

The Gender Experience

SAPA Webinar 22 February 2023

Patient AX

- ▶ Setting – Regional Hospital in South Africa, General Paediatric POPD with close link to tertiary services
- ▶ 1st visit: Patient AX
- ▶ Nursing triage notes – 6 year old girl from [another province] moved here recently. Complaint of wearing boy's clothes. Lost to follow up.
- ▶ Presents with paternal grandmother (68) as mother (19) has gone to university to study and can no longer look after her.
- ▶ Collateral from gran: AX was born a girl but the doctors said there was something wrong with her hormones and genitals. She was taking medication and was seen at [tertiary hospital]. Gran noticed that AX played more with boys and preferred soccer to playing dress up from around age 4.

Patient AX

- ▶ Since AX has moved to live with gran permanently in December, she has noticed that AX is behaving just like a boy. She prefers to be called AY and hates wearing female clothing. She also noticed that AX urinates standing up.
- ▶ RTHC inspection: Known – 46 XX CAH – CSW – Prader stage 3 at birth. Assigned female gender at birth. Last seen age 4 – more male gender alignment.
- ▶ Clinically: Tall, virilised patient with acne, and a deep voice. Hyperpigmentation of skin and mucosa. No thelarche. Pubic hair stage 4 and axillary hair stage 2. Genital exam – Prader stage 5 virilised phallus, with perineal urethral meatus and urogenital sinus.

Sex - biological status (male, female or indeterminate/intersex) indicated by factors that include chromosomes and genetics, hormones and gonads, and anatomic factors such as internal reproductive organs and external genitalia. (other terms used include assigned sex and biologic sex)

Gender - very binary in many sources

- WHO - “Gender refers to the characteristics of women, men, girls and boys that are socially constructed. This includes normal, behaviours and roles associated with being a woman, man, girl or boy, as well as relationships with each other. As a social construct, gender varies from society to society and can change over time:
- **Wikipedia (more inclusive)** -Gender includes the social, psychological, cultural and behavioral aspects of being a man, woman, or other gender identity... also acknowledges societies with “third genders”

Gender divers/gender non-conforming - umbrella term describing labels people apply when gender identity, expression or perception does not conform to the norms and stereotypes expected (AAP definition)

Gender identity - one’s internal feeling of gender (boy, girl, man, woman, agender, non-binary, somewhere in between). This develops over time, just like the physical body (AAP definition). Cis-gender or transgender.

Gender expression - how a person presents themselves as masculine/feminine/other identity in the context of societal expectations (external manifestations of gender)

Gender role - the stereotypical role that members of each biologic sex are expected to play based on societal norms or expectations

Transgender - when gender diverse trait remain persistent, consistent and insistent over time (compare cis-gender)

Gender fluid - gender identity that varies over time

Genderqueer - term used by those who do not classify themselves using conventional gender distinctions... they may identify as neither gender, both genders, or a combo... agender

What determines sex, gender and gender identity?

- ▶ All theories... non proven on sexual development and gender identities
- ▶ What determines sex?
 - ▶ Genetics
 - ▶ Hormones
 - ▶ Anatomy
- ▶ What determines gender... what is feminine and what is masculine?
 - ▶ Culture
 - ▶ Society
- ▶ Biology
 - ▶ Neuroimaging - differences between male and female brain structures
 - ▶ Genetics
 - ▶ Twin based studies
 - ▶ Hormonal milieu of developing foetus, studies on DSD

Gender Identity Development

Biologic, social, psychological factors

Different stereotypical gender roles for different cultures

Traditional binary the norm across most cultures... with some exceptions

Many theories

- Difference in toy preference by 12 months
- 2 years - label self as boy/girl, can even label other
- 4-5 years - gender is stable and lasting
 - 1. Basic identity and labeling (learn how to identify own and other's sex)
 - 2. Stability (gender remains stable over time)
 - 3. Consistency (gender is fixed characteristic not altered by superficial transformations in appearance or activities)

