Gender Literacy Across Childhood and Adolescence

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KEYWORDS

• Sex • Gender • Sexual orientation • Gender expression • Gender identity
• Gender roles • Gender diversity

KEY POINTS

- Children, adolescents, and adults alike have become increasingly comfortable exploring their gender identities and expression.
- This has led to an increase in inquiries regarding gender-affirming care, along with an accompanying sociopolitical backlash resulting in an increasing number of states attempting to enact restrictions and bans, effectively turning health care for transgender and gender diverse youth into a political battlefield.
- Evidence shows that gender-affirming care results in better physical, emotional, social, and psychological health outcomes and well-being for transgender and gender diverse youth and adults.
- This section will define and provide an overview of common gender- and sexual orientation-related terminology and basic topics in order to establish an understanding for the remainder of the chapters in this edition.

Masculine and feminine roles are not biologically fixed but socially constructed.

Gender is not something that one is, it is something one does, an act… a doing rather than a being.

We act as if that being of a man or that being of a woman is actually an internal reality or something that is simply true about us, a fact about us, but actually

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it's a phenomenon that is being produced all the time and reproduced all the time, so to say gender is performative is to say that nobody really is a gender from the start.

—Judith Butler, Gender Trouble[1]

INTRODUCTION

A colleague expresses excitement at a group gathering about being 5 months pregnant. After expressing congratulations, what is the inevitable next question?

The "genderization" of children begins long before their birth. From baby outfits to nursery decorations to gender reveal parties, the answer to "is it a boy or a girl?" plays an outsized role in the rituals surrounding anyone caught in the orbit of an impending newborn.

Now think back to your own childhood. What were you taught about "how babies are made"? Did you receive sexual health education in school? How about lessons on sex and gender? How about what it means to "be" a boy or a girl?

Gender—once an afterthought despite its significant yet unspoken role in the average American's daily life (public restrooms, clothes shopping, grooming, sports teams)—has become a fraught sociopolitical issue. The concept of gender as a construct, once relegated to the realm of Women's and Gender Studies courses, went mainstream while concurrently, gender reveal parties have experienced a surge in popularity. Meanwhile, youth (and adults) have become increasingly comfortable exploring their gender identities and expression, which has led to an increase in inquiries regarding gender-affirming care–along with an accompanying backlash resulting in an increasing number of states attempting to enact restrictions and bans, effectively turning health care for transgender youth into the latest political battlefield.

This section will define and provide an overview of common gender- and sexual orientation-related terminology and basic topics in order to establish an understanding for the remainder of the chapters in this edition.

SEXUAL ORIENTATION

The commonly-utilized acronym "LGBTQIA+" is comprised of letters referring to both identities of sexual orientation (lesbian, gay, bisexual, asexual) as well as gender (transgender). It also includes terminology that does not neatly fit into either category: queer and intersex.

Sexual orientation is a term that describes the attraction—romantic and/or sexual—that a person feels toward a certain gender. For instance, heterosexual ("straight") generally implies a binary; of a man exclusively attracted to women, or a woman exclusively attracted to men. The term gay generally refers to men who are attracted to men (although it has also been used colloquially by a spectrum of identities to indicate that one is under the LGB+ umbrella). Lesbian identifies women who are attracted to women, and bisexual indicates one who is attracted to multiple genders, within and beyond the binary. Others use pansexual as a term that similarly indicates an attraction to all genders.

The terms asexual and aromantic refer to a spectrum of identities that generally denote a lack of attraction (sexual and/or romantic) toward others. This is in contrast to those who are allosexual, or who have the capacity to be sexually attracted to others. Queer is also a term used to indicate one is under the "LGBTQIA+" umbrella but is defined less explicitly or specifically. For many members of the community, "queer" has a political connotation, for one who exists beyond the boundaries of a heteronormative, gender-normative nuclear family model. In the mid-twentieth century,

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"queer" was used as a pejorative term. It has since been "reclaimed" by the younger generation who use the word casually to describe themselves; however, there are many LGBTQIA+ people who avoid the term completely.

