Gender: What are the components?

- Birth Sex
- Gender Role
- Gender Identity

NYU Langone Medical Center
Sexuality: Components?

“immutable, stable, and resistant to conscious control”

What is “sex” anyway?

How an individual defines their sexuality

Sexual Orientation

Sexual Identity

Sexual Behavior
Sexual Orientation and Gender Identity

Born as:  Identify as:  Attracted to:

Male  Male  Men

Female  Female  Women

Intersex  Other  Both

Intersex  Other  Neither
Overview
- What is the developmental timeline for gender?
- How many transgender folks are in the US?
- What are their mental health & medical needs?
- What is their experience of health care?
- How are we educating clinicians about TG health?
- What can we do about it?

Definitions

The Gender Unicorn

Gender Identity
- Female/Woman/Girl
- Male/Man/Boy
- Other Gender(s)

Gender Expression
- Feminine
- Masculine
- Other

Sex Assigned at Birth
- Female
- Male
- Other/Intersex

Physically Attracted to
- Women
- Men
- Other Gender(s)

Emotionally Attracted to
- Women
- Men
- Other Gender(s)

Mismatch

Design by Landyn Pan and Anna Moore

To learn more, go to: www.transstudent.org/gender

Graphic by: TSER

NYU Langone Medical Center
When: Developmental Timeline

Sexual Behavior

So what comes first?
Gender identity, Sexual orientation, sexual behavior?

Can begin as early as 4-5 but typically develops just prior to noticeable signs of puberty

Gender Identity
Gender Stability
Gender Constancy

Birth age 2-3 age 4-5 age 5-7 puberty--adolescence-- adulthood

Transgender Identity Development
Gender Fluidity & Gender Identity Development

- DSD/Hormones
  - Androgens and male-typical behavior
- Imaging/Structure (Baudewijnte PC et. al. 2016)
  - Early onset androphilic MTF and gynephitic FTM with gross morphology similar to natal sex but white matter microstructure is more similar to self-reported gender identity
- Study limitations
- Cognitive (Olson et. al. 2015)
  - 5-12yo transgender identified youth
  - w/ both implicit/explicit measures, patterns of cognition consistent with expressed gender equivalent to cisgender controls
- Limitations
  - Less is known about gender fluid/gender queer experience and development as well as those with post-pubertal onset; challenge w/ the diagnostic system
Trajectory: Current Thinking (why changes were needed)

Childhood GD

So why the difference in criteria?

Desisters (73-94%)

Gay, Lesbian or Bisexual

Persisters (6-27%)

Heterosexual
Trajectory: new proposal

Childhood

Adolescence/Adulthood

Gender Variance

TG

Not TG

TG

TG

GQ

Cis
Prevalence

- Methodological challenges – recruitment biases, measurement differences, diagnostic changes, fluidity of gender expression/identity
- Cohen-Kettenis & Pfafflin (2003) -- Dutch youth assessed with CBCL

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<thead>
<tr>
<th></th>
<th>Natal Males</th>
<th>Natal Females</th>
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<tbody>
<tr>
<td>“Ambivalent” Gender ID</td>
<td>4.6%</td>
<td>3.2%</td>
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<tr>
<td>“Incongruent” Gender ID</td>
<td>1.1%</td>
<td>0.8%</td>
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- Kuyper & Wijsen (2014) -- Large Dutch sample; N=9064, aged 15-70 years old

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<thead>
<tr>
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<th>Children</th>
<th>Adolescents</th>
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<tbody>
<tr>
<td>“Behaving like other sex”</td>
<td>2.5-5%</td>
<td>1.1-3.1%</td>
</tr>
<tr>
<td>”Identifying as other sex”</td>
<td>1.4-2%</td>
<td>0.2-0.4%</td>
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- Compared to what is quoted in the DSM...(0.005 – 0.014% of the population)
US Specific Data

• Williams Institute (2016)
  • Utilizes CDC CDC’s Behavioral Risk Factor Surveillance System (BRFSS)
  • Asks question “do you consider yourself to be transgender?”
  • Total US percentage: 0.56% (GA: 0.75%, DC – 2.77%)
    • Age 18-24: 0.7%
    • Age 25-64: 0.6%
    • Age 65+: 0.5%
What are the specific health care needs for TG patients?
Trans-specific care

Social Transition & Support
- Living in desired gender role
- Community & Family support
- Insurance coverage, employment
LGBT Youth Stressors and Outcomes

- CDC Report on High-School Students
- Extrapolation for transgender and gender variant youth
- Challenge in identifying, understanding trans and gender variant youth

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<thead>
<tr>
<th></th>
<th>Heterosexual</th>
<th>LGB students</th>
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<tbody>
<tr>
<td>Skipped school due to safety</td>
<td>4.6%</td>
<td>12.5%</td>
</tr>
<tr>
<td>Forced into unwanted sexual intercourse</td>
<td>5.4%</td>
<td>17.8%</td>
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Do kids with GD have more mental illness?

