Gender and gender dysphoria: clinical concepts and interventions

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• I do not have an affiliation (financial or otherwise) with a commercial organization related to this presentation.
Objectives

- Define sexual orientation and gender identity
- Review common terms in relation to sexual orientation and gender identity
- Understand gender dysphoria in children & adolescents/adults
- Review interventions for gender dysphoria
- Identify community resources for transgender folk
What colour do you see?
What colour do you see?
What colour do you see?
Where is the limit of red?
What is a sexual orientation?
Definitions

• Emotional connectedness
• Sexual attraction/fantasies
• Sexual behaviours
• Identity
## Prevalence in adolescence

<table>
<thead>
<tr>
<th></th>
<th>Girls</th>
<th>Boys</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Same sex attraction</strong></td>
<td>13.1%</td>
<td>5.0%</td>
<td>9.0%</td>
</tr>
<tr>
<td><strong>Same-sex behaviour</strong></td>
<td>4.9%</td>
<td>2.9%</td>
<td>4.0%</td>
</tr>
<tr>
<td><strong>GLB identity</strong></td>
<td>4.2%</td>
<td>2.2%</td>
<td>3.4%</td>
</tr>
<tr>
<td><strong>Unsure identity</strong></td>
<td>4.1%</td>
<td>2.6%</td>
<td>3.4%</td>
</tr>
</tbody>
</table>

Identity includes GLB only

n=175
(9.0% of 1935ss)

<table>
<thead>
<tr>
<th>Same-sex…</th>
<th>♀ (%)</th>
<th>♂ (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Desire</td>
<td>17.3</td>
<td>7.0</td>
</tr>
<tr>
<td>Behaviour (last year)</td>
<td>14.2</td>
<td>5.5</td>
</tr>
<tr>
<td>Identity</td>
<td>5.2</td>
<td>2.8</td>
</tr>
</tbody>
</table>

Basic concepts
Sexual orientation multidimensional model

Homoeroticism

Hetero-eroticism
Glossary

• Gay, lesbian, bisexual
• Pansexual
• Queer
• Asexual
• Hetero/homo/bi/a -romantic & -sexual
What is gender identity?
What is a woman?
What is a woman?

- Karyotype XX?
- Absence of testosterone?
- Ovaries & Uterus?
- Presence of breasts and vagina?
- Long hair and hour glass shape?
- Lip stick and heels?
- Softness and empathy?
- Sexual attraction to men?
What if gender wasn’t a categorical variable?
Gender as a multidimensional construct
• **Gender identity**
  – A person’s internal sense of gender, which may or may not be the same as one’s gender assigned at birth

• **Gender role**
  – Norms determined by societies regarding how male and female persons should behave, expecting people to have personality characteristics and/or behaviours based on their assigned gender.

• **Gender presentation/expression**
  – The way in which a person expresses their gender identity through clothing, behavior, posture, mannerisms, speech patterns, activities, etc.
Glossary

Gender Creative or Non-Conforming
Behaviors, presentations and interests that fit outside of what society expects based on an individual’s biological sex

Cis-gender
A person in which gender identity corresponds to biological sex

Transgender
An umbrella term that describes individuals whose gender identity does not match their biological sex

Assigned gender
Gender that is assigned at birth by medical professionals and parents

Affirmed Gender
The gender by which an individual wishes to be known

Vance, Ehrengaft, & Rosenthal, 2014; www.genderdiversity.org
Glossary

- Genderqueer
- Gender fluid
- Non-binary
- Agender
- Neutrois
- Third gender
- Intersex
- (transsexual)
The Genderbread Person v3.2 by_it's pronounced METROsexual.com

- **Identity**
  - Gender Identity: Woman-ness, Man-ness

- **Attraction**
  - Sex: Female-ness, Male-ness

- **Expression**
  - Gender Expression: Feminine, Masculine

- **Sex**
  - Biological Sex: Female-ness, Male-ness

- **Sexually Attracted to**
  - Nobody: (Women/Females/Femininity), (Men/Males/Masculinity)

- **Romantically Attracted to**
  - Nobody: (Women/Females/Femininity), (Men/Males/Masculinity)
Adam and Eve?

Gender is less like this:

And more like this:
Contemporary expressions of gender
Gender variants through time

Femminiello, 19th Century
Naples, Italy
Gender variants throughout the world
Gender is a socially constructed concept.

The social construct of gender varies across cultures and time.

Binary genders (man/woman) based on the body is only one way of conceptualizing gender.