It should be noted that there is an under-studied tension between identity and behavior. As these terms are self-defined identities, they do not always reflect *behavior*. Straight and not-straight individuals alike may experiment with or pursue sexual or romantic relationships that do not "align" with their self-reported sexual orientation identity. This does not negate those identities but speaks to the inadequacy of simple identifiers and labels to capture the spectrum, richness, and nuance of human sexuality and experience.

SEX/GENDER

Sexual orientation is partly defined by, but does not otherwise indicate, gender identity. Gender identity is the gender (ie, woman, man, agender, non-binary, and so forth) that a person regards themselves as, or identifies for themself; as in, how one understands their own gender. This may or may not be in contrast to sex, which is typically assigned by a medical professional based on the external genitalia an infant has at birth—"female" for a vagina and "male" for penis/testes.

Hence, a more accurate descriptor for sex is "assigned female at birth" (AFAB) or "assigned male at birth" (AMAB). If someone's gender identity—their internal sense of their gender—aligns with the sex they were assigned at birth, they are cisgender. A cisgender woman would have been assigned "female" at birth and still experiences her own sense of gender as aligned with "girl/woman" as she develops. Transgender individuals are those whose internal sense of their gender is different from the sex they were assigned at birth. This can fall within a binary of gender (ie, boys/men and girls/women) but may not. For instance, a person who was assigned male at birth but who identifies as a woman, may identify as a transwoman. Transgender can also include identities beyond the male/female binary such as non-binary, genderqueer, genderfluid, bigender, or agender. These terms refer to one who does not identify as exclusively as a man or woman, but their specific definition is otherwise not universal. Further, some who identify as non-binary, genderqueer, or agender may not necessarily identify themselves as transgender. Various non-binary, genderqueer, or agender individuals might experience their gender in various ways—as a mix of male and female, as without any gender, as beyond gender, or as a "third" gender.

Additionally, it is essential to note that gender identity does not dictate one's sexual orientation in any way: just like a cisgender woman may identify as heterosexual (attracted only to men), bisexual (attracted to "both" men and women), or lesbian (attracted only to women), a transwoman may identify as heterosexual (attracted only to men), bisexual (attracted to "both" men and women), or lesbian (attracted only to women) as well; she may also use the term "queer" for her sexual orientation if she feels that none of these descriptors are accurate.

As such, gender is frequently understood as a spectrum or gradient, rather than as a binary – the "Gender Unicorn" (**Fig. 1**) is one way of visualizing this concept.[2] Experiences of gender may be difficult to characterize with terminology as well, and individuals may also shift their understanding of their gender over time. New terminology for sexual orientation and gender identity, has and will continue to emerge as culture and society shift. Some of these terms/definitions are limited to the United States, and different countries and cultures may conceptualize orientation and gender in different ways.

