SUPPORTING GENDER INDEPENDENT CHILDREN AND THEIR FAMILIES

Purpose: The purpose of this fact sheet is to share information with health and social service providers in Ontario regarding evidence-based best practices for working with and supporting gender independent children and their families.

Definition: Gender independent children are those whose gender identity and/or gender expression differs from what others expect of their assigned (natal) sex. Other terms used to describe these children include "gender non-conforming",[1] "gender variant"[2] "gender creative",[3] "transgender"[4] and in the case of Aboriginal children "two-spirited". These children are also often labeled as "sissies" or "tomboys".

Understanding Gender Independence in Children

- Gender independent children are very diverse. Some may strongly and consistently identify with a gender role which differs from their natal sex. Others may express a gender identity which blends aspects of multiple genders and is fluid or changing. And others may be comfortable in their assigned sex, but behave in ways which do not conform to social norms, for example preferring clothing and activities typically associated with the other gender.[3,4]
- Being gender independent is not intended as defiant behaviour on the part of a child nor is it caused by parenting style or experiences of abuse.[5] Only in very rare circumstances will a child alter their gender expression in response to a traumatic event.[6] In the majority of situations, gender independent behaviour is simply a natural expression of the diversity of human experience.[2,5,6,7]
- The meaning attached to gender non-conformity varies across cultural contexts. Historically, the existence of a social role for two-spirit people (those seen to possess both a male and female spirit) was documented within over 130 Indigenous nations in North America[8] and there is much evidence to suggest that two spirit children were often regarded as blessings to their families.[9] Diverse expressions of gender have been and continue to be valued in some cultures, including but not limited to Indigenous people in the South Pacific region,[10,11] Indonesia,[12] and other areas of Southeast Asia.[13]
- Social expectations shape the interpretation of, and response to, gender independent children. Prior to puberty, the range of behaviour considered socially acceptable for girls tends to be broader and feminine behaviour among boys tends to elicit more concern.[2] One gender identity clinic reported a referral rate of 6 times higher for feminine boys than masculine girls, even though what was deemed 'cross-gender behaviour' was more common among girls.[14]
- Of the research which has sought to establish the prevalence of gender non-conformity in children, results vary widely since what is considered to be masculine or feminine is generally not objective nor quantifiable. One study found that 2-4% of boys and 5-10% of

girls behaved as the "opposite sex" from time to time.[15] Another study found that 22.8% of boys and 38.6% of girls exhibited 10 or more different "gender atypical behaviours".[16]

- The societal stigma which accompanies gender independent children may lead some families to require additional services and support. In addition, for some children there are unique medical care considerations. Families often seek support either when the child is first entering school or first entering adolescence.[7]

Gender Independence in Children and Mental Health

- The World Professional Association for Transgender Health states that gender expression which does not conform to social norms is not, itself, a mental health problem: "Being transgender, transsexual or gender non-conforming is a matter of diversity, not pathology".[17]
- Beginning in the 1960's however, children with an atypical gender expression began to be understood through a disease model which framed their behaviours as pathological and in need of correction. In turn, they were subjected to reparative psychological treatments designed to bring their gender expression in line with social norms.[18,19,20] Preventing children from growing up to be gay or transgender were the stated goals of many of these treatment programs.
- Since 1980, many gender independent children have been diagnosed with *Gender Identity Disorder in Children*.[21] This diagnosis is highly controversial and has been criticized for pathologizing sexual and gender diversity,[2] reinforcing sexist stereotypes,[22] and casting a broad social problem as an individual pathology.[23] This diagnosis will become *Gender Dysphoria in Children* in the forthcoming fifth version (2013) of the Diagnostic and Statistical Manual (DSM-5), a publication by the American Psychiatric Association used to classify mental disorders. Although this diagnosis is controversial, it is also used to provide access to important medical gender transition care for gender independent adolescents.[24]
- Contemporary approaches to childhood gender non-conformity are moving away from pathologizing treatments and towards affirmative models in which the focus is not on children's behaviours but on parents learning to support their child. In the affirmative approach, the goals of intervention with families are to: destigmatize gender variance; promote the child's pride and self-worth; strengthen the parent-child bond; create opportunities for peer support among families; and offer parents the advocacy skills needed to create safe spaces for their child in daycares, schools and other social environments.[1,2,3,4,5,6,7,25,26,27,28,29]
- Some clinicians continue to advocate for treatment interventions which attempt to prevent children from growing up to be transgender.[30,31] Other clinicians have deemed these treatments harmful[32] and proposed that therapists advocating these treatments are "to be avoided".[2] The World Professional Association for Transgender Health states: "Treatment aimed at trying to change a person's gender identity and lived gender expression to become more congruent with sex assigned at birth … is no longer considered ethical".[17]
- Evidence to support an affirming approach is beginning to emerge. A recent study compared mental health in comparable gender non-conforming children across two treatment programs with distinct approaches: one clinic in which gender non- conformity was treated as a disorder and another in which parents were encouraged to support and

