



# GENDER AFFIRMATIVE CARE WITH YOUTH

SPECIAL ATTENTION TO SYSTEMS, TRAUMA AND DYSPHORIA

SFUSD Central Wellness Teams, February 2019

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# GOALS FOR TODAY

Increase awareness and understanding of gender identity, gender expression and gender wellness

Increase awareness of Gender Affirmative Care Model with special attention to trauma, adolescent development and systems approaches

Utilize case examples from your work and presenter to increase strategies for support and advocacy

## DEFINING OUR TERMS

- Sexual Orientation
- Gender Expression
- Gender Identity
- Gender Wellness
- Binary Model
- Gender Affirming Approach

# GENDER HEALTH

- A child/teen's opportunity to live in the gender that feels most real or comfortable to that child and to express that gender with freedom from restriction, aspersion, or rejection

# GENDER AFFIRMATIVE PREMISES

- Gender Variations are Not Disorders
- Gender is Diverse and Varied Across Cultures
- Gender = Interweaving of body, psyche and society
- Gender is not binary but fluid
- Gender dysphoria may or may not exist in the body
- Acceptance by family/others significantly improves mental health outcomes

# MULTIDISCIPLINARY APPROACH TO CARE

- Medical: Pediatrics, Endocrine, Psychiatry, OB/Gyn, Urology, Surgery
- Mental health: Therapist , Psychiatrist
- Caregivers: Family members, close friends, out of home providers
- Clergy
- Schools
- Legal

## WHAT GUIDES US?

- Child's or Teens Assertion
- Level of distress, dysphoria, depression, anxiety, risk, etc.
- Family or caregiver system understanding and needs
- Onset of puberty as a crisis
- Persistence of "I am" or "I wish I was" or "I should have been" or "G-d made a mistake" or "when will I grow a penis?" etc.



# KEEPING IN MIND SYSTEMS THINKING

- Who is in the child's system? (family, teachers, mentors, etc)
- What are the priorities in order to best support the child/youth's overall medical and mental health?
- What are the generational patterns or narratives in this system that impact all members?
- What might support look like at an organizational level?


# GENDER EXPRESSION



# GENDER IDENTITY







Tried to tell my  
mom I'm a  
transboy, and she  
told me I can't be a  
boy if I wear  
dresses and skirts