Back to patient AX: DSD lessons learnt

- ▶ “Optimal gender policy”
 - ▶ Gender identity should be concordant with assigned sex at birth
 - ▶ No room for ambiguity, appropriate surgery and hormones to align gender to sex
 - ▶ Strong belief of “neutral” gender from birth
- ▶ Ignores prenatal and genetic influences on psychosexual development
- ▶ Feedback from DSD adults - interventions too early, GD reported, abuse of human rights
- ▶ Fertility, penis/phallus length

Gender identity, gender assignment and reassignment in individuals with disorders of sex development: a major of dilemma

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Diagnosis	Recommended sex assignment
46,XX DSD	
CAH	Female
46,XY DSD	
5-alpha-reductase-2 deficiency	Male or female
17-beta hydroxydehydrogenasi 3 deficiency	Male or female
Complete gonadal dysgenesis	Female
Complete androgen insensitivity syndrome	Female
Partial androgen insensitivity	Male or female
Androgen biosynthetic defects	Male or female
Incomplete gonadal dysgenesis	Male or female
Micropenis	Male
Cloacal exstrophy	Male or female
Hypospadias	Male
Ovotesticular DSD	Male or female

- ▶ Setting - busy paediatric private practice office in a big city
- ▶ 13 year old brought in patient brought in by father. He is concerned that his son must be gay or “some kind of homo”. He would like you to test his hormone levels.
- ▶ He has always been a “sensitive” kid who liked to dress up in girls clothes when he was younger, but Sam’s father thought he would “outgrow it”. He never played with other boys and preferred playing indoors with girls’ toys like dolls. Recently Sam has been bullied by the other boy’s at school calling him a “moffie”.

Patient Sam

Patient Sam

Sam appears reserved, thin and is wearing loose fitting dark coloured clothes. You can see traces of nail polish on their nails and they have long hair.

They request to speak to you alone, to which the father agrees.

In private, Sam reports that they have always felt like a girl trapped in a man's body. With high school starting now, they can no longer stand living like this and wants to know how you can help.

LGBTQ+ terminology

- ▶ Sexual orientation - sexual identity as it relates to who someone is attracted to or falls in love with. Someone who is gender diverse or transgender still identifies as straight, gay, bisexual or something else... physical and emotional attraction to a member of the same or opposite sex cannot be changed and is very difficult to predict early in childhood. (AAP)
- ▶ Queer/Genderqueer - Not identifying as straight or cisgender (not identifying as either male or female binary)
- ▶ Gay and Lesbian (Homosexual... old, 1960, 70s) - Attraction to the same gender

LGBTQ+ terminology

- ▶ Bisexual - attracted to the same gender and other gender identities (some argument on binary and inclusivity of term)
- ▶ Pansexual - not binary, more inclusive... attracted to all gender identities, genderblind, omnisexual
- ▶ Questioning - questioning sexual orientation
- ▶ Asexual - experience little to no sexual attraction (compare aromantic)
 - ▶ Homoromantic, heteroromantic, biromantic
 - ▶ Demisexual, graysexual

- ▶ Gender Identity Disorder (GID) replaced in DSM-V by Gender Dysphoria
- ▶ 6 months, causing significant impairment in function

Gender dysphoria

TABLE 2. **Diagnostic Criteria for Gender Dysphoria***

CHILDHOOD (6 OUT OF 8 CRITERIA)†

- | | |
|----|---|
| 1. | Desire to be of the other gender or the insistence that one is of the opposite sex |
| 2. | Preference for cross-dressing and rejection of stereotypical dress style associated with the natal gender |
| 3. | Preference for cross-gender roles in fantasy play |
| 4. | Preference for toys, games, and activities stereotypically associated with the other gender |
| 5. | Preference for playmates of the other gender |
| 6. | Rejection of toys, games, and activities stereotypically associated with the natal gender |
| 7. | Strong dislike of one's sexual anatomy |
| 8. | Desire for sex characteristics that match the desired gender |

ADOLESCENCE (2 OUT OF 6 CRITERIA)†

- | | |
|----|--|
| 1. | Incongruence between experienced and assigned gender |
| 2. | Desire to prevent or be rid of primary and (even anticipated) secondary sexual characteristics |
| 3. | Desire to acquire primary or secondary sexual characteristics of the opposite sex |
| 4. | Desire to be the opposite or an alternative gender from one's assigned gender |
| 5. | Desire to be treated as the opposite or an alternative gender from one's assigned gender |
| 6. | Conviction that one has the feelings and reactions of the opposite or an alternative gender |

**Adapted from the Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition.*

†In children, six of eight attitudes and behaviors incongruent with the child's natal sex should be met. Among adolescents, two of six criteria should be met. In both groups, these criteria must persist for at least 6 months and cause clinically significant impairment in function.

