Intersections Between Transgender Children And Child Abuse

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Who Is Nathalie

- Trans woman
- Brown
- Something like a lesbian
- Hipster in denial
- Sexual assault advocate
- Social Justice advocate
- Winner of the 2012 Largest Zucchini in Minnesota contest
2012 MN State Fair Largest Zucchini Blue Ribbon
Objectives

- A basic understanding of gender identity and gender dysphoria in children and adolescents.
- An understanding of the intersection of gender identity and child abuse.
- Strategies and resources to support transgender youth and their families during and after an investigation.
Can you spot the trans child?

(Wong, 2015)
Words about words

- **Gender Expression/Identity**: Refers to the way in which people externally communicate their internal personal sense of gender to others through behavior and appearance.

- **Transgender/Trans**: A broad umbrella term for people who have a gender identity that does not match their assigned sex.

- **Intersex**: People who are born with full or partial male and female sex organs, or with underdeveloped or “ambiguous” sex organs. Use this term rather than “hermaphrodite”.

- **Transexual (MTF/FTM)**: An individual who uses hormonal and/or physical alterations to change their body so that sex and gender identity are congruent. This may or may not go as far as Sex Reassignment Surgery (SRS).

- **Gender Queer**: People that identify their gender identity outside of the gender binary system of male and female.

- **Using terms as descriptive adjectives not as participles (transgendered) or as nouns (transgenders)**
# Short list of gender self identification

| 1. Acault | 49. butch | 71. feminine | 120. mahu | 143. ninauposkitzpelp e | 166. trannyboy | 190. transvestite |
| 2. admirer | 50. butchdyke | 72. feminint | 96. giftflag | 144. non | 167. transvestite | 191. transvestite |
| 3. agender | 51. cresstranser | 73. femme | 97. guy | 145. no-gender | 168. transvestite | 192. transvestite |
| 4. ally | 52. diesel dyke | 74. fluid | 98. grif | 146. no-op | 169. transvestite | 193. transvestite |
| 5. ambigender | 53. drag | 75. fourth gender | 99. gurl | 147. none of the above | 170. Trans | 194. transvestite |
| 6. ambiguous | 54. drag façade | 76. freak | 100. guy | 148. none of your business | 195. two-spirit |
| 7. androgynous | 55. drag king | 77. gata | 101. gymdyke | 149. nongender | 196. two-spirit |
| 8. androsexual | 56. drag prince | 78. genderbender | 102. gyanandrol | 150. omnigender | 197. undecided |
| 9. anomalous | 57. drag princess | 79. genderdefender | 103. gyrl | 151. omnisexual | 198. undecided |
| 10. antigender | 58. drag queen | 80. gendergifted | 104. hem | 152. other | 199. undecified |
| 11. asexual | 59. dyke | 81. gender normative | 105. hemaphrodite | 153. other-gendered | 200. unspecified |
| 12. bent | 60. effeminate | 82. gender normative | 106. hemaphrodyke | 154. pangender | 201. walyeh |
| 13. bendanche | 61. ether | 83. gender outlaw | 107. heterssexual | 155. pansy | 202. woman |
| 14. bigender | 62. ename | 84. genderrefuge | 108. hetrisexual | 156. person | 203. womyn |
| 15. bisexual | 63. epicene | 85. homosexual | 109. homosexual | 157. plumber femme | 204. trans feminine |
| 16. bi-girl | 64. estrogendeficient | 86. hormaphrodite | 110. human | 158. stone butch | 205. XIF |
| 17. one | 65. FTM | 87. intergender | 111. intersex | 159. stone dyke | 206. XIFT |
| 18. both | 66. faerie | 88. intersex | 112. intersex | 160. Switch | 207. Xanith |
| 19. boy | 67. fairy | 89. intersex | 113. intersex | 161. teddyboobyno Deficient | 208. Yes |
| 20. boychick | 68. female | 90. intersex | 114. intersex | 162. third gender | 209. Yes |
| 21. bisexyke | 69. female-assigned | 91. lady | 115. lady | 163. tom | 210. Yes |
| 22. brother | 70. female-bodied | 92. MTF | 116. male | 164. tomboy | 211. Yes |
| 23. bull dyke | 71. feminine | 93. MFTM | 117. male-bodied | 165. tomgirl | 212. Yes |
| 24. butch | 72. feminint | 94. MIM | 118. man | 166. tranny | 213. Yes |

