Genderqueer, non-binary youth: how they fit into the transgender paradigm

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Disclosure

The authors have no financial relationships to disclose. We will be discussing off label uses of certain medications.
WHAT ARE KIDS SUPPOSED TO DO?

MEN  WOMEN

are you a boy or a girl.
no
Objectives

1. Define the various terms used in regards to gender.
2. Synthesize the research around non-binary or genderqueer youth.
3. Explore treatment considerations for non-binary youth.
I identify as Bisexual.
Because I'm sexually attracted to boys & girls.
And sometimes, I feel like I'm in the wrong body.

But sometimes, I think I might be Pansexual.
1 know I'm queer, but I don't know if one identity is enough to describe me.
And sometimes, I wonder if I'm just genderqueer.
Terminology:
What do these terms mean to you?

- Gender identity
- Gender expression
- Sex assigned at birth: AMAB, AFAB
- Transgender vs. Cisgender
- Transman
- Transwoman
- Non-Binary
- Genderqueer
- Gender non-conforming
- Genderfluid

http://www.transequality.org/issues/resources/transgender-terminology?gclid=Cj0KEQiAeXEBRDP8fnlIJDXxsIBEIQAAGfyobuiQL2zERCBBI65hPw6qhxfp33F09gx4JAFISTeelsaAjaZ8P8HAQ
Definitions

• **Gender identity:**
  – An individual’s internal sense of being male, female, or something else. Since gender is internal, one’s gender identity is not necessarily visible to others

• **Gender expression:**
  – How a person presents or expresses their gender identity to others, often through behavior, clothing, hairstyles, voice or body characteristics

• **Sex assigned at birth:**
  – Usually male or female, assigned based on external anatomy or chromosome testing
    – *AMAB* – assigned male at birth
    – *AFAB* – assigned female at birth
Definitions

- **Cisgender**
  - A term for a person whose gender identity is the same as that typically associated with their assigned sex at birth

- **Transgender**
  - A term for a person whose gender identity is different from that typically associated with their assigned sex at birth
  - *Transman* – a transgender individual who was AFAB but currently identifies as a man
  - *Transwoman* - a transgender individual who was AMAB but currently identifies as a woman
Definitions

• **Non-binary**
  – An umbrella term for all who don’t identify as entirely male or entirely female

• **Genderqueer**
  – A term used by some individuals who identity as neither entirely male nor entirely female.
  – Can be an umbrella term or a specific identity

• **Gender non-conforming**
  – A term for individuals whose gender expression is different from societal expectations related to gender

• **Genderfluid**
  – A gender identity that often changes, so that a person may feel one day like a boy, and another day like a girl
The Gender Unicorn

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

**Gender Expression/Presentation**
- Feminine
- Masculine
- Other

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

**Sexually Attracted To**
- Women
- Men
- Other Gender(s)

**Romantically/Emotionally Attracted To**
- Women
- Men
- Other Gender(s)

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

Design by Landyn Pan
Gender Expression

That means I sometimes identify as...

- A GIRL
- A BOY
- Neither
- OR BOTH!
Non-binary 101

- Avoid making assumptions
- Teach your staff to do the same
- Misgendering can be hurtful
- Have gender neutral restrooms available
- Ask about pronouns and name they use
- Use gender neutral language

- **Affirming from the front desk to the back office!**
Pronouns – they aren’t preferred. Just ask. If you make a mistake, just apologize.
Dr. Russell: Hello, Kai. How are you doing today?
Kai: I’m good! How are you?
Dr. Russell: I’m doing well. Kai, I wanted to check in before I assumed—what are your pronouns?
Kai: They’re ze/hir/hirs.
Dr. Russell: Alright, thank you. I have never used those pronouns before, so I apologize if I make a mistake. Did you say they were pronounced “ze,” “hir,” and “hirs?”
Kai: That’s right.
Dr. Russell: Great. I’d like to write them down, to make a note to other staff. Could you spell those for me?
Kai: Sure. Z-e, h-i-r, and h-i-r-s.
Dr. Russell: Thanks, Kai. And please let me know if I make a mistake when using them.
Kai: No problem. I will
THE LITERATURE

http://www.slideshare.net/neutrois/nonbinary-transition-2015
Prevalence of non-binary youth

