

Support for our LGBTQ+ Youth: Focus on Family

Dana L. Rofey, PhD, FTOS, FAED
University of Pittsburgh School of Medicine
Associate Professor
Department of Psychiatry, Pediatrics, Psychology, CTSI

Gerald Montano, DO, MS
Assistant Professor
Department of Pediatrics
Medical Director, Center for Gender and Sexual Development

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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



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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.

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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

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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

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Gender in Early Life

Age	Gender-based knowledge and perception
0–5 months	
6–8 months	Discriminate voices of males and females (C. L. Miller, 1983) Habituate with one category of faces (Younger & Fearing, 1999) Use hairstyle to discriminate faces by sex; boys only (Pakizegi, 1984) Intermodal associations for dynamic displays of the sexes (Walker-Andrews et al., 1991)
9–11 months	Discriminate male and female faces (Cornell, 1974; Leinbach & Fagot, 1993) Use male and female categories simultaneously in habituation (Younger & Fearing, 1999) Intermodal association for female faces and voices (Poulin-Dubois et al., 1998) Detect correlations among faces of men and women and gender-related objects (Levy & Haaf, 1994)
12–14 months	Intermodal associations for male faces and voices (Poulin-Dubois et al., 1998)
15–17 months	
18–20 months	Gender-typed visual preferences and stereotype knowledge; girls only (Serbin et al., 2001) Recognize labels associated with faces, especially for girls (Poulin-Dubois et al., 1998) Metaphoric associations with gender (Eichstedt et al., in press)
21–23 months	
24–26 months	Onset of nonverbal, verbal gender labeling (26–31 months; Weinraub et al., 1984) Gender labeling (2–2½ years; Leinbach & Fagot, 1986) Receptive labeling of sex of self (24–30 months; Sen & Bauer, 2001) Longer looking time for gender-inconsistent activities (Serbin et al., in press) Generalized gender-typed imitation; girls only (Poulin-Dubois et al., 2002) Elicited imitation of gender-related sequences (25 months) for boys (Bauer, 1993) Gender-typed toy category awareness (Levy, 1999)
27–29 months	Gender labeling (majority; Etaugh et al., 1989)
30–32 months	Gender labeling (Thompson, 1975) Nonverbal gender identity (majority; Weinraub et al., 1984) Generalized imitation of masculine activities for boys (Poulin-Dubois et al., 2002)

Martin, Ruble & Szkrybalo, 2002

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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

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Gender in Preschool

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

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

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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 boy”)

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

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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:

Insistence
Persistence
Consistence

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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.



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When clients present

- Young – age 2-3
- Adolescence – start of puberty
- Young adulthood
- Later adulthood

-ANYTIME

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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

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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

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Tips for interactions

- 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

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Jacob’s Story

<https://www.youtube.com/watch?v=kVmau1cM5TU>

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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

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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 differ with different factors are predictive for the persistence of GD.

Steensma et al, 2013

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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?

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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?

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Introduction to family as a resiliency factor

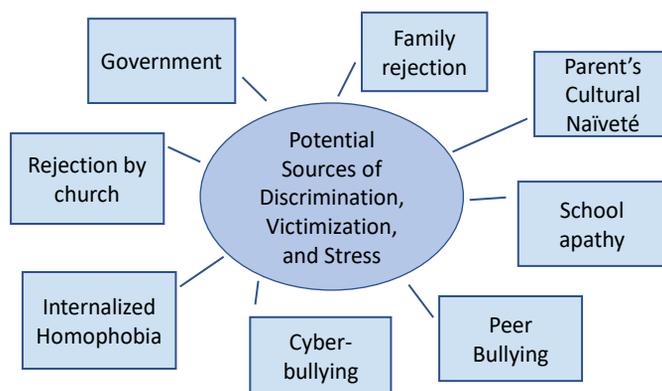
- If your child was doing something that leads to...
 - Increased mental health problems
 - Higher rates of suicidality
 - Unemployment and homelessness
 - Expulsion from school
 - More high-risk sexual behavior
 - Suicidality

- What would you do?