(Munson, 2010)
Gender is Multifaceted

- **Biological Sex**: physical characteristics that we use to assign gender, such as anatomy and hormones

  - female
  - intersex
  - male

  - woman
  - genderqueer
  - genderfluid
  - man

- **gender identity**: an internal sense of self
Gender

- Gender Identity
- Gender Expression
- Biological Sex
Innate Inclinations

- Human gender development begins before birth and is influenced by levels of testosterone prenatally, and perhaps neonatally. Sex-typed play in childhood relates to levels of testosterone before birth, and evidence indicates that the prenatal hormone environment also contributes to variability in sexual orientation, gender identity, and some, but not all, personality traits that differ on average for males and females.

- Other types of influences on neurobehavioral gender development include direct genetic effects of the sex chromosomes and postnatal socialization and cognitive understanding of gender.

- Gender development is multidimensional, and the combinations of factors that influence the many different dimensions of gender appear to differ. Early hormonal influences appear to play a larger role, for example, in children’s toy preferences than they do in cognitive abilities that show sex differences, where social and cultural influences appear to be more important.

(Martin & Ruble 2004; Serano 2007)
Youth and Gender Identity Development

- The prenatal hormone environment clearly contributes to the development of sex-related variation in human behavior and plays a role in the development of individual differences in behavior within each sex, as well as differences between the sexes.
- Six-month-old infants can distinguish the voices of women and men.
- Most 9-month-olds are able to discriminate between photographs of men and women.
- Between the ages of 11 and 14 months, infants learn to recognize the associations between women’s and men’s photographs and their voices.
- Children begin learning about gender-related characteristics. This phase takes place mainly during the toddler and preschool years.
- By the age of 5, children develop an impressive constellation of stereotypes about gender (often amusing and incorrect) that they apply to themselves and others. The newly acquired gender knowledge is consolidated in a rigid either-or fashion, reaching its peak of rigidity between 5 and 7 years.
- After the peak of rigidity, a phase of relative flexibility follows.

(Martin & Ruble, 2004; Trautner et al., 2003)
Labels serve as boxes for our identity.

The more words we have to describe our identity the better we can express ourselves.
What are the care models?

Two basic models

- World Professional Association for Transgender Health Standards of Care (WPATH SOC) Version 7 (formerly the Harry Benjamin SOC)
- Harm reduction/Informed consent.
- Most providers and insurance companies work within the WPATH SOC.
- Harm reduction/Informed consent are more patient centered and driven.
What are the care models?

WPATH SO C 7

- 109 page document
- Research based
- Fairly exhaustive
- Does list mental health and hormonal requirements before surgery
- Mental health referrals required before hormones and surgery

Harm reduction/Informed consent

- Patient centered
- No mental health or hormonal requirements before surgery
- No mental health referral required
DSM-V: Gender Dysphoria in Children

A. A marked incongruence between one’s experienced/expressed gender and assigned gender, of at least 6 months’ duration, as manifested by at least six of the following (one of which must be Criterion A1):
1. A strong desire to be of the other gender or an insistence that one is the other gender (or some alternative gender different from one’s assigned gender).

2. In boys (assigned gender), a strong preference for cross-dressing or simulating female attire: or in girls (assigned gender), a strong preference for wearing only typical masculine clothing and a strong resistance to the wearing of typical feminine clothing.

3. A strong preference for cross-gender roles in make-believe play or fantasy play.
4. A strong preference for the toys, games, or activities stereotypically used or engaged in by the other gender.

5. A strong preference for playmates of the other gender.

6. In boys (assigned gender), a strong rejection of typically masculine toys, games, and activities and a strong avoidance of rough-and-tumble play; or in girls (assigned gender), a strong rejection of typically feminine toys, games, and activities.

