (year)</th>
<th>Parent Category</th>
<th>Diagnosis Name</th>
</tr>
</thead>
<tbody>
<tr>
<td><em>ICD-10 (1990)</em></td>
<td>Gender identity disorders</td>
<td>Transsexualism Gender identity disorder of childhood Other gender identity disorders Gender identity disorder, unspecified</td>
</tr>
</tbody>
</table>

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**Gender Diagnoses Controversies**
Controversies

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

I. Diagnostic Removal Vs Retention

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"

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

Challenge to Work Group

How to Reduce Stigma While Maintaining Access to Care?

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*
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

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”

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

Gender Incongruence

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

II: Public Accommodation
Culture Wars

- Military Service
- School Locker Rooms
- “Bathroom Bills”

Impact of Bathroom Bills?
Men’s Room         Ladies’ Room

Vanity Fair
“Call me Caitlyn”
Rapid Onset Gender Dysphoria (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

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

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

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

March 2019 Revision


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"

IV. Prepubescent Children

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

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

Treatment Approaches
Clinical Papers


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)

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

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

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

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)

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

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)
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

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

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

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 desistence is a benign process (i.e., double-blind controlled studies)

Comparing 3 Approaches

<table>
<thead>
<tr>
<th>City</th>
<th>Cross-Gender Interests</th>
<th>Social Transition Before Puberty</th>
<th>Puberty Suppression</th>
<th>Stop Puberty To Suppress Secondary Sexual Characteristics</th>
<th>Stop Puberty To Suppress Transgender Identity</th>
</tr>
</thead>
<tbody>
<tr>
<td>Toronto</td>
<td>Discontinued</td>
<td>Discontinued</td>
<td>Yes</td>
<td>No</td>
<td>Yes</td>
</tr>
<tr>
<td>Amsterdam</td>
<td>Permitted</td>
<td>Permitted</td>
<td>Yes</td>
<td>No</td>
<td>No</td>
</tr>
<tr>
<td>San Francisco</td>
<td>Permitted</td>
<td>Permitted</td>
<td>Yes</td>
<td>No</td>
<td>No</td>
</tr>
</tbody>
</table>
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

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 desistence

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

Social Factors

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

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

October 18, 2019

The Texan
October 21, 2019

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

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”

Media Aftermath

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

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

Florida, January 2020

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


Articles of Interest


Articles of Interest


LGBT Mental Health List-serv

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Controversies in Treating Transgender Children and Adolescents

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