**SM 121b-Module Learning Guide**

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| **Faculty Name:** | | | Aron Janssen, MD  Kaitlyn Kunstman, MD | | | **Preferred Method of Contact:** | | | Email | |
| **Phase:** | 1b | **Module:** | | Psych | **Element/Thread:** | | SM | **Lecture #, Week #, or Date:** | | 10/13/2020 |
| **Learning Activity Title:** | | | | **Gender Development & Sexuality** | | | | | | |
| **Learning Activity Type:** | | | | Lecture | | | | | | |
| **Contact Info:** | | | | *Phone:* | | *Email:* | | | *Campus Address:* | |
|  | | ajanssen@luriechildrens.org  k-kunstman@northwestern.edu | | |  | |

**Learning Objectives:**

1). Distinguish between different aspects of gender, including gender expression, gender identity, and gender behaviors, and sexuality, including sexual orientation, sexual identity, and sexual behavior. [MKS-1a, CES-1]

2). Recognize the historical evolution of psychiatric diagnostic classification of gender and sexuality phenomena and how that impacts clinical care across disciplines [CES-2]

3). Construct a gender development timeline, including when children begin to understand sex differences and form their own gender identity [MKS-1a]

4). Describe gender dysphoria as it may occur in the peripubertal child [MKS-1a]

5). Identify common mental health comorbidities in individuals with gender dysphoria [MKS-3a]

6). Introduce the concept of gender transition, including the concept of a social transition and common medications used in transgender health [MKS-1e, MKS-1c, PBMR-1]

**Optional Preparatory Work:**

Chen D, Hidalgo MA, Leibowitz S, Leininger J, Simons L, Finlayson C, Garofalo R (2016) Multidisciplinary care for gender-diverse youth: a narrative review and unique model of gender-affirming care, Transgender Health 1:1, 117–123, DOI: 10.1089/trgh.2016.0009.

Affirmative Mental Health Care for Transgender and Gender Diverse Youth: A Clinical Guide. Aron Janssen and Scott Leibowitz. 2018. Springer International Publishing. https://doi-org.ezproxy.galter.northwestern.edu/10.1007/978-3-319-78307-9

Drescher, J. 2010. Queer Diagnoses: Parallels and Contrasts in the History of Homosexuality, Gender Variance, and the Diagnostic and Statistical Manual. *Archives of Sexual Behavior* 39:427-460. DOI: 10.1007/s10508-009-9531-5

The Gender Unicorn: http://transstudent.org/gender

**Outline:**

1. Overview of relevant terminology
2. Critique of DSM and historical context
3. Timeline of gender identity development
4. Gender Dysphoria
5. Introduction to Gender Transition
6. Multidisciplinary Care for Gender-diverse Adolescents

**Overview of Relevant Terminology:**

**Natal Sex:** refers to genotypic and phenotypic physical characteristics, including external genitalia and internal gonads, used to assign sex at birth and is developed by hormone levels, receptors, and chromosomes

**Gender Role:** refers to societal expectations of how one conducts themselves, conventionally regarded as masculine or feminine, in such areas as dress, speech, and behavior

**Gender Expression:** refers to how someone portrays their subjective sense of their gender in areas as dress, speech, mannerisms, and behavior

**Gender Identity:** refers to a person’s personal sense of gender

**Gender Nonconformity:** refers to variation in gender role behaviors from conventional norms

**Gender Incongruence:** identity phenomenon when one’s gender identity and natal sex are not congruent with one another

**Gender Dysphoria:** subjective distress experienced by those whose gender identity is not aligned with their natal sex. The term is also used to describe a diagnostic classification within the DSM5 for individuals meeting a certain number of criteria among two developmental subtypes: Childhood and Adolescent/Adults

**Gender Transition:** process by which an individual begins living in their affirmed gender role encompassing social and/or medical transition which may or may not include hormonal and/or surgical treatment; highly individualized process