7. A strong dislike of one’s sexual anatomy.

8. A strong desire for the primary and/or secondary sex characteristics that match one’s experienced gender.
B. The condition is associated with clinically significant distress or impairment in social, school, or other important areas of functioning.
DSM-V: Gender Dysphoria in Adolescents and Adults

- A. A marked incongruence between one’s experienced/expressed gender and assigned gender, of at least 6 months’ duration, as manifested by at least two of the following:
1. A marked incongruence between one’s experienced/expressed gender and primary and/or secondary sex characteristics (or in young adolescents, the anticipated secondary sex characteristics).

2. A strong desire to be rid of one’s primary and/or secondary sex characteristics because of a marked incongruence with one’s experienced/expressed gender (or in young adolescents, a desire to prevent the development of the anticipated secondary sex characteristics).

3. A strong desire for the primary and/or secondary sex characteristics of the other gender.

4. A strong desire to be of the other gender (or some alternative gender different from one’s assigned gender).

5. A strong desire to be treated as the other gender (or some alternative gender different from one’s assigned gender).

6. A strong conviction that one has the typical feelings and reactions of the other gender (or some alternative gender different from one’s assigned gender).
DSM-V: Gender Dysphoria in Adolescents and Adults

- B. The condition is associated with clinically significant distress or impairment in social, occupational or other important areas of functioning.
WPATHT Standards of Care

- Comprehensive, structured and research based guide for the treatment of trans people at all stages of life
- Has detailed information for working with Trans children and adolescents in the clinical setting (i.e. medical and mental health professionals)
- Available online for free
- Not all professionals follow the WPATH SOC
- Informed consent vs. SOC
WPATH Standards of Care

1. Fully reversible interventions. These involve the use of GnRH analogues to suppress estrogen or testosterone production and consequently delay the physical changes of puberty. Alternative treatment options include progestins (most commonly medroxyprogesterone) or other medications (such as spironolactone) that decrease the effects of androgens secreted by the testicles of adolescents who are not receiving GnRH analogues. Continuous oral contraceptives (or depot medroxyprogesterone) may be used to suppress menses.

2. Partially reversible interventions. These include hormone therapy to masculinize or feminize the body. Some hormone-induced changes may need reconstructive surgery to reverse the effect (e.g., gynaecomastia caused by estrogens), while other changes are not reversible (e.g., deepening of the voice caused by testosterone).

3. Irreversible interventions. These are surgical procedures.
Access to Competent Wellness Care

- Access to providers who are competent and comfortable providing services to Trans people is limited.
- Access to providers who are willing to work with youth is even more limited.
- Insurance coverage, especially for children, is hard to find and may require advocacy when dealing with insurance companies.
Unique Risks for Trans Children

- Physical Abuse
- Sexual Abuse
- Emotional Abuse
- Bullying
- Harassment

(Grant, et al., 2011; Saewyc, et al., 2006)

(Tomboy, 2011)
Unique Risks for Trans Adolescents

- Physical Abuse
- Sexual Abuse
- Emotional Abuse
- Trafficking and sex work
- Homelessness
- Bullying
- Harassment
- Sexual assault
- Chemical abuse and dependency

(Grant, et al., 2011; Saewyc, et al., 2006)
Caregivers and Acceptance of Gender Dysphoria

Three types of responses to trans Youth

- Acceptance and encouragement
- Ambivalence
- Rejection

Caregivers may interact trans youth with one, two or all responses depending on the behavior or situation.
Trans Youth and the Criminal Justice System

- History of abuse, harassment, and maltreatment by law enforcement
- Many trans people have been assaulted by law enforcement
- Non-traditional employment, sex workers, drug dealers, etc.
- High rate of incarceration of trans people
- More likely to be blamed for their abuse or assault
Systems’ Responses to Trans youth

- LGBT youth have been beaten by other residents while staff watched.
- Taunted by foster parents, staff, and other residents because of their sexuality or gender identity.
- Sexually assaulted by staff members, foster parents and other residents.
- Forced to undergo conversion therapy in an attempt to teach them that being gay, lesbian or transgender is, “repulsive and deviant.”
- Most child welfare systems completely ignore the existence of LGBT youth, and thus fail to provide any of the services they need during their adolescent development.

