Gender Expression in Early Childhood

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Key points

• The development of gender in early childhood
• What we know about gender development
• Parent/family experience with younger kids
• How families can be supportive
• Identifying a professional support team

Caveat for the talk...

Tasked with discussing gender

--Most of us agree that gender is a social construct
--Why do we need to conceptualize in this manner

Why do we live in a gendered world?

*In today’s talk, I am using the verbiage consistent with the source. I do not personally endorse all of these data.*
Research in Gender Development

• Until very recently (the 2000s), research in gender development focused more on gender differences, socialization, and stereotyping.

• Research has traditionally overlooked children’s thoughts and feelings about their own gender identity and “gender-related interpersonal interactions”

Zosuls et al., 2011

Gender in Early Life

• Gender recognition develops very early on:

  • “As early as 10 months old, infants can form primitive stereotypic associations between faces of men and women and gender-typed objects (e.g., scarf, hammer).”

  Levy & Haaf, 1994

  • About two-thirds of children use gender labels by 21 months old. Children studied who knew and used gender labels were more likely than other children to show increases in gender-typed play with toys.

Zosuls et al., 2009

Gender in Early Life

<table>
<thead>
<tr>
<th>Age</th>
<th>Gender-based knowledge and perception</th>
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<tbody>
<tr>
<td>0-3</td>
<td>Discrimination of toys and families (E. R. Miller, 1961)</td>
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<tr>
<td>4-6</td>
<td>Early sex differences (Newcomb &amp; Harkness, 1966)</td>
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<tr>
<td>7-9</td>
<td>Gender preferences observed in play (E. R. Miller, 1961)</td>
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<td>10-12</td>
<td>More pronounced gender preferences and stereotypes (Lamb, 1976)</td>
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<tr>
<td>13-14</td>
<td>Gender roles associated with toys (Emde &amp; Bukach, 1974)</td>
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<td>15-17</td>
<td>Gender-role preferences in social interactions (Emde &amp; Bukach, 1974)</td>
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<td>18-20</td>
<td>Gender-role preferences in play (Emde &amp; Bukach, 1974)</td>
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<td>21-25</td>
<td>Perceptions of gender-typed play (Emde &amp; Bukach, 1974)</td>
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<td>26-30</td>
<td>Gender-role preferences in social interactions (Emde &amp; Bukach, 1974)</td>
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<td>31-35</td>
<td>Expertise in gender-typed play (Emde &amp; Bukach, 1974)</td>
</tr>
<tr>
<td>36-40</td>
<td>Gender-role preferences in play (Emde &amp; Bukach, 1974)</td>
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</tbody>
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Martin, Ruble & Fivush, 2002
### Gender in Preschool

- Stereotypes strengthen with age and expand to include occupations, sports, and academics.
- Children become more attuned to and more judgmental of "gender atypical" behavior.
  - By preschool, young children have relatively concrete beliefs that boys and girls do different things.
  - Negative responses when gender expectations are violated.

  Martin and Ruble, 2009  
  Zosuls et al, 2009

### Gender in Preschool

- Preschoolers employ their knowledge of gender to inform clothing and toy choices.
- Preschoolers hold a strong preference for same-gender people.

  Halm et al., 2014  
  Eaton, Von Bargen, & Keats, 1981  
  Fast & Olsen, 2018

### Gender in Early Childhood

- In a research study of kindergartners (ages 5 and 6), teachers reported students responded to gender norm violations in one of the following ways:
  - correction (e.g. “give that girl puppet to a girl”)
  - ridicule
  - identity negation (e.g., “Jeff is a girl”)

  Kowalski, 2007

- A longitudinal study of children from 5 to 10 years of age showed a peak in the rigidity of stereotypes at either 5 or 6 years of age with an increase in flexibility two years later.
- Developmental frameworks demonstrate that children become more flexible in their thinking as they age.

  Trautner et al, 2005
Cues of Gender Expansive Identity in Early Life and Childhood

- Gender nonconforming behavior doesn’t necessarily mean that a child is transgender.

  But, sometimes it does.

  Few years ago:

  Insistance
  Persistance
  Consistance

Expected path

- Many young children have gender variant play/identity but by puberty 85% will desist. Those “desisters” tend to have non-hetero orientations.
- The 15% who are “insistent/consistent/persistent” into adolescence tend to continue this trajectory and have transgender identities for the rest of their lives.