Paediatrician's Role

- ▶ Identify patients who may have GD and refer appropriately
 - ▶ Signs and symptoms may be subtle... mood or behaviour changes
 - ▶ Hesitancy to express due to lack of awareness, shame, “a phase”, can wait to adulthood
- ▶ Provide anticipatory guidance and counseling
- ▶ Specific emphasis on peripubertal patients (increased depression, suicide, self-destructive choices and behaviours)... ideal time for assisted therapy if indicated (such as GnRH analogues)

- ▶ Prepubertal questions:
 - ▶ Do you have concerns that your child may have a problem with their gender?
 - ▶ Explicit differentiation between sexual attraction and gender identity should be offered (eliminate misconception)
 - ▶ Investigate degree to which mood and behaviour affected, changes in school performance or family/social dynamics
 - ▶ Provide info on gender non-conforming behaviours
 - ▶ Presence of one or a few of these behaviours does not predict evolving transgender identity as gender nonconforming behaviours are frequently transient in childhood
 - ▶ Tenacious expression of cross-sex interests with persistence of transgender identity into adolescence suggests persistence
 - ▶ Mental health intervention if GD with accompanying distress and/or family is challenged with adjustment...
 - ▶ Some are gender nonconforming and perfectly fine with it...

- ▶ Peripubertal/Pubertal questions:
 - ▶ High index of suspicion (may have other concerns such as mood, behaviour)
 - ▶ Questions from parents may be related to sexual orientation
 - ▶ Suicide risk: 4% in supportive parents, 60% in non-supportive parents
 - ▶ Homelessness
 - ▶ Drug and alcohol abuse
 - ▶ Prostitution
 - ▶ Use of illegally obtained hormones
 - ▶ Discuss GD with parents and patient separately
 - ▶ Do you think that you might have a problem with your gender?
 - ▶ Most homosexual and bisexual adolescents do NOT have GD
 - ▶ BUT: 50 to 90% of people with GD are homosexual in relation to their natal gender, or bisexual (10%)
 - ▶ GD present during adolescence persists in more than 90% of cases.

EXAMPLES OF GENDER NONCONFORMING BEHAVIOR AND PREFERENCES**EXAMPLES OF SUGGESTED QUESTIONS AND PHRASING**

Gender identity different from the sex assigned at birth

Some young people feel that they were born in the wrong body; have you ever felt like that?

Persistence of gender identity different from the sex assigned at birth

For how long have you felt that you were a girl/boy?

Gender nonconforming behavior

What kind of toys would you like to play with?

Do you prefer to wear girls' or boys' underwear?

What do you (and what would you like to) wear when you swim?

Who are your favorite fantasy characters?

What do you (and what would you like to) dress up as at Halloween?

Which character from the TV shows or movies do you admire?

Evaluation of source of distress

What kinds of thoughts make you feel sad?

What do you think about your body?

**The purpose of obtaining a sensitive and thorough gender dysphoria-related history is not to diagnose gender dysphoria; rather, it is designed to assess the necessity for referral and further evaluation by a mental health clinician.*

Why should we address the topic?

- ▶ Psychiatric comorbidity - common in transgender youth (2 to 3 times)
 - ▶ Depression
 - ▶ Anxiety
 - ▶ Suicide - some surveys (US) 41% reported attempting suicide (versus 1.6% in general population)
- ▶ Youth treated with pubertal suppression, CSH and gender reassignment surgery, in addition to care by MDT with emphasis on mental health care - mental health outcomes similar to general population
- ▶ Youth that are validated in transgender identity by families and social environment have much better psychological outcomes

- ▶ Critical to have investment from support structure
 - ▶ Family counseling and education
- ▶ Some challenges - some have strong attitudes against, based on religious, cultural or philosophical ideas

Parents / Caregivers

- ▶ Coming out - more likely to be victimized
- ▶ Teacher's and administrative staff may have their own prejudice and opinions - may reject transgender status... persistent use of gendered birth name and non-preferred pronouns.