whisper

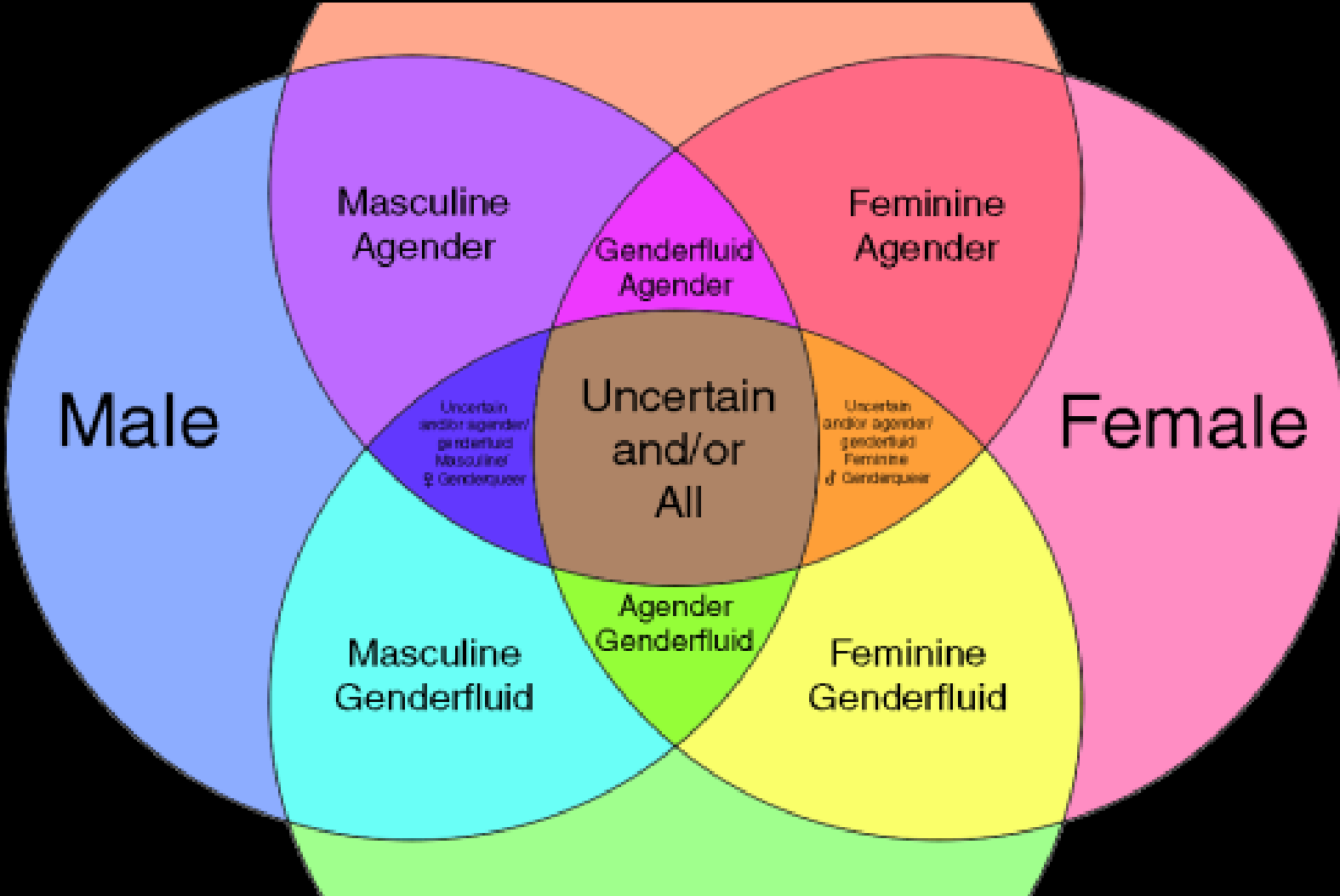
# GLBPAN, ETC. WHO WE LOVE, DATE, ETC SEXUAL ORIENTATION



# APPLES, ORANGES, FRUIT SALAD

- SOME CHILDREN WILL BE EXPLORING OR AFFIRMING THEIR GENDER IDENTITY (APPLES)
- SOME CHILDREN WILL BE EXPLORING OR AFFIRMING THEIR GENDER EXPRESSIONS (ORANGES)
- SOME CHILDREN WILL BE EXPLORING OR AFFIRMING BOTH (FRUIT SALADS)
- LATE HARVEST APPLES

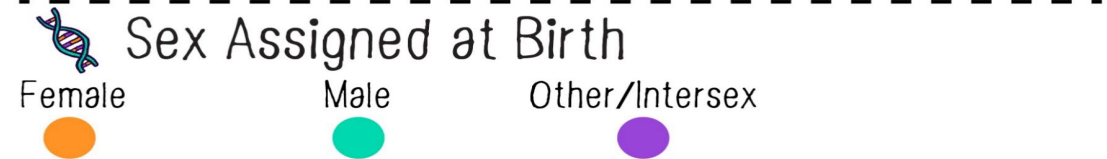
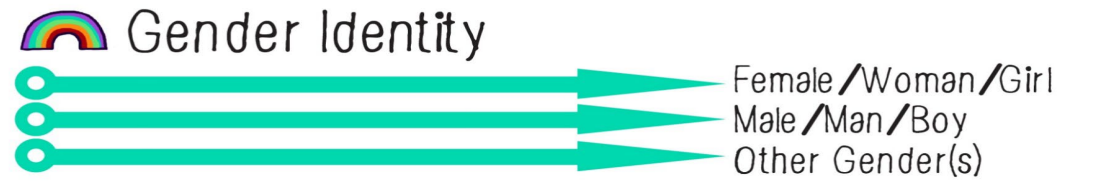
# GENDER EXPANDING





# The Gender Unicorn

Graphic by:  
**TSER**  
Trans Student Educational Resources



To learn more, go to:  
[www.transstudent.org/gender](http://www.transstudent.org/gender)

Design by Landyn Pan and Anna Moore

BEYOND.....