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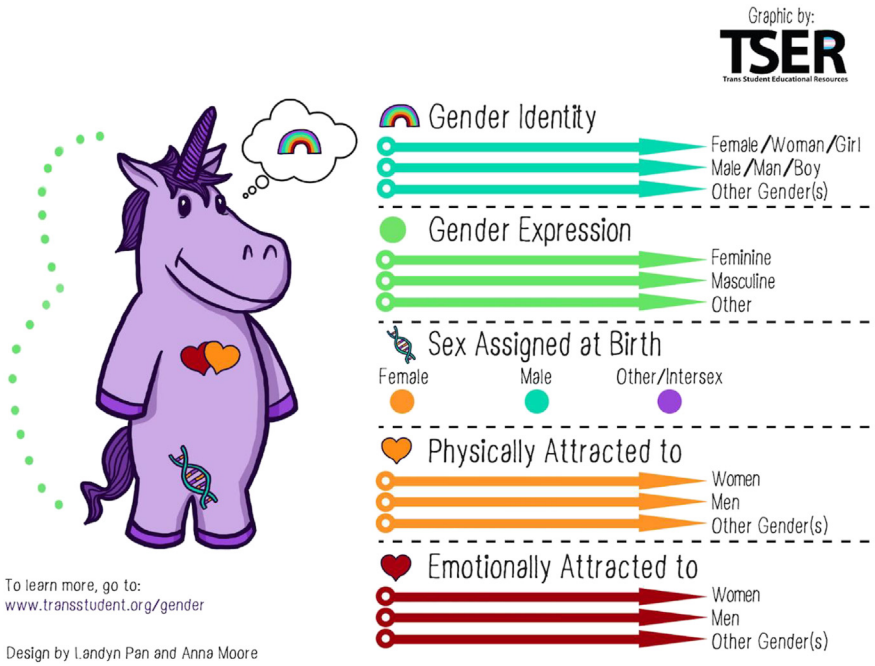

Fig. 1. The gender unicorn.

GENDER EXPRESSION AND GENDER ROLES

Gender identity is related to, but not always in obvious concordance with, gender expression or gender roles. Gender expression is how one presents themselves, in terms of clothing, hairstyle, makeup, or mannerisms. A gender role is an often loosely defined set of social expectations ascribed to a gender. Gender roles themselves are social phenomena, continuously defined and re-defined by society. Many conceptualizations of what it means to be a *man* or *woman* have shifted across time and cultures. These gender "social norms" are frequently transgressed by cisgender individuals, and as such, any number of individuals, cisgender and transgender alike, may not *look* or *act like* their self-defined gender identity. Someone's gender expression—in terms of clothing, hairstyle, mannerisms—may not obviously relate to their gender identity in the dominant social interpretation of that gender expression. A cisgender man may choose to wear their hair long and apply makeup, and still self-identify as a cisgender man, despite not behaving in concordance with the current predominant social role or gender expression of a *man*. Thus, gender role or gender expression is often but not always related to gender identity.

TERMINOLOGY

For a summary of commonly used gender terms, please see **Table 1**, later in discussion. For a summary of commonly used sexual orientation terms, please see **Table 2**, later in discussion.

PRONOUNS

Pronouns are words that can be used to refer to a person or people without using their names. Many transgender people use what are traditionally understood to be male

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Table 1
Gender terminology

Term	Definition
Gender identity	The gender (ie, woman, man, agender, non-binary, and so forth) that a person regards themselves as, or identifies for themself; how one understands their own gender
Cisgender ("cis")	Refers to those whose *gender identity* aligns with the sex they were assigned at birth
Sex assigned at birth	Refers to the sex one is assigned at birth based on their external genitalia—includes "assigned female at birth" (AFAB) and "assigned male at birth" (AMAB)
Transgender ("trans")	Refers to those whose internal sense of their gender is different from the sex they were assigned at birth
Gender binary	A distinction of gender into two separate, "opposite" categories: male and female. This is in contrast to an understanding of gender as a spectrum or gradient
Non-binary Genderqueer Genderfluid Bigender	These terms refer to one who does not identify as exclusively male or female, but their specific definition is otherwise not universal; different *non-binary* or *genderqueer* individuals might experience their gender in different ways — as a mix of man and woman, as without any gender, as beyond gender, or as a third gender
Agender	One who does not identify as exclusively male or female, but their specific definition is otherwise not universal. Generally, thought of as a person who does not identify with any gender
Gender expression	How one presents themselves, and specifically their gender identity, in terms of clothing, hairstyle, makeup, mannerisms, or behavior
Gender role	An often loosely defined set of social expectations ascribed to, or generally associated with, a certain gender; the norms a culture associates with a certain gender
Transition	The process of changing legal paperwork, self-expression, social behavior, physiology, or anatomy, amongst others, to align with one's gender identity
Social transition	Involves the changes a person makes to live as their gender in society; these can include choosing a new name or pronouns, or wearing different clothing or hairstyles
Legal transition	The process by which a person's name and gender are recognized legally, that is, by name changes or through changing gender marker on identification documents
Medical transition	Refers to gender-affirming medical interventions, namely medications such as puberty blockers or hormones, that are taken to effect changes to one's body that affirm one's gender identity
Surgical transition	Refers to surgical interventions that are pursued to affect changes in one's body that affirm one's gender identity; these can include chest ("top") surgery or genital ("bottom") surgery

