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gender spectrum

Gender Inclusive Schools: Child Development and Research

The answers to the first two questions are excerpted from the article "Let's Talk About Gender" published in Communiqué*, November 2014.*

1. What does research say about what causes a child to be transgender or gender nonconforming?

Various theoretical explanations for the development of normative gender role identity have been proposed, including psychoanalytic theories, behavioral/social learning theories, cognitive theories, and social constructivist theories (Blakemore, Berenbaum, & Liben, 2009, as cited in Dragowski et al., 2011).

Ultimately, no one model of typical gender development is sufficiently explanatory, leaving the field with the absence of a definitive theory of typical gender development. Such lack of a unified theory makes it difficult to theorize about the exact causes of the development of gender variance. Significant methodological issues beset the biological/nature explanations of gender variance, while many components of the social/nurture theories have been disproven and criticized by scholars, practitioners, and professional organizations (see Dragowski et al., 2011 and Scharrón-del Río et al., 2014 for review), including NASP (see NASP, 2014).

Attempting to consolidate the nature and nurture influences as well as their dynamic interplay in the role of gender identity development are the integrative theories, which take into account "genetic, hormonal, and environmental factors, acting separately or in combination with each other" (Gender Identity Research and Education Society, 2006, p. 38). Diamond's (2006) biased interaction theory, for example, takes into account the importance and integration of evolutionary heritage and genetics, uterine environment impact, as well as societal and historical contexts in the process of gender identity formation.

2. How can children so young know their gender identity?

Children categorize themselves in terms of their gender by the age of 2–3 years, and by age 5, they use gender as a category when thinking about others and tend to assign people into categories based on gender (Halim & Ruble, 2010). Moreover, preschool-age children engage in gender stereotyped behaviors, show preference for gender-stereotypical toys, describe peers according to stereotypes connected to traditional masculinity and femininity, and admire peers who exemplify gender stereotypical behavior (Davies, 2004; Miller, Lurye, Zosuls, & Ruble, 2009).

Savage and Lagerstrom (2015) found that 80% of transgender adults knew their gender identity before the age of 10; 96% knew before the age of 18. While the average age of self-realization was 7.9, it was not until age 15.5 that transgender individuals reported knowing how to describe their identities. Those years in between self-realization and outward expression was a time often marked by fear and shame, with little support from families or schools.

3. If a young child identifies as transgender or presents as gender-expansive is it likely that this will remain constant as they grow older?

Mental health and medical practitioners who have worked most extensively in the field of youth and gender have identified key factors that are most likely to predict transgender identity as children get older. These

include (a) persistence, insistence, and consistency in how they convey their gender identity; (b) using declarative statements such as “I am a boy (or girl)” rather than “I want to be (wish I were) a boy (or girl)”; and (c) significant distress about their body, leading to great distress when either undergoing pubertal changes in the “wrong” gender or when forced to present themselves as a gender that does not align with their internal sense of self (Ehrensaft, 2011). While the above behaviors are indicators that a child may identify as transgender later in life, they are not absolute predictors. Some may not go on to identify as transgender and a significant cohort of transgender adolescents and adults did not express their gender identity in early childhood (Institute of Medicine, 2011).

For a more detailed discussion, see “Affirming gender: Caring for gender-atypical children and adolescents”, *Contemporary Pediatrics*, January, 2015.

4. What do we know about the prevalence of students who are transgender or gender nonconforming?

It is extremely difficult to estimate the prevalence of transgender students in schools (Meier & Labuski, 2013). Population based surveys that ask students about their gender identity and expression are rare (Gates, 2011). When surveys do ask students about their gender identities or gender expression, transgender and gender-expansive youth are likely to be underrepresented; many students fear being honest on such surveys and some may not have sufficient information or awareness to express their feelings.