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Sources of Stress among SMY



Meyer, 2003

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Jacob 4 Years Later

<https://www.youtube.com/watch?v=mvTncHeKrcg>

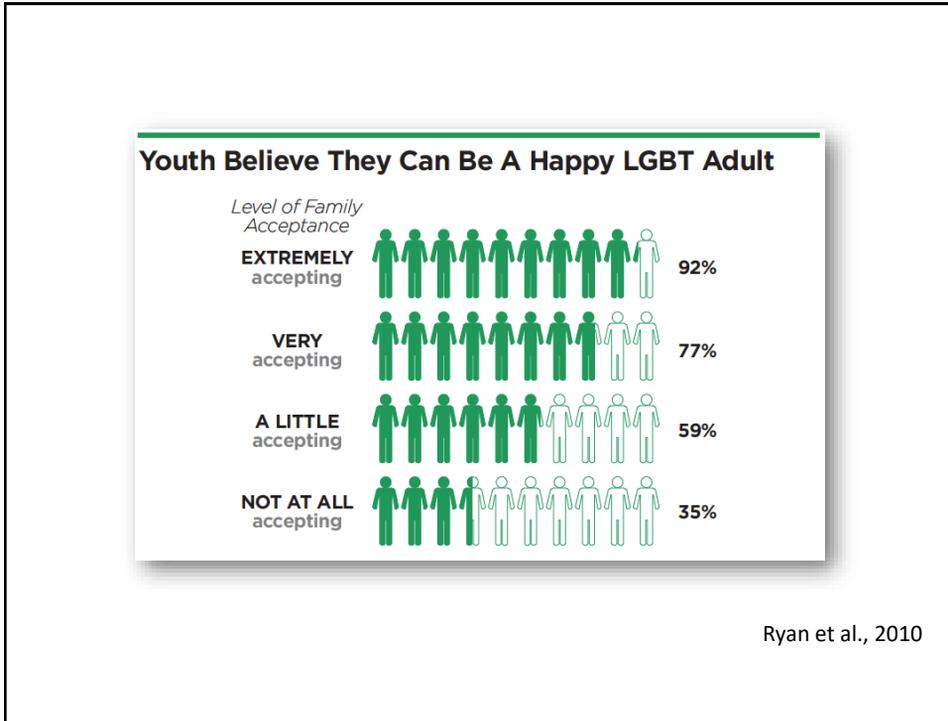
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Why is family acceptance so important

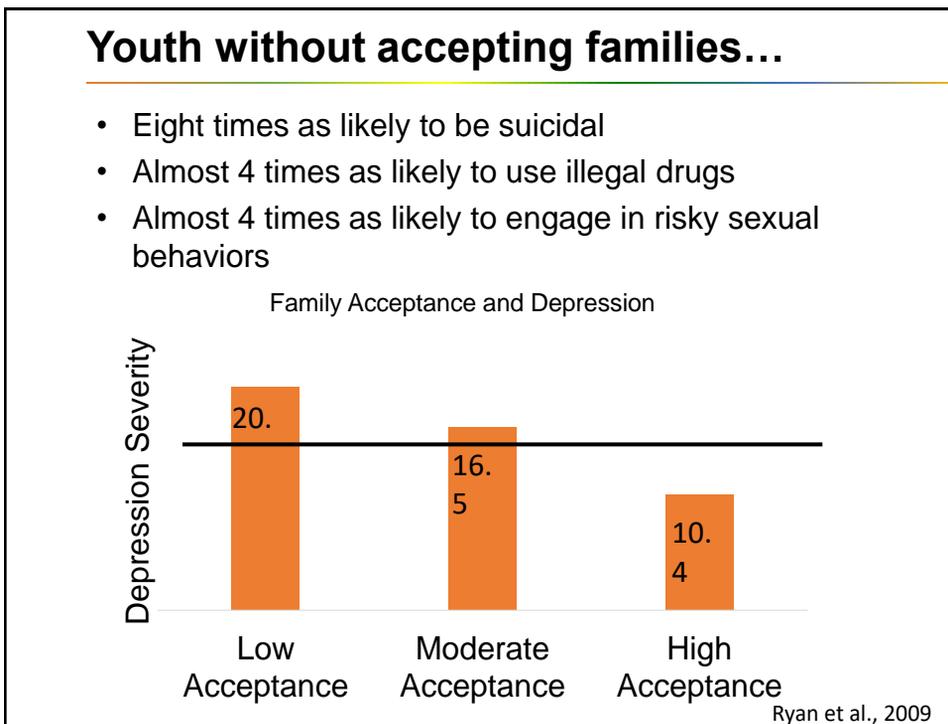
- Realization of sexual orientation can occur at 10 years-old, even younger for gender identity
- Identification occurs four years later
- Families misunderstand what sexual orientation is about
- Misinformation influence idea that sexual orientation/gender identity is something to be “fixed” and not supported

D'Augelli et al., 1998

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What can providers do?

- L.E.A.D. with Love (Huebner et al., 2013)
- L: Leave your affection show
- E: Express pain away from your child
- A: Avoid rejecting behaviors
- D: Do good before feel good

<https://leadwithlovetfilm.com/>

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Let your affection show

- Kids value attachment and want approval (that's why they came out to parents in the first place)
- Affirm love ASAP
- Signs
 - Verbal
 - Physical
 - Praise
 - Doing activities together

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Express pain away from the child

- Sharing pain with child can be harmful
- As providers, try NOT to let parents discuss negatives in front of the child
- Friends, therapist, journaling, other activities

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Avoid Rejecting behaviors

- Verbal harassment
- Excluding child from family events/activities
- Blocking child from LGBTQ+ friends
- Blaming the child for being bullied
- Pressuring child to be more masculine/feminine
- Telling child that GOD will punish them
- Telling child that you are ashamed of him/her/them

From: Supportive Families, Healthy Children: Helping Families with Lesbian, Gay, Bisexual & Transgender Children by Caitlin Ryan, 2009, Family Acceptance Project, San Francisco State University. Copyright 2009 by Caitlin Ryan.

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Avoid rejecting behaviors

- Telling them how to dress
- Keeping it a secret from others
- Tell them that it's a phase

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Do good before you feel good

- Acceptance vs support
- Understanding is not necessarily required

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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

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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

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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 bc 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?

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THANK YOU!
Questions?



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