Controversies in the Treatment of Transgender Children and Adolescents

Jack Drescher, MD
Clinical Professor of Psychiatry
Columbia University College of Physicians and Surgeons
Section Editor, Gender Dysphoria Chapter, DSM-5-TR
New York, New York
Faculty Disclosure

• Jack Drescher, MD has no financial relationships to disclose relating to the subject matter of this presentation.
Disclosure

• The faculty have been informed of their responsibility to disclose to the audience if they will be discussing off-label or investigational use(s) of drugs, products, and/or devices (any use not approved by the US Food and Drug Administration).

• Applicable CME staff have no relationships to disclose relating to the subject matter of this activity.

• This activity has been independently reviewed for balance.
Learning Objectives

• Recognize and differentiate clinical distinctions between *DSM-5* gender dysphoria and non-pathological cases of gender variance in children and adolescents

• Manage and arrange for appropriate treatments, consultations, and referrals of children and adolescents with gender dysphoria

• List and recall some of the controversies and unanswered clinical questions surrounding the long-term treatment of children and adolescents with gender dysphoria
Definition of Terms
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.
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
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
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.
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* (GNC) is an alternative descriptive term
- More recently: Gender Variant (GV)
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
Gender Assignment

• Historically referred to as “biological female/male”
• Birth-assigned female/male
• Natal female/male
Disorders of Sex Development

• Disorders of Sexual Development 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

• More 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 [GID])
Desisters/Persisters

• Most children who present with gender dysphoria “grow out of it,” do not become trans adults and are called “desisters”

• Children who do not “grow out of it” are referred to as “persisters”
Gender Reassignment

- An official (and usually legal) change of gender
- Cross-sex 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: Procedures by which a person’s physical appearance and function of their existing sexual characteristics are altered to resemble that of the other sex; historically, Sex Reassignment Surgery
- Gender confirmation surgery, gender affirmation surgery, gender realignment surgery, genital reassignment surgery, genital correction surgery, genital reconstruction surgery
Transsexual

• Individual using hormonal and/or surgical means to modify the body so that it conforms to the gender identity

• Partial vs Complete Transition

• Male to Female (MTF, Transwoman)

• Female to Male (FTM, Transman)

• Gender identity and sexual orientation may be independent variables
Transwoman (Caitlyn Jenner)
MTF, Gynephilic
Transman (Chaz Bono)
FTM, Gynephilic
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 *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* 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

• 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 2 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” are considered mutually exclusive
History of Diagnoses
History of Diagnoses

• Historically, gender identity conflated with homosexuality

• Early editions of *DSM* did not include these diagnoses

• Middle of 20th century saw growing research on gender dysphoric patients, both adults and children, who came to clinical attention which eventually led to placement in both *DSM-III* (1980) and *ICD-9* (1975)

• 2019: World Health Organization removes “gender incongruence” from its section on Mental Disorders
# DSM Gender Identity 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>Transvestitism</td>
</tr>
</tbody>
</table>
| *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   |
### DSM Gender Identity Diagnoses (cont’d)

<table>
<thead>
<tr>
<th>DSM Edition (year)</th>
<th>Parent Category</th>
<th>Diagnosis Name</th>
</tr>
</thead>
</table>
| DSM-IV (1994)      | Sexual and gender identity disorders | Gender identity disorder in adolescents or adults  
Gender identity disorder in children |
Gender identity disorder in children |
| DSM-5 (2013)       | Gender dysphoria | Gender dysphoria in adolescents or adults  
Gender dysphoria in children |
## ICD Gender Identity 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>Transvestitism</td>
</tr>
<tr>
<td>*ICD-9 (1975)</td>
<td>Sexual deviations</td>
<td>Transvestitism, Trans-sexualism</td>
</tr>
<tr>
<td>ICD Edition (year)</td>
<td>Parent Category</td>
<td>Diagnosis Name</td>
</tr>
<tr>
<td>-------------------</td>
<td>----------------</td>
<td>----------------</td>
</tr>
</tbody>
</table>
| *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 |
DSM-5: 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 and Adults 302.85
• Other Specified Gender Dysphoria 302.89
• Unspecified Gender Dysphoria 302.6
ICD-11: Gender Incongruence

• Diagnoses moved out of Mental Disorders section into new chapter, Conditions Related to Sexual Health

• HA60 Gender incongruence of adolescence or adulthood
• HA61 Gender incongruence of childhood
• HA6Z Gender incongruence, unspecified
Gender Diagnoses Controversies
Gender Diagnoses Controversies

• Labeling expressions of gender variance as symptoms of a mental disorder is stigmatizing

• As with homosexuality in 1973, the diagnosis should be “depathologized”

• Treating gender variant children to reject their felt gender identity and to accept their natal sex is unscientific, unethical, and misguided

• Removing diagnoses would lead third party payers to deny access to care

• Removing adult diagnoses would lead to the loss of successful argument in legal cases challenging denial of coverage to transgender individuals
Treatment Approaches
J Homosexuality

- Canada
- Netherlands
- United States
  - Boston
  - Los Angeles
  - Washington, DC
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) and 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 in 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”

GD = gender dysphoria; GV = gender variance.
What Research Shows

• 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.

• There is at present no way to predict in which children with 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 2 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 1 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

APA Task Force: 3 General Approaches to Treatments

• Working with child and caregivers to lessen GD and to decrease cross-gender behaviors and identification (Canada)

• No direct effort to lessen GD or gender atypical behaviors (Netherlands)

• Affirmation of the child’s cross-gender identification by mental health professionals and family members (United States)
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

• 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 (ie, 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

- Uses combined child, parent, and community-based interventions to support the child in navigating the potential social risks

- Assumes self-esteem may be damaged by conveying to child that their likes, dislikes, behaviors, and mannerisms are somehow intrinsically wrong
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.
- 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.
- 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 (ie, double-blind controlled studies).
## Comparison of 3 Approaches

<table>
<thead>
<tr>
<th>Clinic</th>
<th>Cross-Gender Interests &amp; Play</th>
<th>Social Transition before Puberty</th>
<th>Puberty Suppression</th>
<th>Try to Prevent Homosexuality</th>
<th>Try to Prevent Transsexualism</th>
</tr>
</thead>
<tbody>
<tr>
<td>Toronto</td>
<td>Discouraged</td>
<td>Discouraged</td>
<td>Yes</td>
<td>No</td>
<td>Yes</td>
</tr>
<tr>
<td>Amsterdam</td>
<td>Permitted</td>
<td>Discouraged</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 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

GnRH = gonadotropin-releasing hormone.
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 yet
Social Factors

- Since 2012, 18 US states, Washington DC, and Ontario have passed laws banning efforts to change minors’ sexual orientation OR gender identity

- December 2015: Toronto’s CAMH youth Gender Identity Clinic closed and its long-time director dismissed

- October 2018: In legal settlement, fired director awarded $500K and received an apology from CAMH. The clinic, however, remains closed

CAMH = Centre for Addiction and Mental Health.
Other Social Factors

• Trans bloggers claim desistance is a myth due to overly inclusive *DSM-III/IV* GID diagnoses
  – One caveat: *Huffington Post* is not a peer-reviewed scientific journal

• Calls to have WHO remove childhood gender diagnosis entirely from forthcoming *ICD-11*
Other References


Treatment Guidelines