## Revolutionary Gender Model

Many configurations are possible

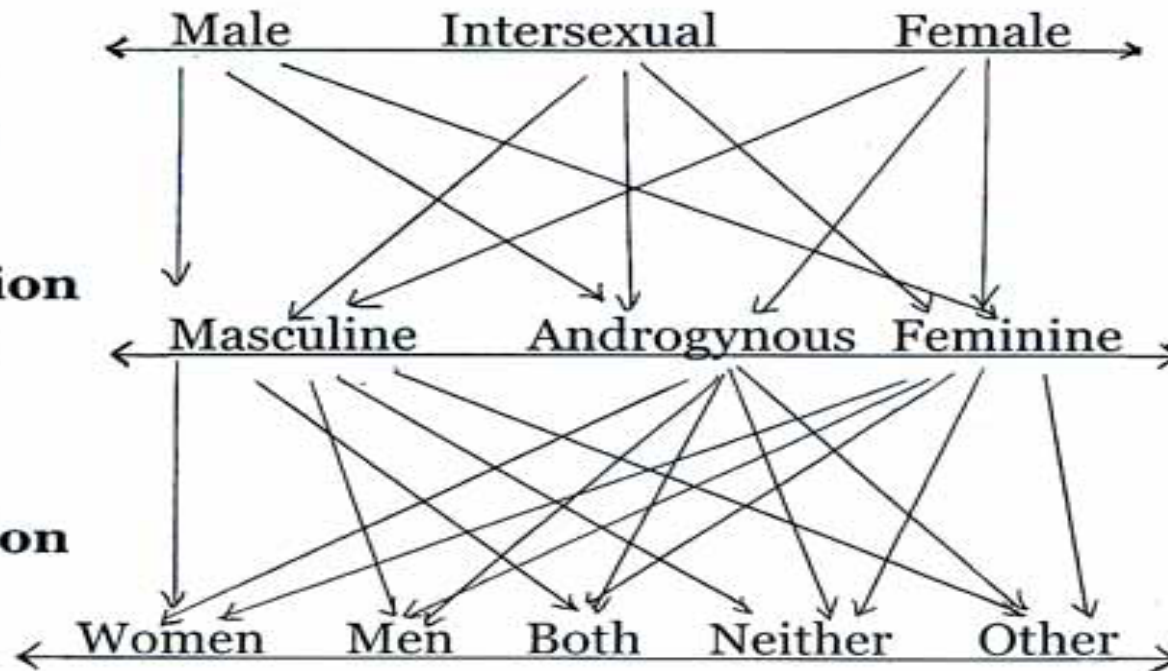
### Biological Sex

*Hormones,  
genitalia,  
secondary sex  
characteristics*

### Gender Expression

*Dress, posture,  
roles, identity*

### Sexual Orientation



# DISCUSSION/SELF REFLECTION:

- What did you learn about gender growing up?
- What messages did you get about what was / was not okay based on gender?
- How did race/culture or other experiences influence your experience of gender?
- How does your experience with gender influence your work/parenting/friendships/hobbies, etc.

# TRANSGENDER

- An umbrella term for persons whose gender identity, gender expression or behavior does not conform to that typically associated with the sex to which they were assigned at birth

# NONBINARY GENDER IDENTITY

- Also termed Genderqueer , is a catch-all category for gender identities that are not exclusively **masculine** or **feminine**—identities which are outside the gender binary and cisnormativity. Genderqueer people may express a combination of masculinity and femininity, or neither, in their gender expression.

# Nonbinary Identities

Man

Woman

No gender

Both genders

Neither gender

Third gender

Fluid gender

Combination of genders

Genderqueer

Nonbinary

Many more...



# CISGENDER

- denoting or relating to a person whose sense of personal identity and gender corresponds with their birth sex

## ARE THEY TOO YOUNG TO KNOW?

- “In children, gender solidifies at about 3 to 6,” explained Patrick Kelly, a psychiatrist with the division of child and adolescent psychiatry at Johns Hopkins Children’s Center



# ASSUMPTIONS ON GENDER

- There are only two genders
- You can tell a person's gender when (or before) they are born
- Gender determines what we can/cannot do
- Thinking or stating a person is “born in the wrong body”; “born a boy and became a girl”; “girl with a boys body”
- All people who are Gender Expansive are unhappy or have “dysphoria”
- All people want to change the body they have medically
- Cisgender is “normal”

# PUBERTY .....

- A sense (awareness with no clear words)
- Distress at body changes beyond typical adolescent awkwardness
- Distress at attention called to the changes beyond typical adolescent awareness
- A crisis

# AFAB: TRANSBOYS, NB, MOC

- Duration of puberty roughly 5 years
- Breast buds usually age 9 or 10
- Menses 9-16 onset
- Pubic hair first, then leg and underarm hair
- About 20% of adult height is gained during puberty. Girls begin to grow taller fairly early in puberty.
- About 50% of normal adult weight is gained during puberty. The hips, thighs, breasts, and stomach often gain more weight than other areas. Also, a girl's body fat percentage commonly doubles by the end of puberty.