When clients present

- Young – age 2-3
- Adolescent – start of puberty
- Young adulthood
- Later adulthood
How clients present

• May come in specifically for gender concerns – their own or parents
• May be brought up during other visit
• May come in with MH issues – depression, isolation, anxiety, eating disorder, poor school grades
• May have little insight, no language for what is occurring
• May come in knowing exactly what it is and what they want – sometimes parents are overwhelmed and lost
• Always good to interview without parent in room when able – only disclose with them with their permission
• Ask everyone how they self identify

Tips for interactions

• Be careful of sensitivities to language, acknowledge mistakes
• Ask what names/pronouns/terms a person uses, document and then use them – “how would you like me to address you?” or “is there any other name you go by?” for example
• Ask EVERYONE how they self identify – not just those you think may be trans/gender expansive, good chance to educate all
• Talk about bodies and their organs – not male body/female body
• Ask surgeries when needed – avoid “did you have THE surgery yet?”
• Terms: dysphoria, top surgery, bottom surgery, chest exam
• Clients may know more than you, commonly will be well read but info they have read isn’t always correct – just ask
• Parents sometimes lost or way behind

Jacob’s Story

https://www.youtube.com/watch?v=kVmau1cM5TU
Gender Development among Gender Expansive Youth

• Persistence or desistence of childhood GD related to 3 factors:
  • changing social environment
  • anticipation of and actual puberty-related body changes
  • experience of falling in love and sexual attraction

Steensma et al, 2013
Steensma and Cohen-Kettenis, 2018

Predictors of Persistent Gender Dysphoria

• Intensity of early gender dysphoria (GD) appears to be an important predictor of persistence of GD.

• Presentation of natal boys and girls with GD may different with different factors are predictive for the persistence of GD.

Steensma et al, 2013

Common questions posed by parents

• How do I know the difference between the expression of desired gender and pretend play?

• How and what should we tell family and friends?

• What does social transition involve?

• How do we make sure our child is safe at school?
Parental concerns

- Religious teachings
- Biases and stereotypes
- Is it a choice?
- Is it my fault?
- How do reconcile my religious beliefs?
- Is sexual orientation/gender identity an illness?
- Can it be “cured?”
- When did “it” happen?

Introduction to family as a resiliency factor

- If your child was doing something that leads to...
  - Increased mental health problems
  - Higher rates of suicidality
  - Unemployment and homelessness
  - Expulsion from school
  - More high-risk sexual behavior

- What would you do?

Sources of Stress among SMY

Meyer, 2003
Jacob 4 Years Later

https://www.youtube.com/watch?v=mvTncHeKrco

Why is family acceptance so important

• Realization of sexual orientation can occur at 10 years-old, even younger for gender identity

• Identification occurs four years later

• Families misunderstand what sexual orientation is about

• Misinformation influence idea that sexual orientation/gender identity is something to be "fixed" and not supported

D'Augelli et al., 1998
Youth without accepting families...

- Eight times as likely to be suicidal
- Almost 4 times as likely to use illegal drugs
- Almost 4 times as likely to engage in risky sexual behaviors

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<thead>
<tr>
<th>Depression Severity</th>
<th>Low Acceptance</th>
<th>Moderate Acceptance</th>
<th>High Acceptance</th>
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<tbody>
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<td></td>
<td>20</td>
<td>16.5</td>
<td>10.4</td>
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Ryan et al., 2009

Identifying a professional support team

- Seeking comprehensive care that fosters optimal physical, mental, and social well-being:
  - LGBTQIA-friendly care
  - Safe and inclusive clinical spaces
  - Developmentally appropriate care

- Choose team members versed in gender-affirmative care:
  - Pediatrician
  - Child therapist
  - Family-based therapist
  - Advocates in community/school
  - Support groups

Rafferty, 2018

Gender Coaching / Therapy

- Where on gender spectrum, why trans, why now
- Self acceptance, support of others
- How/when to come out
- Friendships, romance, dating, sexual activity, safety
- Handling comments, prejudice in home, school, workplace
- Finding community and support
- Mental health / drug-alcohol eval, counseling as needed
- Highly recommended for medical transition, typically mandatory for surgery
Other facets to be considering...

- How do we allow our child to experiment?
- When do I bring my child for therapy? Does my child need therapy because they identify as...
- What do we do if close family members aren't supportive?
- What can we, as parents, do if teachers/caregivers use inappropriate language or make unjust requests?
- How do psychiatric comorbidities affect gender identity?

CITATIONS


THANK YOU!