Children with Gender Variance face discrimination, and can be thought of within a minority stress theory framework\(^1\) and we might expect increased rates of psychopathology.

- **Demographics:** Cohen-Kettenis et al.
  - Average IQ
  - CBCL Data
  - Peer Relations
    - Gender based play correlation
- **Psych Comorbidity:** Wallien et al.\(^3\)
  - 56% of boys & 47% of girls met criteria for an additional diagnosis (compared to 62% of ADHD control group)
  - 31% anxiety disorder, 23% DBD (including ADHD), 6% mood disorder
- **ASD overlap:** deVries et al.; Janssen et. al.
  - Increased rates in both groups
  - Rates of psychopathology higher than general population (21% met criteria) but lower than clinic referred population; lower numbers more recently.
  - Tx delays increase risk for psych comorbidity

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1. Child Study Center
2. Minority Stress
3. Gender Dysphoria
Psychiatric Co-occurrence in children (acceptance is protection)

Reisner et al., 2015; Retrospective cohort study of EHR data
Participants – Patients aged 12-29yo seen at community health center
180 transgender individuals matched to cisgender controls

deVries et al., 2011
Interviewed 105 parents of adolescents with full or subthreshold DSM-IV GID

*note, while rates are high, not sig higher than co-occurrence rates w/ ADHD
*National Transgender Discrimination Survey – 40% suicide attempt rate
Acceptance = Protection

Lifetime Suicide Attempts for Highly Rejected LGBT Young People
(One or more times)

LOW rejection
MODERATE rejection
HIGH rejection

Level of Family Rejection
Ryan, Family Acceptance Project, 2009

Why Support for Trans* Youth Matters
Based on a 2012 study of 433 individuals

Trans* Youth with Supportive Parents
Reported Life Satisfaction
72%
33%

Trans* Youth with Unsupportive Parents
Reported High Self-Esteem
64%
13%

Described Mental Health As “Very Good” or “Excellent”
70%
15%

Faced Housing Problems
0%
55%

Suffered Depression
23%
75%

Attempted Suicide
4%
57%

For more information, go to transstudent.org/graphics

Infographic Design by Landyn Pan Illustrations by Ethan Lopez
Olson, 2016

- But the world is changing, and more youth are socially transitioning earlier… is it effective?
  - Transgender Pre-Pubescent Youth (age 3-12) vs. age matched controls
  - Depression and Anxiety Measures
  - No elevation in depression and only slight increase in anxiety
Trans-specific care

Medical Interventions
- Puberty Blockers
  * GnRH analogs (risks/benefits/requirements)
- Cross Sex Hormones
  * Testosterone (risks/benefits/requirements)
  * Estrogen (risks/benefits/requirements)
- Routine Medical Care
Medical Needs - HIV

• Challenges: How are trans people captured in public health data? How do we ask trans people about sex?

• Rates
  • In 2013, a meta-analysis (Baral et al.) reported that the estimated HIV prevalence among transgender women was 22% in five high-income countries, including the United States.
  • Findings from a systematic review (Herbst et al.) of 29 published studies showed that 28% of transgender women had HIV infection (4 studies), while 12% of transgender women self-reported having HIV (18 studies). This discrepancy suggests many transgender women living with HIV don’t know their HIV status.
  • In the systematic review, black/African American transgender women were most likely to test HIV positive, compared to those of other races/ethnicities: 56% of black/African American transgender women had positive HIV test results compared to 17% of white or 16% of Hispanic/Latina transgender women.
  • Among the 3.3 million HIV testing events reported to CDC in 2013, the highest percentages of newly identified HIV-positive persons were among transgender persons.
  • Although HIV prevalence among transgender men is relatively low (0-3%), a 2011 study (Rowniak et al.) suggests that transgender men who have sex with men are at substantial risk for acquiring HIV.
Trans-specific care

Surgical Interventions
- Benefits
- FTM Surgeries
  * mastectomy
  * hysterectomy/salpingo-oophorectomy
  * metoidoplasty
  * phalloplasty
- MTF Surgeries
  * augmentation mammoplasty
  * genital surgeries
    - penectomy
    - orchiectomy
    - vaginoplasty, clitoroplasty, vuvloplasty
  * non-genital surgeries
    - facial feminization, tracheal shave, laser hair removal

Surgical Interventions
Medical Interventions & care
Social Transition & Support
Thoughts

• Referral rates are sky-rocketing
  • More and more youth are identifying as trans and as genderfluid/genderqueer

• How do we better understand the needs of these youth?
  • Who is following these kids longitudinally

• How do we train clinicians/researchers to be adequate in their care?
  • Patient and Family Centered Care
Questions?

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