Our current culture is evolving in its ability to name gender related experiences.
Childhood
Gender exploration in childhood

- It is common for children to experiment with gender
  - Dutch study of 12,000 boys and girls age 4-11 years
  - 2.6% of boys and 5% of girls, as reported by mothers, sometimes or frequently behaved like the opposite sex
    Cohen-Kettenis et al., 2003

- This does **not** indicate that the child has a diagnosis of gender dysphoria
A. A marked *incongruence* of one’s *experienced* gender and *assigned* gender of at least 6 month’s duration; six of following criteria of which one must be A1

1. A **strong desire** to be of the other gender or an insistence that *one is* the other gender (or an *alternative gender* from the assigned gender)

2. Cross gender **dressing** or resistance to wearing gender typical clothing

3. Cross gender **roles in make-believe** or fantasy play

4. Cross-gender **toys, games or activities**

5. Cross-gender **playmates**
5. A **strong rejection** of **toys, games and activities** typical of their assigned gender

6. A strong dislike of **one’s sexual anatomy**

7. A strong desire for the primary and/or secondary **sex characteristics** that match one’s experienced gender

B. Associated with **clinically significant distress** or impairment in social occupational, or other important areas of functioning

*Specify if:* With a disorder of sex development
Phenomenology in GD children

- Onset of Gender dysphoria can be as early as age 2
- Intensity of GD can be high or moderate, continuous or intermittent
- Internalizing disorders (anxiety and depression) are common, but not the rule
- Autistic spectrum disorders more prevalent in clinically referred GD children
- The more significant distress is sometimes in the child’s environment
Social transitioning reduces anxiety and depression (Olson et al. 2016)

### TABLE 4 Comparison of Present Sample With Previous Reports of Population-Normed Internalizing Scores for children with GID

<table>
<thead>
<tr>
<th></th>
<th>Current Sample (n = 73)</th>
<th>Toronto (n = 343)</th>
<th>Utrecht (n = 123)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Mean age</strong></td>
<td>7.7 y</td>
<td>7.2 y</td>
<td>8.1 y</td>
</tr>
<tr>
<td><strong>Sample</strong></td>
<td>Transgender&lt;sup&gt;a&lt;/sup&gt;</td>
<td>GID&lt;sup&gt;b&lt;/sup&gt;</td>
<td>GID&lt;sup&gt;b&lt;/sup&gt;</td>
</tr>
<tr>
<td><strong>Measure of internalizing</strong></td>
<td>PROMIS&lt;sup&gt;c&lt;/sup&gt;</td>
<td>CBCL</td>
<td>CBCL</td>
</tr>
<tr>
<td><strong>Mean internalizing t score</strong></td>
<td>52.2</td>
<td>60.8</td>
<td>64.1</td>
</tr>
</tbody>
</table>

Both the PROMIS and CBCL are normed such that the population mean is $t = 50$ and SD is 10. CBCL, Child Behavior Checklist; PROMIS, Patient Reported Outcomes Measurement Information System.

<sup>a</sup> The current participants were transgender, socially transitioned, and prepubescent.

<sup>b</sup> Participants in both the Toronto and Utrecht samples either met criteria for GID or showed subthreshold symptoms of GID.

<sup>c</sup> To compute an internalizing score for the PROMIS, depression and anxiety scores were averaged.

(Olson et al. 2016)
Interventions in GD children

Social transitioning:

- Generally child-motivated
- **Different types**: Context-dependent, Androgynous, Complete
- Assist parents in identifying potential in-between solutions or compromises that allow gender exploration in a safe environment

- In order to avoid distress or postponement of a potential second social transition:
  - Parents should present social transition as an exploration
  - Parents should explicitly let the child know there is a way back

*There is no medical or surgical interventions in prepubertal children*
Persistence of GD after childhood

Steensma & Cohen-Kettenis 2015

• 150 kids (111 boys, 39 girls), mean age 8.3 yrs
• Follow-up at age 19-38 yrs, mean 25.9 yrs
• 27% re-entered clinic during adolescence for transition
  • 23% of natal boys
  • 36% of natal girls
• 3% entered into transition services as adults
  • 4 individuals tried to live as gay and later went to adult Gender services
  • 1 individual with ASD needed to deal with other issues before
• 30 % persistence overall
• Many developmental pathways to transition
GENDER DYSPHORIA IN ADOLESCENTS AND ADULTS
Teen GID consultations climbing exponentially at CAMH

### Sex ratio in GID consults changing

<table>
<thead>
<tr>
<th>Center</th>
<th>Ratio M:F up to 2005</th>
<th>Ratio M:F from 2006</th>
</tr>
</thead>
<tbody>
<tr>
<td>Toronto –CAMH</td>
<td>2.11 : 1</td>
<td>1 : 1.76</td>
</tr>
<tr>
<td>328 kids</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Amsterdam- CEGD</td>
<td>1.77 : 1</td>
<td>1 : 1.75</td>
</tr>
<tr>
<td>420 kids</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Gender prevalences in adolescence

• Clark et al (2014) New Zealand
  • 94.7 % were not transgender
  • 1.2% were transgender
  • 2.5% not sure about their gender
  • 1.7% did not understand the question

• Perez-Brumer et al (2017) United States
  • 1.33% were transgender (binary question)
A. A **marked incongruence** between one’s experienced gender and assigned gender, of at least 6 months’ duration, as manifested by at least two of the following:

1. A marked incongruence between one’s experienced gender and **primary and/or secondary sex characteristics** (or as anticipated in young adolescents)