(he/him/his) or female (she/her/hers) pronouns. There are a growing number of non-binary people, as well as others, who use gender neutral pronouns, the most common of which is they/them/theirs. Some people feel comfortable using more than one set of pronouns and may introduce themselves as she/they, he/they, or another combination of pronouns, signaling that others can choose which to use. It can be helpful, especially for children and teens, to try out pronouns to see which fits them best.

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Table 2
Sexual orientation terminology

Term	Definition
LGBT LGBTQ LGBTQIA+	Variations of a commonly utilized acronym comprised of letters referring to both identities of sexual orientation (lesbian, gay, bisexual, asexual) and of gender (transgender); it also occasionally includes terminology that does not neatly fit into either category such as "queer" and "intersex"
Sexual orientation	The attraction—romantic and/or sexual—that a person feels toward a certain gender
Heterosexual ("straight")	A term for sexual orientation that generally implies a binary: of a man exclusively attracted to women, or a woman exclusively attracted to men
Gay	A term referring to men who are exclusively attracted to men (although it has also been used colloquially by a spectrum of identities to indicate that one is under the LGB + umbrella)
Lesbian	A term identifying women who are attracted to women
Bisexual	Refers to one who is attracted to multiple genders, both within and beyond the binary
Pansexual	A term that indicates an attraction to all genders
Allosexual	Refers to those who have the capacity to be sexually attracted to others
Asexual Aromantic	Refers to a spectrum of identities that generally denote a lack of attraction (sexual and/or romantic) toward others
Queer	A term used to indicate that one is under the "LGBTQIA+" umbrella, but is defined less explicitly or specifically. For some, "queer" has a political connotation, meaning one who exists beyond the boundaries of a heteronormative, gender-normative, nuclear family model

Referring to someone with their correct pronouns is an essential part of treating them with respect. Bullying and harassment often include the purposeful use of incorrect pronouns to demean someone. The best way to find out someone's pronouns is to ask. The majority of those you ask will be glad that you did so rather than making an incorrect assumption. If you make a mistake, offer a quick apology and move on–it can do more harm than good to focus too much attention on the issue, and over-apologizing puts an emotional burden on the other person.

INTERSEX

Intersex people are those whose bodies or biology do not neatly align with traditional expectations of a "female" or "male" body, with regards to anatomy, hormonal pathways, or chromosomes. Some intersex conditions include androgen insensitivity, congenital adrenal hyperplasia, Klinefelter's, and 5-alpha reductase deficiency. Being intersex is a common, natural variation in biology–between 1% and 2% of people fall into this category.[3] Some people know from birth that they are intersex, while others do not find out until later in life. Despite most intersex people not requiring any gender-specific medical treatment, the standard of care in the past included assigning a gender identity or conducting surgical intervention on intersex infants to ensure external genitalia *looked* "normal" rather than for any medical necessity. Advocacy groups have worked hard to decrease stigma and discourage medical or surgical interventions, especially before a person is able to consent.[4] Some intersex people consider themselves part of transgender communities and others do not.

