Transgender and Gender Nonconforming Youth: Psychosocial and Medical Considerations

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ABSTRACT
Primary care providers are increasingly called upon to care for youth that are gender nonconforming. While these youth have the same health concerns as their cisgender peers, gender nonconforming youth face additional challenges. Traditionally, this has been an underserved and marginalized population at significant risk for multiple negative mental and physical health outcomes. Despite the history of disheartening health outcomes, there is hope in interventions that may serve to ameliorate the risks for transgender youth. Studies indicate that with collaborative multidisciplinary interventions by physicians and mental health professionals that promote early identification, emphasize parental support and directly address the patient’s gender dysphoria with medical and psychological interventions, transgender youth can reach adulthood without psychological sequela.

KEYWORDS: transgender, gender, dysphoria, transition

INTRODUCTION
In recent years, growing awareness of and exposure to gender nonconforming children and adults has spurred more public and medical dialogue regarding health and human rights for transgender individuals. Research, the media, and a growing awareness of the needs of the transgender community raise additional questions about the optimal treatment for these individuals.

While the prevalence of gender variant youth is largely debated, recent reports suggest that the prevalence of transgender individuals may be higher than previously estimated. Prior reported prevalence rates have ranged from 1:7,000 to 1:20,000 for transgender females, and from 1:33,000 to 1:50,000 for transgender males. In a recent survey of 18-64 year old Massachusetts residents (n=28,622), 1 in 200 self-identified as transgender. Additionally, gender specialty clinics have witnessed a notable increase in the number of youth presenting with gender nonconformity.

Medical and mental health professionals may be a first point of contact for gender diverse youth, playing a critical role in defining treatment trajectories. Thus, it is becoming increasingly necessary that physicians and mental health professionals become familiar with the needs of this traditionally underserved and vulnerable population. Health care professionals should be able to screen and identify gender nonconforming youth, provide appropriate education to youth and families and facilitate connection with existing referral networks that may aid gender diverse youth and their families.

GENDER DEVELOPMENT
For most children, gender identity, the internal sense of being male or female is consistent with the physical characteristics of gender assignment at birth. However, a minority of children will experience gender identity that differs from the gender characteristics that initially provide them with an expected gender. It appears that a multifaceted interplay of genetic, neurobiological, prenatal and possibly postnatal hormonal environment, along with cultural and psychological factors work together to determine gender identity.

It is fairly common for children in early childhood to engage in cross-gender play or gender exploration, and children may even express a wish to be a different gender. While most children who engage in gender play do not experience gender dysphoria in adolescence, for some, gender nonconformity persists. Medical and psychological research is only beginning to understand the developmental trajectories of gender identity in gender nonconforming children. One of the main factors identified for persistence into adolescence is the intensity and degree of gender dysphoria in the prepubertal years. The children who persist with gender dysphoria into adolescence have more “extreme” signs of gender dysphoria and are consistent, persistent and insistent in cross-gender activities, behavioral preferences, gender identification and dress.
Some children may not experience a significant amount of gender nonconformity in childhood, but may present with significant gender dysphoria as puberty approaches. Age 10 through 14, the average age of puberty onset, appears to be a crucial period for identification of teens who will experience ongoing gender dysphoria. For transgender youth, the growing awareness and concern over secondary sexual characteristics often results in hatred of and disgust with their bodies. Conversations about “becoming a woman” or “becoming a man” can be particularly distressing to these youths as they begin to struggle with more obvious dissonance between their gender identity and physical gender. Either anticipated or existing irreversible physical changes may lead adolescents to feel increasingly hopeless regarding their body and future trajectory. Asserted males may experience extreme distress regarding the growth of breasts and hips and the start of menarche; asserted females may have an intensification of aversion towards their genitals, distress over body and facial hair growth and voice deepening.

Previous studies have consistently identified elevated risk of multiple negative mental health outcomes among transgender youth compared to their cisgender counterparts. In a sample of 360 transgender youth there was a two- to three-fold increased risk of depression, anxiety disorder, suicidal ideation, suicide attempts, non-suicidal self-injury, and both inpatient and outpatient mental health treatment compared to the cisgender controls. A study of transgender youth revealed that 45% had experienced suicidal ideation and 26% had attempted suicide. The effects of chronic body incongruence, resultant anxiety and low self-esteem, lack of family support, discrimination and marginalization in society are hypothesized to contribute to these dishearteningly high rates of psychiatric disorders.