(Gilliam 2004)
Trans Youth and the Forensic Interview

- try to leave out as much gender labeling by the interviewer as possible.
- If you are presenting them two body maps or dolls introduce them as children and not boys and girls
  - “here are two pictures of kids I use. Can you tell me if one looks like a boy, if one looks like a girl, and which one has parts like you do.” (this is still a bit binary and cis-centric, but I’m guessing If it was a kid who is preschool aged that they are not going to have the language or for more complex gender identities).
- If what they say “matches up” (picture with penis is a boy, picture with vulva is a girl) then ask “so do you think you’re a boy then,” or “do you feel like you’re a boy then.”
- If there are discrepancies, genders are not matching with the pictures or the child, asking what other people might think about them or the pictures would help to give some clarity.
  - “do other people call you a girl?” Do other people call you a boy? “
- This would be a good approach for all children and not just known trans children.
Trans Youth and the Forensic Interview

- Gender Identity issues can be very much discouraged by family members and may be punished which could bring out other abuse issues that haven’t yet been disclosed.
- Kids know not to talk about it giving a child as many chances to open up about how they see their own gender would be best.
- Make sure you have trans dolls and/or gender non-conforming dolls on hand if the child does disclose being trans or having gender dysphoria.
Trans Youth and the Forensic Exam

- “Wow!” is not an appropriate response when looking at a person’s genitals. Remain professional.
- Always ask how a child describes their body parts and use their language.
- Dysphoria
- Medical exams—especially genital exams—may be especially hard for some trans people.
- Trans people have different relationships to their bodies.
What is a Trans Inclusive Practice

A practice that is inclusive of everyone and that respects and encourages an individual’s right to identify in a way that make the most sense to them.

Inclusive
Respectful
Encouraging
What is a Trans Inclusive Practice

Inclusivity

- Non gendered forms
- Free text forms
- Gender neutral restrooms
- Non gendered services
- Non gendered language on marketing materials
What is a Trans Inclusive Practice

Why do forms matter?

Denying people’s identity is a violent act, whether is a conscious denial or not.

Write down three things about yourself that you are proud of and that define you.
What is a Trans Inclusive Practice

Respect

- You asked them to self identify, so use it!
- Pronouns, pronouns, pronouns!
- In clinical settings allow the client to name their own body parts.
- Do not make assumptions about someone’s gender based on their presentation or how they identify.
- Know and tell why, you should know and tell clients why you are asking questions.
Know and tell why

- If you do need to ask questions about sex, gender, gender identity, sexual orientation, hormone usage, surgery, etc. you must know why you are asking that question and tell why you are asking.
- LGBT people and trans people in particular are asked these questions all the time because people are curious.
What is a Trans Inclusive Practice

Encouragement

- Don’t just preach LG BTQ inclusivity to out LG BTQ people
- Make sure websites reception areas have LG BT, and specifically bi and trans, information.
- Cite LG BT experiences often
Resources

- You! You have the ability to educate yourself and your organization.
- Resources in your community before referring families to resources outside their community see where you can advocate for more education and for organizations in your community.
Resources

- Minnesota Transgender Health Collation
  - http://www.mntranshealth.org/
- Howard Brown Health Center
  - http://www.howardbrown.org/
- RECLAIM
  - http://www.reclaim-lgbyouth.org/
- Trans Youth Equality Foundation
  - http://www.transyouthequality.org/
- PFLAG
  - http://www.pflag.org
- National Center for Transgender Equality
  - http://www.transequality.org
- UCSF Center of Excellence for Transgender Health
  - http://transhealth.ucsf.edu/
- WPATH
  - http://www.wpath.org/
- FORGE
  - http://forge-forward.org/
- OutFront Minnesota
  - https://www.outfront.org/
- HRC
  - http://HRC.org
Resilience

- It’s not all a sad ending
- We are strong people
- We are everywhere!
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