Peers and School

To do

Gender affirmative model

Prepubertal - no endocrine therapy or intervention

Pubertal/Peripubertal

- ▶ Reparative psychotherapy - change the gender identity or expression to promote acceptance of natal sex
- ▶ Aversion therapy

Not to do...

TABLE 5. Eligibility Criteria for Suppression of Puberty from the Endocrine Society Practice Guideline on Endocrine Treatment of Transsexual Persons*

1. Fulfills the current DSM or ICD criteria for gender dysphoria or transsexualism
 2. Has (early) pubertal changes that have resulted in worsening of their gender dysphoria
 3. Does not suffer from psychiatric comorbidity that interferes with the diagnostic evaluation or treatment
 4. Has adequate psychological and social support during treatment
 5. Has experienced puberty to at least Sexual Maturity Rating 2
- AND
6. Demonstrates knowledge and understanding of the expected outcomes of suppression of puberty, future cross-sex hormone treatment, and sex reassignment surgery as well as the medical and social risks and benefits of sex reassignment

DSM=Diagnostic and Statistical Manual of Mental Disorders, ICD=International Classification of Diseases.

*Adapted from Hembree et al. *J Clin Endocrinol Metab.* 2009;94(9):3132–3154.

Puberty suppression

- ▶ Reversible
- ▶ Allows time to assess persistence
- ▶ Diminish psychological trauma and risk of suicide from pubertal physical changes