• Dutch population study
  – ambivalent gender identity (equal identification)
    • 4.6% of AMAB
    • 3.2% of AFAB
  – Incongruent gender identity (stronger identification with the other sex)
    • 1.1% AMAB
    • 0.8% AFAB

• UK Study
  – 5% of LGBTQ youth identified as neither male nor female

• US Studies and Data
  – 13% of trans people surveyed were ‘a gender not listed here’
  – 175 LGBT participants, 13.7% identified as genderqueer, 2.3% selected “other” and wrote in multiple identities or other terms
  – Seattle Children’s Gender Clinic, 27% of the 150 new patients since October 2016 identify with a non-binary identity

• Canadian Trans Youth Health Survey
  – 41% of respondents reported non-binary identities

Prevalence

• Numbers of non-binary people seem to be increasing
  – Changing discourse?
  – Fear of lack of treatment?
• However a 3rd gender has long been recognized in some cultures
  – Two-Spirit
  – Hijras
  – Fa’aafafine
  – Balkan Sworn virgins
• Racial differences
  – Non-binary identity getting more attention now that it has reached mainstream white culture

Human rights & legislation

• **EU** Council of Europe Parliamentary Assembly recommends “consider including a third gender option in identity documents”

• **UN** advocates for fair treatment of LGBT people in all UN member states stating “These terms are used to refer to same-sex behavior, identities or relationships and non-binary gender identities”

• **New Zealand** passports gender markers: M,F,X

• **Oregon** made non-binary a legal gender in June 2016

Health Disparities for Non-binary Individuals

• Very few studies look specifically at non-binary or genderqueer

• A study of 3279 self-identified LGBT adults
  – 117 (3.6%) identified as genderqueer, non-binary, or other completed health risk questionnaire
  – Looked at drug use, diet, exercise, driving/seatbelt habits, unprotected sex, self harm and violence, alcohol use, medical compliance
  – Similar rates of marijuana use, unhealthy dietary behaviors, self harm, alcohol use to other LGBT subgroups

Smalley, Warren, & Barefoot, 2016
Health Disparities for Non-binary Individuals

- **Higher rates** of speeding while driving compared to their LGBT peers
  - 27.6% vs. 18.3% for transwomen
- **Higher rates** of hurting others
  - 2% vs. 1.8% for transmen, 1.4-1.5% for transwomen, LGB males and females
- **Lower rates** of unprotected sex
  - 41.4% vs. 51.7% for LGB females
- **Lower rates** of smoking
  - 11% vs. 25% for transwomen

Smalley, Warren, & Barefoot, 2016
Health interventions

• Mental health –
  – Support the patient in their identities and expressions, allow them to explore their gender identity
  – Avoid pathologizing
• Hormonal interventions
  – What are the patient’s goals?
• Surgical interventions
  – Is the patient interested?
Discuss individual goals

• Unique goals
  – Remove markers of masculinity/femininity
  – Combine markers
  – More conventional treatment path but maintain non-binary identity

• Goals may change

• How do they want to be perceived?

• Current hormonal treatment is a package deal
  – Expectations aligned with options
[flexible] gender identity

“which category do you identify/define yourself?”
Case #1: Stepping stone or landing place?