affirm their children. The children in the supportive program had substantially fewer behavioural problems, indicating that the approach which parents seek and receive may impact significantly on childhood mental health.[33]

- In addition, another study found that gender independent children who are strongly pressured to conform are "prone to anxiety, sadness, social withdrawal, self deprecation, and other signs of internalized distress".[34]
- Though gender non-conformity is not itself a mental health problem, stigma, social ostracization, hostility and even violence, all impact on gender independent children's emotional and psychological wellbeing, often manifesting in the form of depression and anxiety.[4,6]
- Gender independent children have been found to be more likely to acquire post-traumatic stress disorder by early adulthood.[35] In older trans youth, studies have found very high rates of suicidality.[36,37]
- For some gender independent adolescents, the onset of puberty may bring on emotional distress as their bodies develop in a direction they are profoundly uncomfortable with.[24] This type of distress is referred to as Gender Dysphoria[17] and can manifest in depression, suicidality and self-harm.[24] For these young people, gender transition is an important consideration.

Social Stressors on Gender Independent Children and their Families

- Gender independent children can face a high level of social rejection from peers[38] and this may increase through their years in school.[2] Parents of gender independent children may also face rejection from friends and family members who are intolerant of their decisions regarding their child's gender expression.[3,4]
- In a US study, gender nonconforming students were more likely than others to be called names, made fun of, or bullied at school (56% vs. 33%).[39] In a survey of Canadian LGBTQ high-school students, 95% of trans youth reported feeling unsafe at school.[40] Many parents cite bullying and safety in schools as their biggest concern.[4]
- In some cases, child welfare authorities have attempted to apprehend gender independent children out of a misguided belief that parental support for gender diversity constitutes child abuse.[41]
- Some parents are intolerant of gender diversity and may contribute to a child's stress with negative attitudes.[1] A recent study found children who were gender non-conforming were more likely than gender typical children to be targeted for abuse and violence from their own family members.[42]
- Despite these concerns, social rejection and abuse is not inevitable and many resources are being developed to support children within their families,[4,5,26,27,28] schools[4,43,44] and social service organizations such as child welfare agencies.[29]

Supporting Families with Gender Independent Children

- Caregivers may have a variety of reactions to a child who expresses gender independence. While some may not struggle, others may experience shame, anger or grief over the loss of an idealized child.[2] A child's gender expression may become a significant source of conflict between parents or between a child and parent.[5] Health and

social service providers can assist families by supporting parents to work through difficult emotions. Given support, most parents of gender independent children are able to learn to respond positively to their child.[2]

- It is very common for parents to have fears about their child's safety.[4,45] Supporting parents to develop advocacy skills is an important part of safety planning in schools and other settings.[7,28,46]
- Some parents may be anxious about their child's future identity and may discourage a child from exploring a cross-gender identity, or conversely, may rush decisions regarding gender transition. Parents should be encouraged to follow a child's lead and avoid imposing their own preferences for a child's development.[7]
- Peer support has been identified as a very valuable resource for families with gender independent children.[28,46] Peer-based support programs for families are developing in some cities in North America, including: Los Angeles,[47] Oakland,[48] Washington[49] and Seattle.[50] For Ontario-based resources please see the RHO website: http://www.rainbowhealthontario.ca/lgbtHealth/find.cfm