**Transgender:** individuals whose gender identity is incongruent with their natal sex, many of whom seek gender affirmation through social transition, medical and/or surgical interventions to align their identity with their physical selves.  This term can also be used as an umbrella capturing all individuals across the gender spectrum

**Genderqueer:** colloquial term used to indicate those whose gender identity or role does not conform to the societal binary

**Sexual Orientation:** the pattern of emotional, romantic, and/or sexual attraction to other people

**Sexual Identity:** an individual’s sense of self as it may relate to their sexual orientation, sexual behavior, personal identity, and social role

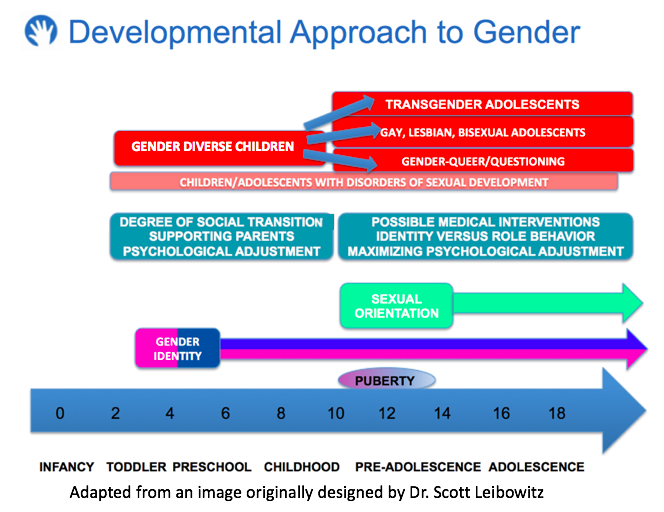
**Sexual Behavior:** the sexual acts in which an individual participates, which are not necessarily always synchronous with their sexual orientation or their overall sexual identity

**Critique of DSM and historical context:**

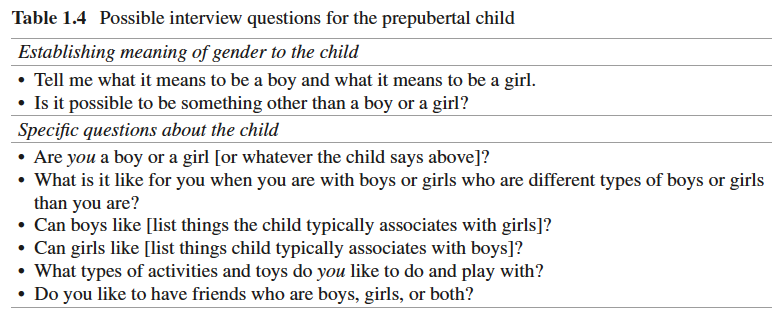
Key historical facts regarding the evolution of gender and sexuality as diagnoses within the DSM will be reviewed including:

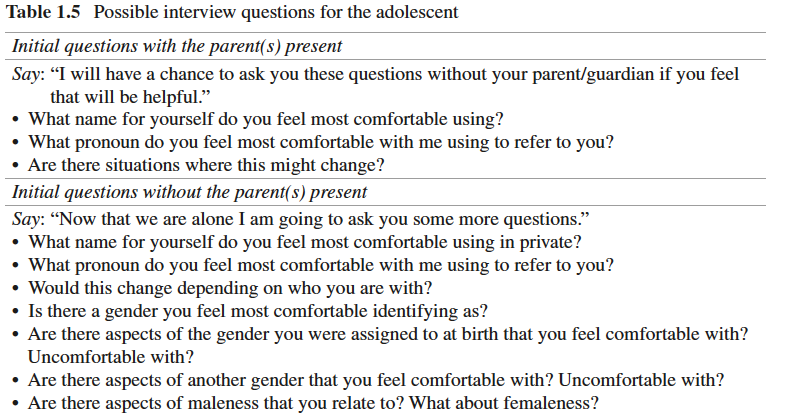
* **1973 -** removal of homosexuality from DSM (replaced by Sexual Orientation Disturbance)
* **1980 -** inclusion of Gender Identity Disorder of Childhood and Transsexualism; removal of Sexual Orientation Disturbance which was then replaced by Ego Dystonic Homosexuality
* **1987 –** Ego Dystonic Homosexuality removed from DSM-III-R (due to lack of empiric evidence); addition of Gender Identity Disorder of adolescence and adulthood, nontranssexual type
* **1994 –** re-classification as Gender Identity Disorder with different criteria for children vs adolescents and adults
* **2011 -** WPATH standards of care, 7th edition published
* **2013 –** Removal of Gender Identity Disorder from DSM-5 and addition of Gender Dysphoria