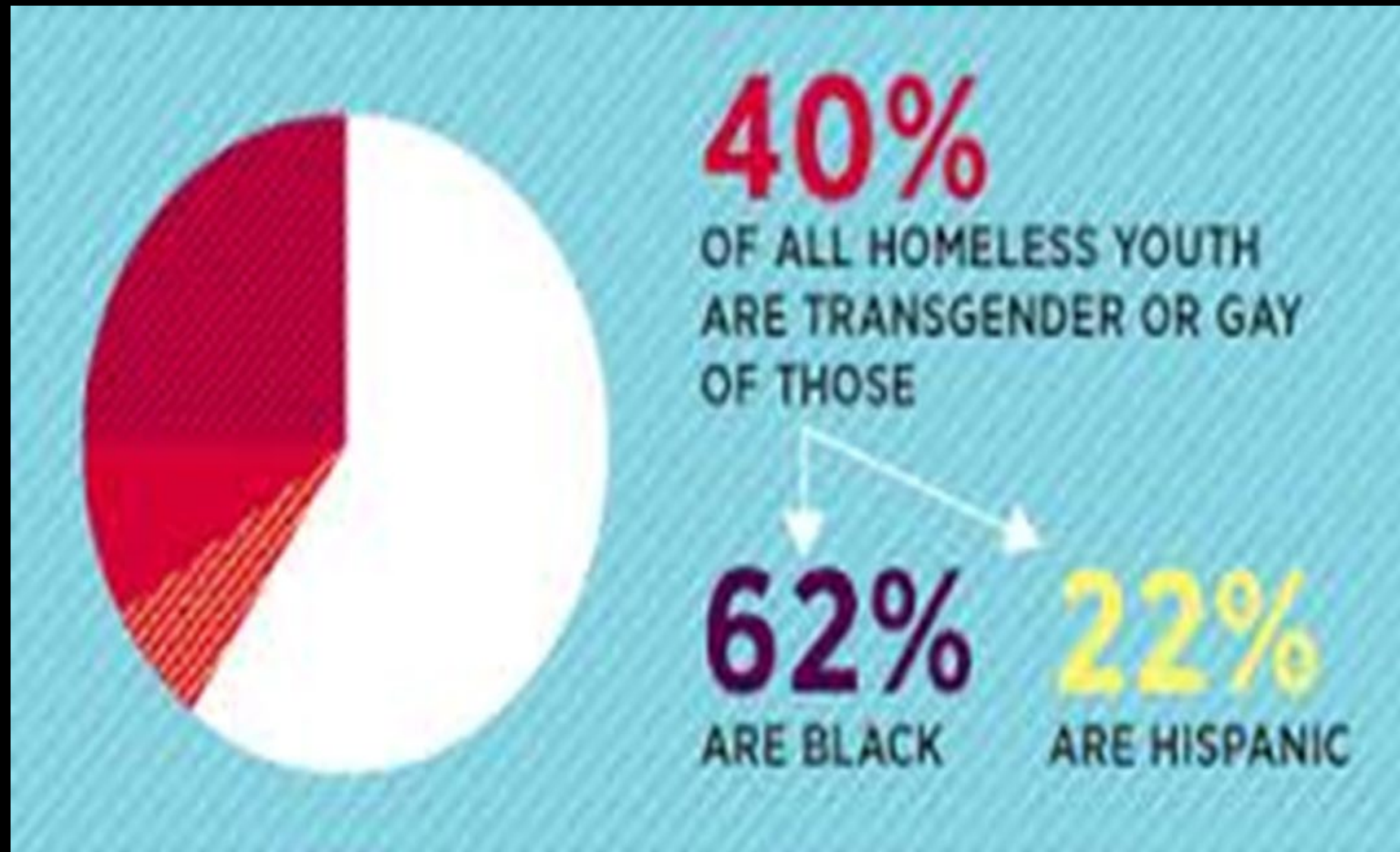
# AMAB: TRANSGIRLS, NB, FOC

- *Duration of puberty roughly 6 years*
- Start of puberty testes drop; later in puberty penis gets larger
- Pubic hair growth first; then chest, arm, leg later in puberty
- Voice changes: voices get lower and deeper
- Erections and nocturnal emissions happen a bit later when body starts to produce sperm
- About 20% of total adult height is gained during puberty; height spurt fairly late in puberty.
- About 50% of normal adult weight is gained during puberty. AMAB often have a lower percentage of body fat by the end of puberty.