Considering Adult Outcomes for Gender Independent Children

- Like all children, there is no way to know who a gender independent child will become as an adult. Some gender independent children come to identify as cisgender (non-trans) people who are lesbian, gay or bisexual. Some continue to identify as gender fluid into adulthood. Some come to identify as transgender and seek to socially and / or medically transition to a new gender role. Others may never align themselves with any of these identities.[3,4]
- There is research to suggest that many gender independent children shift to become more gender typical as they age[51] though there is debate regarding whether this reflects a natural progression or an internalizing of pressure to conform.[2,5,52] In one qualitative study, interviews were conducted with young people who were gender independent as children, finding that for both those who went on to transition and those who became more gender typical, their trajectories became clearer during the ages of 10-13 when their feelings regarding their changing social environment, their changing body, and their emerging sexuality, all contributed to the development of their gender identity.[53]
- Though some research has focused on adult outcomes for these children, primarily sexual orientation and gender identity, these studies are subject to substantial limitations. In some studies, researchers were unable to re-connect with 30% of original participants at the time of follow-up.[54] In other studies, samples were garnered from adults who as children were given treatment intended to change their gender expression, potentially impacting respondents' perception of the acceptability of gender diversity and thus their responses to follow-up surveys.[20,55,56]
- Studies which have assessed sexual orientation outcomes for gender independent children have reported vastly different results and these findings can be considered inconclusive (Figure 1).

Figure 1: The findings from studies exploring adult sexual orientation outcomes for children diagnosed with "gender identity disorder" are highly inconsistent.

Studies exploring sexual orientation outcomes for children diagnosed with "gender identity disorder"	Percentage reported to be lesbian, gay or bisexual in adulthood
Drummond, Bradley, Peterson-Badali & Zucker, 2008	24-32%
Green, 1987	75%
Wallien & Cohen-Kettenis, 2008	68%
Zucker and Bradley, 1995	18-31%

- The same studies have measured whether participants continue in adulthood to experience discomfort with their assigned sex (gender dysphoria) and whether they continue to meet the diagnostic criteria for gender identity disorder (Figure 2). These findings also vary widely and can be considered inconclusive.

Figure 2. The findings regarding adult "gender dysphoria" outcomes for gender independent children are inconsistent.

Studies exploring "persistence" of gender dysphoria for children diagnosed with "gender identity disorder"	Percentage reported to continue to meet diagnostic criteria for "gender identity disorder" in adulthood
Drummond, Bradley, Peterson-Badali & Zucker, 2008	12%
Green, 1987	2%
Wallien & Cohen-Kettenis, 2008	27%
Zucker & Bradley, 1995	20%

- For a number of reasons, it is difficult to obtain accurate information from these studies regarding the number of gender independent children who come to identify as trans in adulthood. Inclusion in these studies has typically been based on the criteria for the Gender Identity Disorder in Children diagnosis (DSM III) which does not distinguish between the distinct phenomena of behaviours which are presumed to be gendered (clothing and mannerisms) versus gender identity (how one sees oneself).[55,57] Additionally, existing studies have typically measured concepts such as "gender dysphoria" and "gender identity disorder" at follow-up and have not inquired into how participants identify themselves.[54,55] Follow-up has often been conducted at average ages of 18-23,[54,55] yet many trans people come to identify as trans after this age. Further, the terminology relating to transgender communities is evolving over time. For example, the term "transsexual", the only recognized trans identity at the time of some follow-up studies,[56] is now understood to be a smaller subset of a much broader and diverse trans community.
- While some parents and providers do experience anxiety regarding the future identities of gender independent children, it is neither necessary nor possible to determine this in childhood. Providing support to gender independent children requires validating how they express themselves and see themselves now.

Transition: Social and Medical Options

- Many gender independent children will not want or need to transition to a new gender role. If provided the space to explore a range of activities and gender identities, many will place themselves comfortably on a spectrum between male and female or will grow to feel comfortable in their assigned gender role.
- For others however, their cross gender identification remains certain and consistent and living in their assigned gender role may be too distressing to be consistent with their healthy growth. It is important for parents and providers to pay close attention to what young people communicate about their needs, in particular, to signs of distress. If a young person is in distress regarding their gender role, the adults in their life may need to consider, together with the young person, options for social and/or medical transition to improve mental health and reduce self-harm risks.[3,4]