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ETIOLOGY OF GENDER DIVERSITY

Given the increase of interest in gender diversity by medical establishments and media, researchers have attempted to understand its causes. A recent critical review investigated approximately 102 articles studying the etiology of transgender identities, most of which pursued the discovery of a biological feature that might differentiate transgender individuals from their cisgender peers.[5] Results of these studies, which include postmortem tissue, neuroimaging, genetic, digit ratio, and cognitive function studies, frequently contradict one another, and have not been replicable. Further, as the review notes, major methodological gaps exist in article seeking to medicalize and categorize gender identity–much like other social identities, including sexual orientation, race, and ethnicity, gender identity is shaped significantly by cultural and psychosocial factors that are insufficiently explored in biologically oriented studies.

Per WPATH reports, it is not currently "possible to distinguish between those for whom gender identity may seem fixed from birth and those for whom gender identity development appears to be a developmental process"—nor may it matter.[6] Gender diversity itself is not pathological, and as such investigation into etiology may not be necessary, particularly if the purpose is to legitimize identity. The diversity of human experience includes "normal" variations in social identity—gender included—without easily-identifiable "causes."

LGBTQ IDENTITIES AND THE DSM: GENDER DYSPHORIA

Gender diverse youth often interact with mental health or behavioral health institutions in the process of seeking gender-affirming care. When patients experience distress due to an incongruence between their gender identity and sex assigned at birth, this is often referred to as *gender dysphoria*. In the most recent edition of the Diagnostic and Statistical Manual of Mental Disorders (DSM-5), gender dysphoria in children is operationalized as distress due to "a marked incongruence between one's experienced/expressed gender and assigned gender, of at least 6 months' duration," manifested by six additional criteria including dressing as a different gender, preference for toys and activities stereotypically used by a different gender, and a strong dislike of one's sexual anatomy, among others.[7] Notably, not all gender minority youth experience gender dysphoria, and simply identifying as a gender minority is not a pathology.

Prior to this edition, the DSM categorized the experience of being transgender as "gender identity disorder." As observed by changing language in sequential editions of the DSM, psychiatry has a history of pathologizing identities under the LGBTQ+ umbrella. For instance, the first edition of the DSM (1952) classified homosexuality as a "sociopathic personality disturbance" while the subsequent DSM-II (1968) used the categorization of "sexual deviation." Five years later, in 1973, the American Psychiatric Association finally removed homosexuality from DSM-II.[8]

The shift in culture that has begun to understand different sexual orientations and gender identities as normal variations in human experience, has been followed by a shift in language in the DSM, from "transsexuals" (terminology used in the 1950s onward) who were understood to be mentally ill or sexually deviant and categorized under psychosexual disorders and personality disorders, to "gender dysphoria" in the most recent 2013 edition of the DSM.[8]

Even so, patients seeking gender-affirming care often need to obtain a diagnosis of "gender dysphoria" – whether or not they feel it accurately describes their experience – for that care to be covered by medical insurance companies. Without a corresponding medical code that implies pathology, some are concerned that gender-affirming surgical or medical care would then cease to be offered as part of a standard health plan.

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Given this history of pathologizing their existence and identities, LGBTQ people often have a complicated relationship with behavioral health care. Psychiatric assessments have been historically required by endocrinologists and surgeons in order for patients to access hormone therapy or gender-affirming surgeries, as recommended by the WPATH's Standards of Care. However, given this pressure, TGNB patients have long felt that they needed to present a certain way to secure such recommendation letters, even if they could also benefit from longer-term engagement in behavioral health support. This is particularly compounded by the context of cost and limited access to psychiatry providers.

PSYCHIATRIC IMPLICATIONS AND PROTECTIVE FACTORS

Numerous studies show that LGBTQ youth (and adults) experience increased rates of violence, trauma, bullying, disproportionate punishment, and other forms of abuse and harassment, social stigmatization, familial rejection, and homelessness when compared to their cisgender heterosexual peers.8.