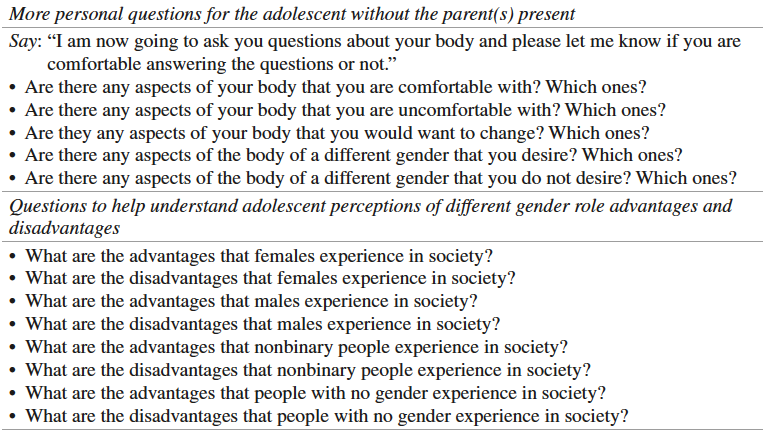
**Timeline of Gender Identity Development:**



* By age 18-24 months, children develop the ability to label gender
* Between 2-4 years most children can recognize sex differences and use gendered pronouns
* By age 5-6 years, most children report stable and consistent gender identity (i.e. gender constancy)
* Many children experiment with gender expression and roles in terms of play, dress, and peer affiliation and this is a NORMAL part of development
* However, some children exhibit *persistent and insistent* nonconforming behaviors and expression and may go on to develop gender dysphoria

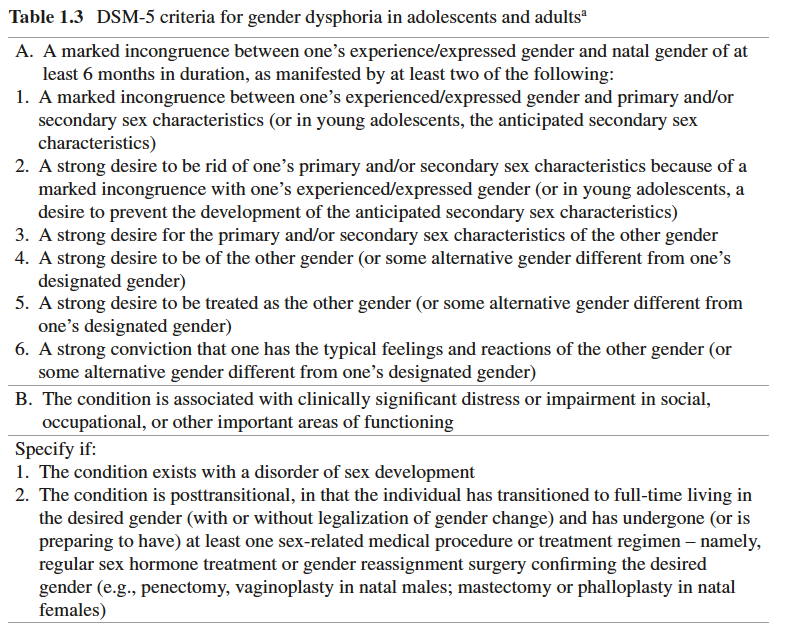
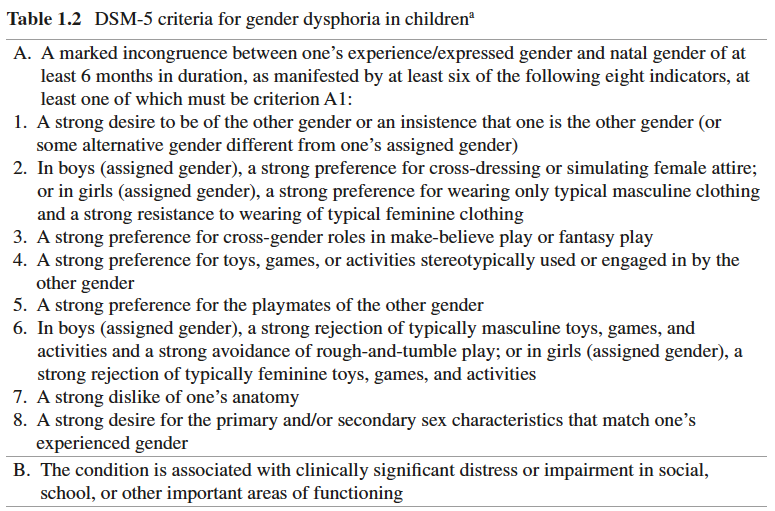