**INTERVENTIONS**

Despite the history of significant health and social disadvantage in this population, poorer health outcomes are not inevitable. Recent research demonstrates that a focus on early identification, family support and well-timed interventions addressing both the patient’s gender dysphoria and other components of an adolescent's psychological and social wellbeing seem to offer long-term health benefits.

Ideally, gender variant youth would be identified early, well before puberty, with concurrent medical and mental health involvement. Early identification and anticipatory guidance creates a thoughtfully planned, timely social and medical transition. Guidelines published by World Professional Association for Transgender Health (WPATH) recommend a staged transition. WPATH Standards of Care echo the 2009 Endocrine Society guidelines for puberty suppression for gender dysphoric youth. Guidelines suggest that youth may benefit from puberty suppression with gonadotropin releasing hormone (GnRH) analogs if they have begun puberty with genital development tanner stage 2 or higher, demonstrating gender dysphoria with pubertal onset, and have adequate mental health and social support to help them safely transition. Puberty suppression provides additional time for the gender nonconforming youth to explore gender identity without the pressure and distress of ongoing pubertal development. As an added benefit, this “pause” provided by GnRH analogue suppression of continued pubertal development may

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**TERMINOLOGY**

- **Asserted gender**: the gender that people communicate to others as their authentic gender in expression and/or identity.
- **Cisgender**: adjective used to describe an individual whose natal gender matches their asserted gender identity.
- **Gender**: characteristics behaviorally, culturally and psychologically associated with femaleness or maleness.
- **Gender expression**: the manner in which a person represents gender to others (including activities, behavior, dress, hairstyles, mannerisms or voice).
- **Gender identity**: intrinsic sense of self as male, female or other.
- **Gender dysphoria**: distress related to discrepancy between an individual’s gender identity and natal gender (not all gender nonconforming individuals experience gender dysphoria).
- **Natal gender**: sex assigned by a physician at child’s birth.
- **Transfemale or transmale**: identity label for natal males with asserted female gender identity or natal females with asserted male gender identity.
- **Transition**: a process whereby an individual changes their social and/or physical characteristics in order to live in congruence with their authentic gender identity. Transitioning may/may not involve hormonal and/or surgical procedures.
- **Cross-gender hormones**: exogenous hormones administered to promote development of secondary sexual characteristics consistent with an individual’s asserted gender identity.
- **Gender binary**: classification of gender into two distinct and opposite forms of masculine and feminine, with individuals strictly gendered as either/or, in contrast to gender spectrum which allows for more non-binary or fluid movement along a continuum of gender.
- **Gender nonconforming**: adjective used to describe individuals whose gender identity differs from what is normative for their natal gender.
- **Social transition**: a process whereby an individual changes their gender expression to align with asserted gender identity which can involve change in appearance (hair, dress, mannerisms etc.), behavior, pronoun, and/or name.
- **Transgender**: adjective used to describe individuals whose gender identity differs from their physical sex characteristics. (This term at times is used as synonymous with gender nonconforming.)
provide the family with additional time to adjust. Parents are often reassured that GnRH analogues are fully reversible allowing for endogenous pubertal development to resume once these puberty blockers are stopped. Puberty blockers offer youth significant benefit as they relieve some gender dysphoria by preventing the irreversible physical changes of puberty if started at Tanner stage 2. If started later in puberty, GnRH analogues offer more limited benefit but continue to suppress permanent feminization and masculinization characteristics that would require future surgical intervention to alter. Later in adolescence gender affirming hormones can be added. For teens who have already gone through some pubertal changes, stopping continued development of the “wrong” secondary gender characteristics still offers benefit by relieving distress, and facilitating the person’s ability to present in accordance with their gender identity.

Studies indicate that puberty suppression followed by cross-gender hormones may have not just physical benefits for gender nonconforming teens but additional psychological benefit. A study of 70 gender dysphoric adolescents who underwent puberty suppression demonstrated a decrease in behavioral and emotional problems and depressive symptoms and improvement in general function with puberty suppression. In this group of youth, none discontinued puberty suppression and all eventually started on cross-gender hormones. A follow-up study looked at 55 of these youth who had undergone puberty suppression followed by cross gender hormones and gender affirming surgery and evaluated their function in young adulthood. These youth showed a steady improvement in their psychological function over time with rates of clinical symptomatology that were indistinguishable from the general population. Their quality of and satisfaction with life and subjective happiness measures were comparable to same age peers.