Such marginalization and stress can take place across multiple settings including but not limited to: interpersonal, familial, educational, occupational, social, and political, and hence has resulted in chronically increased rates of depression, anxiety, trauma, substance abuse, self-harm, and suicidality.[9,10] More than half of LGBTQ youth endorse symptoms of major depressive disorder and almost two-thirds report symptoms of generalized anxiety disorder.[10] Additionally, symptomology in LGBTQ youth tends to appear sooner in life and with increased duration.[9] It should be noted that there is no evidence of increased risk for psychosis or related conditions such as schizophrenia, schizoaffective disorder, or bipolar disorder.

This is significant because as noted in the landmark Adverse Childhood Experiences (ACE) study, young people exposed to long-term social stressors such as unsafe or rejecting home environments have an especially elevated risk of future chronic health risks including increased rates of multiple causes of adult morbidity and mortality such as substance use, cancers, ischemic events, and other cardiovascular, pulmonary, and hepatic diseases.[11]

Another way to explain the systemic challenges facing LGBTQ populations resulting in disparate behavioral and physical health outcomes is through an intersectional lens. As per Oxford Dictionary, intersectionality is defined as "the interconnected nature of social categorizations such as race, class, and gender as they apply to a given individual or group, regarded as creating overlapping and interdependent systems of discrimination or disadvantage."[12]

In other words, being marginalized in more than one social category (such as race/ethnicity, class, religion, gender, sexuality, ability) makes it harder for minority populations to survive on a daily basis, much less achieve their goals in life. Studies in health disparities show that minority stress and intersectional approaches offer contextualization for how social inequities such as anti-LGBTQ political legislature, homelessness, and education disparities result in increased psychiatric diagnoses such as anxiety, depression, and somatization, as well as external symptomology such as substance use and impulsivity.[13,14]

Unfortunately, compared to their cisgender heterosexual peers, in addition to experiencing increased trauma and stressors, it follows that LGBTQ youth are also less likely to have access to mitigating protective factors, such as supportive families, safe and secure housing, and social support networks.[15,16] Beyond their immediate implications, such context can be concerning for adults concerned about the wellbeing of LGBTQ youth in their lives. Hence, it can be beneficial for

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clinicians to instead emphasize family, school, and community-based protective factors such as.

- Familial and social support
- Being engaged in one's community, such as serving as a role model for others
- Engagement in social activism, being aware of oppressive social structures
- Receiving gender-affirming care, which may include hormones and/or surgery

Encouraging and building parental/guardian and family support around youth gender identity and sexual orientation is potentially one of the strongest protective factors for LGBTQ youth wellbeing and has been shown to reduce depressive and anxious symptoms as well as reduce risk behaviors in this population.[15] It is particularly notable that transgender pre-pubescent youth who have parental support in their social transitions have rates of depression and anxiety comparable to their cisgender peers.[17]

Similarly, although most LGBTQ youth report experiencing discrimination and harassment in educational settings, it has also been shown that school support, safety, and connectedness result in not only decreased risk behaviors but also increased psychological wellbeing.[18–20]

GENDER TRANSITION

Transition can be divided into several areas, including social transition, legal transition, medical transition, and surgical transition. A person may choose to go through some or all of these, and there is no set order or steps to transitioning.

Social transition involves the changes a person makes to live as their gender in society. These can include choosing a new name or pronoun or wearing different clothing or hairstyles. For children and teens prior to puberty, social transition is the main way that they live authentically in their genders. Young people who are given space to explore their gender identities through social transition have higher life satisfaction and decreased rates of depression.[21] Schools can be supportive of young people's social transition by ensuring they can use the bathrooms and locker rooms consistent with their gender identities as well as participate in sports alongside others of their gender.