Recognizing these limitations, there are some population-based surveys that ask middle and high school students if they identify as transgender and they report similar findings. The San Francisco Unified School District 2011 Youth Risk Behavior Survey found that 1.3% of middle school students identified as transgender (Shields, Cohen, Glassman, Whitaker, Franks, & Bertolini, 2013). A national survey in New Zealand found that 1.2% of high school students reported being transgender and another 2.5% reported being uncertain of their gender (Clark et al., 2014). An analysis of the California Healthy Kids Survey in San Luis Obispo County found that 2.1% of students in grades 5–12 identified as transgender (Meyer, 2015). Better data may become available in future years as the Center for Disease Control has added optional questions to the annual Youth Risk Behavior Survey pertaining to gender identity and expression.

5. What is known about transgender and gender-expansive students and risk and resilience?

Mental Health Risks

Compared with cisgender youth, transgender youth reported a twofold to threefold increased risk of depression, anxiety disorder, suicidal ideation, suicide attempt, self-harm without lethal intent, and both inpatient and outpatient mental health treatment (Reisner et al., 2015). Numbers related to suicidal ideation are particularly alarming. One recent literature review indicated that transgender people—and transgender youth in particular—disproportionately report suicidal ideation: 38% to 83% across the reviewed research (Testa, Jimenez, & Rankin, 2014).

Elevated odds can be explained by victimization experiences as well as other concurrent psychosocial challenges, according to an analysis of a national survey of adolescents (Ybarra et al., 2014). The authors of this study encourage professionals working with transgender youth to be mindful about the high rates of bullying and victimization among these youth and the potential overlap these experiences can have with negative psychosocial outcomes, such as suicidal ideation.

Even if they have the opportunity to go through hormone treatment and surgery, some young people are distressed by the mismatch between their body and their gender identity. Research in this area is complicated by the difficulties in separating the internal and environmental contributors to mental health challenges. It is well established that environmental factors such as rejection and negative treatment are associated with mental health challenges for these individuals (e.g., Nuttbrock et al., 2010; Toomey et al., 2010).

Resilience Factors

A small but growing body of research examining resilience among transgender teens points clearly to the importance of connection and engagement in schools and families. Factors leading to resilience and more positive mental health outcomes include:

- Pride and participation in a transgender community where youth can gain valuable social support to address minority stress while also developing a more positive concept of what it means to be a transgender person (Testa, 2015).
- Ability to express their gender in an authentic manner (Ryan et al., 2009).
- Family support as measured by the family subscale of the Multidimensional Scale of Perceived Social Support (Simons, Schrager, Clark, Belzer, & Olson, 2013).

The Impact of Medical Treatment

For teenagers who want to medically transition, access to treatment such as puberty blockers or cross-gender hormones has resulted in reduced anxiety and depression. Transgender people who receive puberty suppression in adolescence show a marked improvement in psychological functioning, according to a longitudinal study from the VU Medical Center of Amsterdam. While the original cohort had elevated levels of anxiety, stress, and related mental health issues prior to treatment, posttreatment their mental health indicators were indistinguishable from a control group of nontransgender young people (de Vries, McGuire, Steensma, Wagenaar, Doreleijers, & Cohen-Kettenis, 2014). A study in Los Angeles showed similar results for teenagers who received puberty blockers or cross-gender hormones (Report from the Endocrine Society's 2015 Annual Meeting).

Suggested Citation:

Westheimer, K., Persinger, L., Cannava, A., & Klotz, M. B. (2016). *Frequently Asked Questions: Safe and Inclusive Learning Environments for Transgender and Gender Expansive Students.* San Leandro, CA: Gender Spectrum; Bethesda, MD: National Association of School Psychologists.

Acknowledgments:

The authors gratefully acknowledge the consultation and content review provided by Joel Baum, Diane Ehrensaft, Paul McCabe, and Eliza Dragowski.

Note. This document is one from a series of four topical sets of frequently asked questions related to creating safe and inclusive learning environments for transgender and gender expansive students. The series was developed in collaboration by Gender Spectrum and NASP. For the full series and a corresponding reference list, see www.nasponline.org/resources-and-publications/resources/diversity/lgbtq-youth.

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