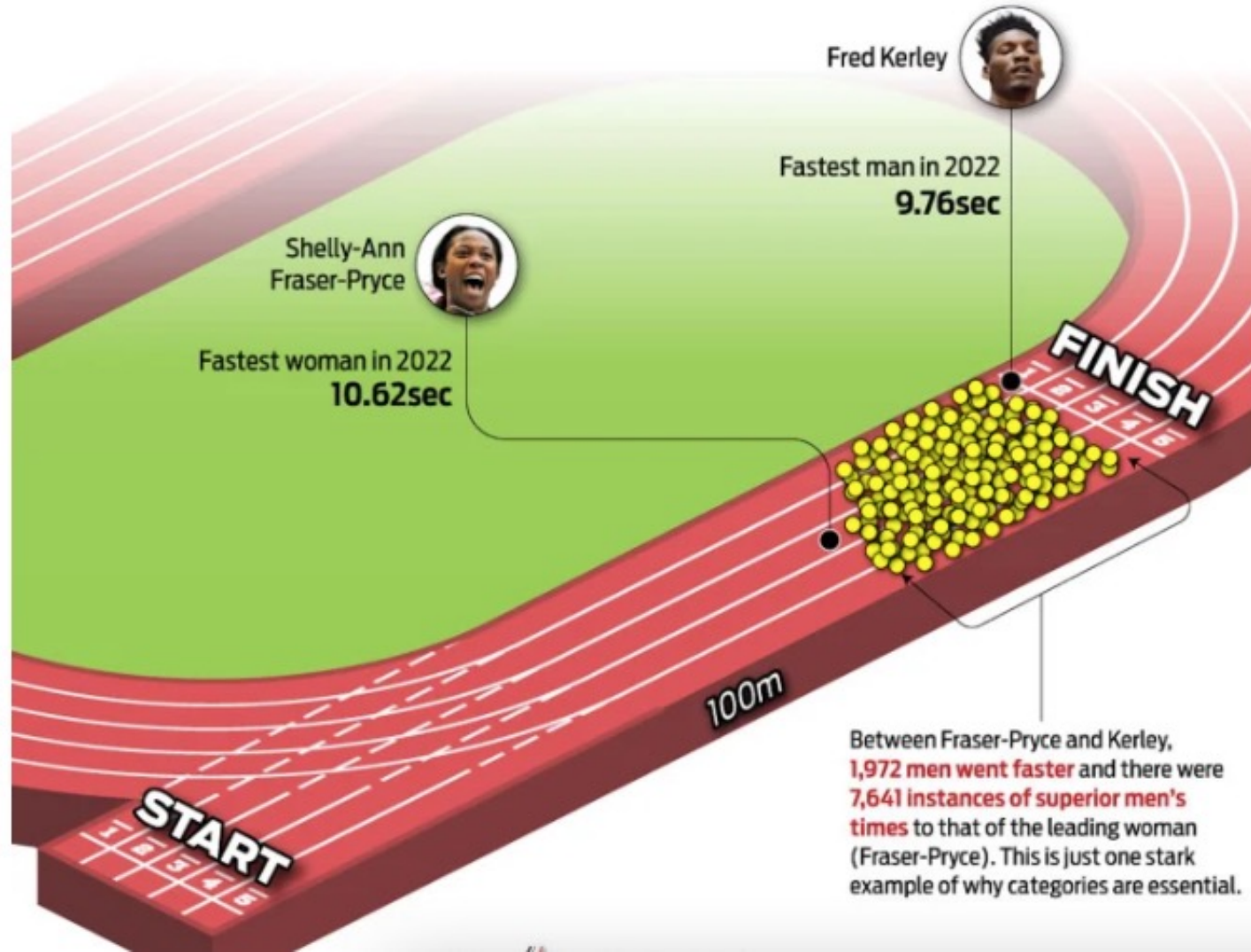
Controversies - Sport

- ▶ Some sports - major differences in achievements especially at professional competitive level between male and female competitors
- ▶ Some support ringfencing female sport to limit men from dominating
- ▶ No separate category for DSD patients or people with gender incongruence
- ▶ Some limitations in level of testosterone required by some sports
- ▶ Ongoing debate

Sport?

If male and female categories in athletics did not exist, men would dominate

Athletics is one of the easiest sports to track the difference between male and female athletes because there are times, heights and distances to measure the performance gap.



World Athletics to allow transgender and DSD athletes in female category — for now



Controversies - Bathrooms

- ▶ 10% sexually assaulted in US
- ▶ More sexual assault if not allowed to use locker rooms and restrooms of gender identity... especially transgender female

Controversies - wont kids with GD just turn out to be gay/lesbian/bisexual etc.?

Contradictory data from studies. Some show 85% remittance of GD feelings!

Critique:

1. Lower persistence (12%) in studies before 2000 may be inclusion of “less severe” cases of GD in those studies (different DSM diagnostic criteria, some earlier studies recruited “feminine boys” through advertisement)
2. Difference in cultures from studies (e.g. Canada versus Netherlands)
3. Follow up too short... longer follow up may increase persistence to 30%

Controversies - Regret, detransitioning, non-persisting

- ▶ Largest longitudinal study shows regret is not common.
 - ▶ Wiepjes and colleagues, 812 adolescents presenting since 1980s, 78.2% received gender-affirming hormones and surgery, none regretted (follow up to 2015)

Transgender

● This article is more than 1 year old

Appeal court overturns UK puberty blockers ruling for under-16s

Tavistock and Portman NHS foundation trust wins challenge over case brought by Keira Bell last year



Keira Bell, who began taking puberty blockers when she was 16 before detransitioning, outside the high court in London last year. Photograph: Facundo Arrizabalaga/EPA

However, in a **judgment handed down on Friday**, the lord chief justice, Lord Burnett, Sir Geoffrey Vos and Lady Justice King said it had been “inappropriate” for the high court to issue the guidance.

Controversies - puberty blockers

- ▶ GnRH analogues improves mental health and prevents suicide (deVries 2011)
BUT:
 - ▶ Improvement in mental health small
 - ▶ Weigh against uncertain effect of longterm puberty blockers
 - ▶ No control group
- ▶ Compare UK study (Carmichael et al, 2021):
 - ▶ 43 of 44 patients age 12-15 “no evidence of change in psychological function with GnRH treatment including measures of distress and self-harm.
- ▶ Longterm puberty blocker may have association with:
 - ▶ Decreased fertility
 - ▶ Poor bone health