• Bailee is a 20 year old AFAB well known to your adolescent and young adult practice.
• Identifies as mixed gender, goes by they/them/theirs pronouns.
• Intermittent asthma (albuterol), otherwise health. No other medications or allergies.
• They have a therapist for mild anxiety.
Case #1

- Presents to clinic to discuss treatment options
  - Stopping periods
  - Thinking about hormones
  - Top surgery
- Desire more androgynous appearance
- **What questions do you have for Bailee at this point?**
- **How do you navigate with them their goals and treatment options?**
Case #1

- They would like to look both male & female
- Would prefer less facial hair, but willing to shave
- Want a deeper voice
- Ok with having a vagina but not breasts
  - Referral to a top surgeon provided
- Interested in menstrual suppression but doesn’t like taking pills or LARC (long acting reversible contraception)
  - Decide on DMPA to stop periods
- Worried about increased muscle mass and clitoral enlargement from testosterone
  - Decide to forgo hormone treatment
Case #1

• Bailee returns to clinic after a semester in college of junior year and now identifies as more transmasculine

• Thinking about testosterone (T)

• *Would you like to talk to a therapist and what would you like to know?*

• *What new information would you like to know from Bailee?*
Case #1

- Therapist reports anxiety has improved since over previous semester.
- Bailee realized more muscular body can help with their androgynous appearance
- Ok with larger clitoris
- Would like to start testosterone but on a low dose.
- You provide informed consent and start low dose T.
Case #2: Fluidity of identity

• Alyx is a 15 year old AMAB who identifies as genderqueer and uses ze/zir/zim pronouns
• History of PTSD and rapid cycling Bipolar disorder, followed by psychiatrist however recently stopped seeing therapist
• When you first met zim, ze was introduced as Alyx. Then Sammie, Liz, Christie, Max, finally back to Alyx.
• Mom is super affirming and is arguing for hormones as Alyx has desired them for the last year and ze feels more feminine
Case #2

- Ze sometimes dresses more feminine and other times more masculine
- Former therapist does not feel comfortable supporting a diagnosis of gender dysphoria given mental health history and fluidity of gender
- Psychiatrist does not feel comfortable either writing letter supporting hormones

**What would you like to know?**

**What more would you like from the mental health providers’ perspective?**
Case #2

• When you discuss concerns with Alyx & mom, ze states ze might be more gender fluid but feminine side dominates, would like to bring this out with hormones

• Mental health providers – neither have expertise with gender concerns.

• They are confused by gender expression Alyx exhibits.

• Psychiatrist is concerned bipolar disorder is not yet adequately treated

• What do you do now?
Case #2

- Alyx is now 16 and has found a new therapist who has gender expertise and started DBT
- Therapist writes letter supporting hormones.
- Psychiatrist titrates medication for bipolar disorder and patient improves.
- Spironolactone is started initially before starting estrogen at patient’s request as ze would like to see what happens without hormones first
Case #2

- At next visit, Alyx has stopped spironolactone.
- Ze wants to present as feminine but does want voice to continue to deepen
- *What do you do now?*
Case #2

- You remind Alyx voice will deepen with or without spironolactone or estrogen
- Alyx decides to think about how important the other reasons are to continue treatment
- Ze comes back for follow up and has restarted spironolactone leftover from previous Rx.
- Ze is now ready to explore estrogen
SMALL GROUP CASES
Case #3: Just a little T…

• Ashton: AFAB, 16 year old.
• Uses he/him or they/them pronouns depending on the visit, identifies as “transmasculine.”
• Interviewing patient alone. Clothing is very “femme” – pink top, purple shirt, leggings, purple high tops
• Mom knows he is transmasculine and trying to be supportive. Dad is not supportive of gender fluidity
• Wants to talk about low dose T for masculinization, especially deeper voice.
Case #4: My girlfriend doesn’t want me to…

- Taylor: AMAB, 18 year old, identifies as genderqueer and goes by she/her/hers.
- History of anxiety
- Asks front desk for restroom, misgendered as “sir”
- Caring for her for 5 years. Gender identification seems to change depending on sexual partner
- “Straight girlfriend” is not supportive of female identity. Wants to try hormones but is afraid of how girlfriend will react.
- Subsequent visit after breakup is interested in Estradiol. Tried her friend’s hormones and when she tried it her anxiety and she now feels depressed.
Conclusions

• Very little data exist regarding non-binary people
  – Difficult to obtain due to sample size as this is a small percent of the population
  – More research is needed

• Discuss individual patient goals with regards medication/surgical management
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