These studies support the idea that with early identification, medical treatment and support, transgender youth can reach adulthood with a reduction in psychological sequela.

A growing body of evidence identifies that family support is a significant protective factor that can mitigate the negative psychological sequela. Gender nonconforming youth who described their families as strongly supportive of their gender identity in childhood, went on to have less depressive symptoms, higher self-esteem, higher life satisfaction and lower perceived burden of being transgender. A recent study of prepubescent children who had socially transitioned and were supported by their families in their gender identity were found to have normative levels of depression and only minimally elevated levels of anxiety (well below the preclinical range). The authors concluded that allowing children to present in everyday life in accordance with their asserted gender identity was associated with normative levels of depression and anxiety. By supporting their child’s authentic gender self, parents and families of gender nonconforming youth have a crucial opportunity to improve mental health outcomes.

Interventions by healthcare professionals that promote parental support may significantly affect the mental well-being of transgender youth. This approach requires an increased focus on providing support and guidance for parents and families on how best to support their child’s gender identity. When discussing gender identity, parents may feel uncertain as to what the appropriate course of action is and may be paralyzed by many fears about their child’s future. Parents may resist supporting their child’s gender identity due to fears about the difficulties the child may experience in the world beyond their home. Parents frequently voice fears about harassment, peer rejection, physical harm, as well as regret. Highlighting the crucial role of parental support in the mitigation of negative psychological outcomes can provide empowerment for parents who may be overwhelmed by the prospect of their child’s gender identity and transition.

While approaching transition may be a tumultuous time for some families, specially trained mental health professionals can assist in supporting parents through the transition process for the whole family. Assessment of family function and the impact of the child’s gender nonconforming behavior on the family unit is crucial. It is important to acknowledge that parents may be undergoing their own grieving process, experiencing the child’s transition as losing a son/daughter prior to gaining a child of another gender. Processing this perceived loss may be assisted by mental health professionals working with the parents in individual or couples therapy.

Since gender nonconforming youth have lived with their gender dysphoria for an extended period of time, some youth show limited patience with their parents’ slower process of adjustment to disclosure and making a transition plan. Anticipating this lag between youth and parent acceptance is important in making transition plans. Just as gender nonconforming youth may face rejection from their peers and social environment, parents may experience rejection from family members who are not accepting of their child’s asserted identity. It may become necessary for the parents to identify those family members who are supportive of the child’s asserted identity, and protect the child from those family members who may outright reject the child. Parents can also experience increased conflict if their approaches to helping the transgender youth differ, and in those cases marital or co-parenting counseling may be of assistance.

The role of the mental health professional varies with each case. For children who do not have any co-occurring psychiatric difficulties and who are in a supportive and accepting environment, support around gender dysphoria and assistance with safe and thoughtful social and medical transition planning may be sufficient. Before and during the time of transition, mental health providers can function as liaisons with schools in order to advocate for the specific needs of the youth. For children for whom social transition may impact their safety, mental health professionals can work with parents to create a supportive environment in the
home so that the child can experience a sense of acceptance, while a safer plan is developed for outside the home. Given the crucial aspect of parental support, mental health professionals and physicians can help mobilize parents to become greater sources of support and advocacy.

For some youth and families co-occurring psychiatric struggles present additional challenges. Mental health professionals can be an important asset in assessing comorbidities and treating separate psychiatric concerns. As with their cisgender peers, early identification and treatment of adolescent mental health concerns remains essential and predictive of improved long term health outcomes.

CONCLUSION

The increased presentation of gender nonconforming youth poses a challenge for healthcare providers to ascertain the safest and best psychological and medical approach for each patient. By working with the youth and their families in a collaborative manner, supportive interventions can aid youth and families adjust to the new landscape of gender nonconformity. Early identification and appropriate psychoeducation, family support, and referrals that lead to well-timed medical and mental health interventions have the potential to offer long-term physical and psychological benefits for this traditionally high-risk population.

References

10. Grossman AH, D’Augelli AP. Transgender youth and life threat-