2. A strong desire to be rid of (or prevent) one’s primary and/or secondary sex characteristics because of #1

3. A strong desire for **cross-gender primary and/or secondary sex characteristics**

4. A strong desire to be of the other gender (or alternative gender)

5. A strong desire to be treated as the other gender (or alternative gender)

6. A strong **conviction that one has the typical feelings** and reactions of the other gender (or alternative gender)

B. Associated with clinically significant distress or impairment

---

*Specify if:* With a disorder of sex development

*Specify if:* Posttransition
Differential diagnosis

- Transvestic fetishism
- Personality disorder (esp. with *Identity diffusion*)
- Dissociative identity disorder
- Psychosis / mania
- Body dysmorphic disorder / OCD
- Desire for male privilege
- Desire for heterosexual privilege / intern’d homophobia
Persistence from Adolescence

• No formal studies of persistence from adolescence exist

• However, in a f/u study of 70 teens with GD given puberty blockade ---- all continued on with the sex reassignment, beginning with CSH

  deVries, Steensma, Doreleijers, & Cohen-Kettenis, 2010
Phenomenology in adolescents with GD

- **Cross-dressing** can be associated with some erotic arousal initially.

- **Sexual orientations** more evenly distributed (though still more hetero in chosen gender).

- **Non-binary gender identities** more common in adolescence than in childhood - in both childhood onset and adolescent onset GD.
GD and health disparities

- Transgender identity in adolescence associated with
  - School bullying (OR: 4.5)
  - Depressive symptoms (OR: 5.7)
  - Suicide attempts (OR: 5.0)
  - The perception that a parent cared about them (OR: 0.3)

Clark et al (2014)

- Depressive symptoms and Victimization are the major predictors of suicidal ideation in trans teens

• Strong parental support reduces attempted suicide rates by 93%  
  • Hill et al., 2010; Travers et al., 2012

• Increased prevalence of verbal parental abuse and victimization associated with lower self-esteem & higher psychological distress vs controls  
  • Raymond et al 2015

*Note. †p = 0.054; * p < 0.01; ** p < 0.001.*
INTERVENTIONS & SUPPORT
Principle of non-maleficence:
- Interventions can lead to side effects, complications and/or sterility
- Acting quickly may cause regret
- Waiting may cause harm

VS.

Principle of beneficence:
- Interventions can alleviate gender dysphoria
- Acting quickly may avoid poor mental health outcomes
- Waiting may improve certainty
WPATH guidelines:
Psychotherapy is **highly recommended**
but not compulsory

*Leave the door open for counselling straight away,*
*or to return for it later or never!*
• Gender is a concept, it is socially constructed.

• Gender identity is a **belief** we have about ourselves: not dictated by our genitals

• Some people feel that their way of being male or female is not like everybody else’s

• Some people feel like they’re a little bit of both male and female, some feel they are neither, some feel they are another kind of gender

• It is ok to choose a gender of presentation even if it doesn’t exactly correspond to one’s felt gender

• Explore likely stigma and discrimination, and ways of protecting self
Medico-surgical interventions

- Reversible (12+):
  - Puberty blockade (GnRH analogues) *time sensitive

- Partially reversible (16+):
  - Cross-hormones (testosterone or estradiol)

- Irreversible (18+):
  - Surgeries (chest reconstruction, vaginoplasty, phalloplasty)

Ages as per the Dutch Protocol
Relief of GD

• Puberty blockade does not reduce GD
  • 55 teens (11 to 17yrs) followed though blockade, CSH and SRS
  • Improvement in GD only after CSH and SRS
    DeVries 2014 PEDIATRICS 134(4)

• CSH improve self-esteem and quality of life. They reduce anxiety, dissociation, and social distress.
  • Systematic review of 17 studies
    Costa & Colizzi 2016 Neuropsychiatric Disease and Treatment 12
Binders and packers
Surgeries

- Breast augmentation
- Facial feminization
- Tracheal shave
- Vaginoplasty

- Mastectomy & Chest reconstruction
- Hysterectomy/oophorectomy
- Phalloplasty

Other interventions:

- Hair removal
  - waxing, electrolysis, laser
- Breast binding or padding, genital tucking or penile prostheses, padding of hips or buttocks
Smith et al 2005

- 162 post SRS trans adults
- No longer dysphoric,
- good psychological, social and sexual functioning
- 2 regrets (1%) (Both MTF non-“homosexual to assigned gender”)
- FTM and “homosexual to assigned gender” orientation had better outcomes
Community resources in Montreal

- Gender Creative Kids Canada
  www.gendercreativekids.ca

- P10: downtown LGBTQ youth centre 14-25

- LGBTQ Youth Centre (Beaconsfield United Church)

- Le Néo (Terrebonne): community centre for LGBTQ 15-35yo

- ATQ : Aide aux Trans du Québec ATQ

- ASTTeQ: Action Santé Travesti(e)s et Transsexuel(le)s du Québec
References


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