Social Transition

- Social transition consists of a change in social gender role and may include a change of name, clothing, appearance, and gender pronoun. For example, a male-born child wishing to socially transition would likely begin using the pronoun “she”, change her name, begin to present herself as a girl, attend school as a girl and live her daily life as a girl. Families in this situation may make a variety of decisions regarding privacy and how open they wish to be about the child’s history.[4] For pre-pubertal children, social transition is the only option as medical intervention is not recommended prior to puberty.[58]
- The decision for a child to socially transition is not a simple one and should be made jointly between the child, the parents, and supportive professionals if available. Some clinicians recommend encouraging parents of gender independent children to follow their child’s lead and avoid imposing their own preferences.[7]
- Experienced clinicians have reported that in some children, the need for transition presents itself clearly as there is obvious distress in the original gender role and obvious wellbeing in the new role. In contrast, other children are clearly comfortable with their assigned sex and desire only to express themselves in ways which are considered less common for their gender role. These clinicians state that for children who are in between these two experiences, the path is less clear.[6,7]
- Social transition in young children is a relatively new practice and long-term research in this area is lacking. Parent and clinician reports indicate that children’s comfort and happiness can improve dramatically with this option.[3,4,6] Clinicians have indicated that there may be children who choose to transition back to their original gender role at the onset of puberty.[7,53] In one study, young people in this position found it difficult to explain this choice to their friends and families.[53] Thus, children pursuing social transition should be reassured that they can return to their original gender role at any time and parents are best advised that another transition may be possible.[7]
- Social transition is becoming more common for pre-pubertal children and those families beginning this process can greatly benefit from peer contact with others and a strong support system to assist them in facing social stigma and advocating for their rights within schools and other institutions.[7]

Medical Transition

- Medical transition consists of steps taken to bring the physical body in line with the social identity in cases where an individual feels a strong incongruence between the two (gender dysphoria). Though historically reserved for adults, some transition options have more recently become available at younger ages.
- For adolescents who experience substantial distress as puberty approaches, gonadotropin releasing hormone analogues (GnRHa) or "puberty suppressant hormones" can be administered to provide some relief by delaying the development of unwanted secondary sex characteristics. Puberty suppressant hormones are frequently used to treat the premature onset of puberty among other young people. According to current studies, the effects are reversible and puberty commences if discontinued, thus an adolescent who changes their mind regarding gender transition can cease GnRHa and resume puberty.[59]
- The US Endocrine Society Clinical Practice Guidelines recommend that adolescents who maintain a strong and consistent cross-gender identification should be considered for medical treatment using GnRHa at the onset of puberty (Tanner Stage 2). If, after a full exploration of gender identity, complete transition is desired, cross-hormone treatment can begin at age 16 with the potential for surgery approval at age 18.[24,58] This protocol is supported by the World Professional Association for Transgender Health Standards of Care17 as well as by long-term studies conducted in the Netherlands.[60]
- There are divergent opinions regarding when to introduce puberty suppressant treatment, however leading Dutch and US experts offer a number of rationales for introducing puberty suppressant hormones at the onset of puberty rather than later:
    1. Delaying puberty provides emotional and psychological benefit through an immediate reduction in stress;
    2. Delaying puberty provides additional time in which to make future decisions;
    3. A reduction in stress facilitates the necessary identity exploration;
    4. Adolescent treatment outcomes can be more satisfactory than adult treatment outcomes as unwanted effects of puberty will be prevented, for example, prevention of breast tissue growth in female-to-males which would later need to be surgically removed;
    5. The effects of puberty suppressant hormones are fully reversible, whereas many unwanted pubertal changes are permanent, for example, voice change for male-to-females[24,58,60,61]
- While many question the need to make long-term decisions at a young age, it is important to understand the sense of distress some adolescents may feel regarding puberty. In addition to the noted irreversible bodily changes which commence during puberty,[60] the stress of navigating the social world in an inappropriate gender role is significant and the risk for suicide and self-harm can increase dramatically during this time.[24] Thus a young person's urgency to transition must be considered in context. Both deciding to transition, as well as deciding not to transition, have consequences. A danger is that parents or providers may think that not supporting transition is a neutral position – this is not the case.
- An assessment for GnRHa is generally conducted by a team of experienced professionals including pediatric endocrinologists and mental health professionals.[24,60,62]

Assessment criteria used by these teams include physical and mental health testing, a strong and consistent gender identity and positive family support.

- Currently in Ontario, there are some facilities beginning to provide this treatment to adolescents, for example at the Children's Hospital of Eastern Ontario (CHEO). The cost of GnRHa is not covered by the Ontario Health Insurance Plan (OHIP), however it is routinely included in workplace benefit packages and it is possible to receive coverage through Ontario Works for low-income families receiving public benefits.