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**Gender Dysphoria:**

**DSM-5 Diagnostic Criteria:**

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**Epidemiology:**

Estimates from population based studies between 2012-2017 ranged from 0.5-2.7%

* 2011 population based study in middle-school aged children in San Francisco: 1.3% identified as transgender (0.6% of those aged 11 or younger and 1.7% by age 13)
* 2016 population based study in high-school aged children in Minnesota: 2.7% identified as transgender or gender diverse
* The Williams Institute 2016 Data: 1.4 million US adults identify as transgender (0.6% of the population)
  + Age 18-24: 0.66%
  + Age 25-64: 0.58%
  + Age 65+: 0.50%
* 2014-2016 CDC Behavioral Risk Factor Surveillance System (survey of adults):
  + 0.48% identified as transgender with another 0.60% answering that they did not know or were not sure; 0.24% further identified as male-to-female, 0.14% as female-to-male, and 0.10% as gender nonconforming

**Course:**

According to one 2008 study of children with gender dysphoria by Wallien and Cohen-Kettenis, there may be up to a 15-27% persistence of gender dysphoria into adolescence.

What factors may help predict persistence of gender dysphoria into adolescence/adulthood?

* A higher intensity of childhood gender dysphoria
* A tendency to assert their gender cognitively versus affectively (e.g. “I am a boy” vs “I feel like a boy”)

Gender dysphoria that continues into adolescence is unlikely to subside and for many may intensify with pubertal changes.

Affirming the gender identity/expression of youth is important, even if many children with gender dysphoria will not go on to develop into transgender youth.

**Psychiatric Comorbidities:**

Gender diverse individuals have higher rates of:

* anxiety
* depression
* ADHD
* autism spectrum disorders
* low self-esteem and decreased sense of wellbeing
* family and/or peer rejection, social isolation, loss of financial support
* self-injury, suicidal ideation, and suicide attempts
* physical, sexual, emotional, and/or verbal abuse, harassment and/or assault
* unemployment, homelessness
* substance use/abuse

**Introduction to Gender Transition:**

Every individual will have their own approach to their gender transition which may include components of a social and/or medical transition. Social gender transition is the process by which an individual transitions towards living as a gender different from the one assigned at birth. This process may include using a different name and/or set of pronouns as well as changes to their gender expression or gender role. Medical gender transition may include pubertal suppression, gender affirming hormone replacement therapy, and gender affirming/confirming surgery. A brief overview of medical options for gender transition will be reviewed during the lecture.