## STATISTICS

- 85% fluid and needing support for expression—may end up gay or lesbian , etc. or just not “typical” preferences
- 15% potential for severe distress and need help making gender transition (even this group can be a spectrum)

# STATISTICS



# DYSPHORIA IS BROAD

- Of the body (changes, showers, dressing, masturbation, romance, etc.)
- Managing the response of others (misgendering, “jokes”, laws, etc.)
- Comparison of self to peers/sibs
- The acceptance of “trans” status versus CIS (hopelessness it will not be possible to change; acute distress on how long it might take to see change)
- Independent and overlapping at times of mental health disposition
- Some changes and not others ( gap in changes between meds/surgery)

# RISK CAN INCREASE AT THIS TIME

- Intersection of family culture and individual culture (can speak to gaps in comfort/timelines)
- Increases in depression, anxiety, drug/alcohol, eating disorder behaviors , runaway, throwaway, etc.
- School refusal due to harassment or access issues
- Retraumatization (ses/insurance; anti bias-poc)
- Conflation of mental health and gender health used to “gatekeep”
- Family or Worker/Judge will not sign consent (readiness, high conflict divorce, etc)





## GOAL OF CARE:

- to interrupt the path of preventable distress/dysphoria that leads to poor mental health outcomes-care may or may not involve medical steps



JAY, AGE 14

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

# TREATMENT APPROACH : INTERSECTIONAL

- Gender Affirming Model
- Gender Consultation
- Family Systems Approach
- Trauma Informed Care (ind/setting)
- IFS as a tool to address marked dysphoria
- Multidisciplinary approach (medical , legal, education, mental health, clergy, etc.
- Advocacy

# Transition is...

## Social

name, pronouns, disclosure,  
clothing, appearance

## Medical

hormones, surgery, fertility  
and birth control

## Legal

name, gender marker



# TRAUMA

- Individual trauma results from an event, series of events, or set of circumstances that is experienced by an individual as physically or emotionally harmful or life threatening and that has lasting adverse effects on the individual's functioning and mental, physical, social, emotional, or spiritual well-being

# ADVERSE CHILDHOOD EXPERIENCES: ACES

- ACES are the single most unaddressed public health threat facing our nation
- Association between ACES and poor health outcomes

increased risk for smoking, alcoholism, drug abuse, depression, suicide attempts, STD, obesity, heart disease, cancer, lung and liver disease, fractures

- Dr. Block, 2011
- ACE Study : CDC-Kaiser, 1995-1997 original study reaching 17K respondents (W,MC)

# ACES, BURKE-HARRIS

- 67% -88% of the U.S. population have at least ONE ace
- 12% of the U.S. population has more than FOUR aces
- Inhibits pre frontal cortex, immune system, DNA
- Statistical differences in amygdala (fear response)

<https://www.youtube.com/watch?v=95ovIJ3dsNk>

# ADVERSE CHILDHOOD EVENTS CAN IMPACT:

- Mental Health
- School
- Intimacy
- Social relationships
- Dating
- Development
- Social and emotional maturity
- Sense of safety and trust in the world
- Ability to access care and trust care systems



# TRAUMA INFORMED CARE MODEL

- **Trauma Informed Care** is an organizational structure and treatment framework that involves understanding, recognizing, and responding to the effects of all types of trauma---here both providers and systems are assessing and making necessary changes to reduce impact of trauma and prevent re-traumatization



TASK:

- Interrupt the path between adverse events and poor health outcomes on individual and systemic levels

# ATTACHMENT



# ATTACHMENT

- A deep and enduring emotional bond that connects one person to another across time and space (Ainsworth, 1973; Bowlby, 1969/1958)
- Attachment speaks to the way in which this bond affects the child's behavioral and emotional development into adulthood

# INTERNAL FAMILY SYSTEMS: PARTS MODEL

- Parts of self are distinct and developed often from trauma
- Parts of self are often set up to “protect” the core self
- When one is in their Core self they have: Courage, Creativity, Clarity, Calm, Compassion, Congruence and Connection
- Consideration of IFS thinking to address gender dysphoria

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# TO DO'S: SYSTEMS, FAM SYSTEMS AND IFS:

- Utilize internal family systems “PARTS” model to help clients integrate/differentiate/unblend parts of self that are formed from trauma or from DYSPHORIA (or both)
- Bridge clients/systems to added supports and grow support circle as wide as possible (with client informed approach)
- Validate trauma of oppression, phobia, fear and threat of violence and other macro level realities
- Set up safety plans that are protective of macro, communal, familial and individual realities

## STUDY ON CAREGIVER INTERVENTION, 2008

- The intervention effect on caregiver stress was immediate and was sustained across time
- Caregivers not offered specific intervention reported an immediate and sustained increase in caregiver stress



# WHAT SUPPORT LOOKS LIKE

- Information-articles, books, talks, videos, youtube, connections with families, online support chat rooms
- Emotional support for person and family
- Linkage to services (medical, legal, mental health)
- Consultation with gender specialist
- Meeting with extended family, support system, clergy, other allies

# California Legal Third Gender

**2019**

Any Californian can identify as male, female, and nonbinary on driver's license or birth certificate

**CA is First State**

To pass a law officially recognizing a third gender

**9,000+**

Identify as nonbinary in National Transgender Survey



# WHAT ADVOCACY LOOKS LIKE

- School meetings with principals, teachers
- School trainings for teachers, students
- Legal consultation in high conflict situations (divorce, out of home placement, etc)
- Family meetings confronting level of distress as a crisis
- Advocating for form changes, language, interaction, restroom access in your setting
- Lobbying for healthcare changes to cover Trans Care
- Training for clinicians if they are unfamiliar, over diagnosing, misgendering ,etc.

## TO DO'S SPECIFIC TO GENDER EXPANSIVE CHILDREN AND PERSONS..

- Allow needs and requests to be met (restroom, play, etc.)
- Use pronouns correctly and respectfully
- Avoid Reinforcing Gender Binary through Language (boys/girls, women/men, his/hers, mom/dad, sister/brother, etc.)
- Expand your menu of language: Friends, Children, Folks, Humans, Butterfly Elephants, Builders, Cooks, Readers, Caregivers, Parents, Siblings, etc.



- . Cases and Questions

# LEO, AGE 16

AFAB, American born Chinese, Id as male only at school but not at home due to family response

Begins to tell family at age 8 "I am a boy"

Family sends Leo to therapist to "fix" gender confusion

Leo begins to do poorly in school, self injure, become depressed

# KHALIL, AGE 14

- AFAB, African American, Id's as Nonbinary and wants They/Them pronouns
- Parents are loving and still continue to misgender and misname
- Parents cite they want Khalil to “pick an easier life”
- Parents expect Khalil to dress stereotypically female for events like church and family gatherings
- Khalil begins to show signs of depressive symptoms and starts smoking marijuana daily after school and begins to self injure

# CASANDRA, AGE 17

- Caucasian, AMAB
- Tanner stage 2 (puberty has started)
- Cited since age 4, “I am a girl”
- Identifies as female, uses name Cassandra
- Cassandra lives with grandmother due to parental rejection
- Cassandra wants to begin Estrogen and grandmother is not comfortable
- Cassandra begins to have events of running away and engaging in high risk sexual behavior



# FAMILY ACCEPTANCE=BEST OUTCOMES FOR CHILDREN/YOUTH

**The Family Acceptance Project™** – in collaboration with Child & Adolescent Services at SF General Hospital/ UCSF – is providing confidential family support services to help ethnically diverse families decrease rejection and increase support for their LGBT children, including those who are questioning their sexual orientation or gender identity. These services are provided free of charge and are available in English, Spanish and Cantonese

fap@sfsu.edu

# FURTHER READING

The Gender Creative Child : Diane Ehrensaft, PhD

The Transgender Child: A Handbook for Families and Professionals by Stephanie Brill and Rachel Pepper

The Transgender Teen: Brill and Kenney

The Gender identity Workbook for Kids: Kelly Storck

Stories from the heart: Parents of Trans Kids: Pepper

# RESOURCES

- Gender Spectrum – [www.genderspectrum.org](http://www.genderspectrum.org)
- Transgender Law Center – [www.transgenderlawcenter.org](http://www.transgenderlawcenter.org)
- Trans Youth Family Allies - [www.imatyfa.org](http://www.imatyfa.org)
- PFLAG – [www.pflag.org](http://www.pflag.org)
- Family Acceptance Project : [fap@sfsu.edu](mailto:fap@sfsu.edu)
- Trans-Thrive : API Wellness