Outcomes Associated with Transitioning at a Younger Age

- For many, the prospect of transitioning at a young age raises concerns regarding unsatisfactory outcomes, post-transition regret and long-term physical and mental health implications. Studies to date have indicated positive outcomes in each area.
- Follow-up studies indicate that unsatisfactory outcomes and regret are associated with a late transition rather than early.[63,64] Post-transition difficulties have been found to be highest among those who experience social stigma when they are visible as trans people in their new gender role (i.e., if they are unable to "pass" in their felt gender).[65] Early transition tends to facilitate greater "passing", allowing for less visibility in the new gender role and potentially less stigma.[60]
- Out of 70 adolescents beginning GnRHa in the Netherlands, none changed their mind about pursuing cross sex hormone treatment at 16.[66] In another Dutch study, including 27 participants, no individual transitioning before age 18 regretted their decision to follow through with surgery.[67] The Netherlands clinic has very strict eligibility criteria for youth and it is unclear whether the use of less strict criteria would produce different results with respect to the number of youth changing their minds.
- The first report from a long-term follow-up case study was recently conducted 22 years after a female-to-male adolescent began puberty suppressant treatment at age 13. The study found this individual to be in psychological and physical good health with no regrets regarding transition. Bone density, brain development, metabolic and endocrine parameters were all within the healthy range and no negative side effects were indicated.[68]
- Additional Dutch studies among trans adolescents who were found eligible for treatment between 16 and 18 years, showed a significant post-surgery increase in body satisfaction. These individuals were found to be socially and psychologically healthy[69,70] and compared to transsexual adults, appeared to be psychologically healthier than those who had transitioned in adulthood.[71,72]
- Studies have found that the mental health of trans adolescents improves with access to medical intervention.[24] One pediatric endocrinologist has suggested that to refuse to assist these adolescents with medical interventions may be a violation of the Hippocratic Oath (the physicians' oath to do no harm).[59] Both Dutch and US experts have stated that at this time, it appears the benefits of suppressing puberty at its' onset, outweigh the risks.[59,73]
- Ultimately, many gender independent children will have no need for transition, while a smaller number will. Listening to and valuing what young people communicate about their identities, paying attention to signs of distress, and developing close partnerships

between youth, their families and competent providers will facilitate young people's health and wellbeing.

GAPS in Research

- Though existing follow-up reports on adolescent transition have been positive,[66,67,68,69] additional research is needed regarding long-term health and wellbeing.
- Research is needed on the experience of social transition for pre-pubertal children to understand what factors best facilitate health for these families as well as to better assist those families in which a child may transition back to their original assigned sex.
- Research is needed regarding the experiences of families with gender independent children from diverse economic, ethno-cultural and racialized communities.
- There is currently a lack of research to guide decisions regarding fertility preservation for adolescents who delay puberty or who transition prior to developing viable sperm or egg samples. For the most current information, please see the RHO factsheet: "Reproductive Options for Trans People".

Implications for Health and Social Service Providers

- Primary health care providers including family doctors and pediatricians need to become knowledgeable and competent in care guidelines for gender independent children as these are the providers to whom parents often first turn.[24]
- Children's mental health service providers need to become competent in advocating for gender independent children and better supporting families to affirm children's diverse gender identities and expressions.
- Early childhood educators, elementary school teachers and school administrators require training to effectively provide safe and welcoming learning environments for gender independent children and adolescents.
- Social workers and child welfare service providers must become familiar with the unique indicators of wellbeing within families with gender independent children to ensure that all child protection decisions are free from bias.
- Examples of prior unethical research and treatment conducted on gender independent children indicate that new approaches to research and service provision are needed which honour gender diversity and respect the rights of children in research and mental health service settings.
- It is imperative that parents and service providers pay attention to signs of distress among gender independent adolescents and consider future options together with youth and knowledgeable health providers.
- As mentioned, existing clinical programs which assist young people to transition often offer this only to youth with strong family support.[24,74] These policies have implications for the health and wellbeing of youth who do not have parental support. Providers must develop methods of working with families to foster greater acceptance and must consider transition options for youth whose families may never support this decision.

- Health and social service providers within all organizations, institutions and sectors need to uphold the value of gender diversity and ensure that practices are affirming of gender independent children.

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