Legal transition is the process by which a person's name and gender are recognized legally. Name changes are made on a state level and differ from state to state but generally involve obtaining a court order. Changing gender markers on identification documents is dependent on the document and whether it is state or federally issued. Starting in 2021, passport gender marker changes no longer require a physician's letter and can be made by individuals by filing an application.[22] The same is true of gender on Social Security cards.[23] The steps for changing gender marker on state driver's licenses and non-driver IDs differ by state. Some states allow individuals to file a form on their own behalf, while others make it much more difficult, requiring a physician letter, court order, proof of surgery, or amended birth certificate. The process for amending birth certificates is also state-dependent, with some states continuing to require proof of surgery and a few not allowing amendments at all.[24]

Some transgender people choose to transition medically by taking hormones that affect changes in their bodies. These medications are not used in children or teens before they enter puberty. Once a young person enters puberty, there is the option of taking a gonadotropin-releasing hormone (GnRH) agonist to block further puberty in order to provide time for decisions to be made with their guardians about proceeding with adult hormones. For transmen, testosterone is the primary medication used for transition. Transwomen are often prescribed estrogen along with an androgen

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blocker such as spironolactone. Hormone treatment has been linked to improvements in mental health and quality of life in both youth and adults.[25,26]

While public perception is that surgery is a major part of transgender experiences, the majority of transgender people do not undergo surgical transition.[27] Some are not interested in this type of transition, while others lack access because of insurance or other financial constraints. Surgical transition generally takes place over the age of 18 in the United States, though certain procedures – most commonly chest surgery – may be available to a small number of those over age 16 with permission from guardians. Chest ("top") surgery is more common than genital ("bottom") surgery. Some transgender people prioritize procedures, such as facial feminization surgeries, that are likely to help them be recognized or "read" as their gender in public, especially those who are vulnerable to harassment and violence.

TREATMENT AND CARE

As seeking gender-affirming care often necessitates interactions with medical establishments, including psychiatry, a number of societies have published best practice guidelines for doing so, most notably including the World Professional Association for Transgender Health (WPATH). The WPATH releases the *Standards of Care for the Health of Transgender and Gender Diverse People* every several years, with the most recent iteration in its eighth edition.[6]

For both children and adolescents, the guidelines recommend an individualized approach to clinical care that integrates patients' families, health care teams, and social environment. The focus of WPATH recommendations for children and adolescents is first on promoting a safe environment for identity exploration, within the medical office and also in other social contexts, including home and school. This exploration can involve a mental health professional, such as a psychiatrist, psychologist, or therapist, whose role is to create an open and non-judgmental environment for youth to process and explore their gender identity. When gender identity seems marked and sustained, various avenues of legal, social, medical, or surgical transition may be pursued.

SUMMARY

Gender identity is a personal understanding of oneself along a vast gradient of possibility, one which is distinct from sexual orientation, and may come with an additional spectrum of gender expressiveness. Pronouns are one of the many ways to respect and affirm someone's gender identity. Transgender and non-binary individuals may seek medical and surgical care, along with other forms of social and legal transition, in order to affirm their identity, which numerous studies have shown to be notably beneficial for their physical, emotional, social, and psychological health and well-being. As the medical field has evolved its understanding of gender diversity, psychiatrists have shifted from pathologizing to affirming gender identity; however, psychiatric and medical evaluation of patients' "gender dysphoria" is still necessary in order to access gender-affirming care, which positions the field both as a source of support and gatekeeping for gender diverse youth.

CLINICS CARE POINTS

- Human beings contain multitudes—don't make assumptions.
- Self-defined identity does not necessary correlate with behavior.

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- Using a patient's pronouns are one of the many ways to respect and affirm their gender identity.
- Transgender and non-binary individuals may seek medical and surgical care, along with other forms of social and legal transition, in order to affirm their identity.
- Gender-affirming care results in better physical, social, and psychological health outcomes and well-being for transgender and gender diverse youth and adults.
- As the medical field has evolved its understanding of gender diversity, psychiatrists have shifted from pathologizing to affirming gender identity.
- However, psychiatric and medical evaluation of patients' "gender dysphoria" is still necessary in order to access gender-affirming care, which positions the field both as a source of support and gatekeeping for gender diverse youth.

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