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*ACT for (Trans) Youth, Part 1*

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# Growing Up Transgender: Research and Theory

by Seth T. Pardo

As transgender identities become increasingly visible, those who work with and those who love trans youth seek resources to understand what it means to grow up "trans." With little to guide us, adults may fall back on outdated theories or confuse transgender and gay identities. This article offers an introduction to current research and theory behind transgender identity formation, and suggests a framework for understanding gender that moves beyond a rigid binary system. Part two of this series will focus on moving from risk to resilience with trans youth.

Gender is one of the few characteristics we are conditioned to see as a binary construct; height, weight, IQ, and hair length, for example, are all perceived along continuums. Also, because Western society is deeply rooted in the notion that there are only two sexes, our language keeps us trapped in a binary discourse about gender.

At birth we are named and identified by our external sexual (genital) features; soon after, we develop sex-specific behaviors or gender roles based on our social experiences as males and females. But sometimes a child demonstrates cross-gendered behaviors, or thinks s/he should have been born (or even is) the opposite sex. Cross-gender identification may be demonstrated by preferences for activities associated with the opposite sex, such as choosing gender-nonconforming roles in fantasy play or wearing the clothing of the opposite sex. Transgender expression should not be confused with sexual orientation; a transgender person may be gay or straight.

*Seth T. Pardo is a doctoral student working with Ritch C. Savin-Williams in the Department of Human Development at Cornell University. Seth's work focuses on the conceptualizations, meanings, and expressions of transgender identities in late adolescence and adulthood.*

Among transgender boys, feminine traits typically emerge early in development. Research on transgender girls is less common because western society is more tolerant of tomboy "rough-and-tumble" girls. A recent study suggests that gender nonconforming girls have a range of gendered self-concepts, and develop identities to accommodate an authentic sense of self rather than transition within a limited binary gender system (Pardo, 2008).

Though attention has largely focused on sex reassignment surgery (SRS) to resolve sex-gender conflict, only a fraction of transgender individuals pursue SRS. Prevalence statistics estimate that approximately one in 30,000 biological males and one in 100,000 biological females seek sex-reassignment (American Psychiatric Association, 2000).

## Transgender Identity Development

There is ample research exploring childhood cross-gender behaviors; however, explorations of cross-gender identities are less common. Research is only beginning to tell the story of what it's like growing up transgender in a gender-fixed world.

Recent developmental explorations of transgender identities suggest that trans people typically go through a process of dissonance, exploration, and disclosures that, when successful, leads to identity resolution.

Feelings of difference may begin in early childhood; some individuals remember first feeling that something was "wrong" or out of sync between the body and mind as early as age three. Other children experience mind-body discord as late as age 12 or 13, prompted by unwanted physical changes during puberty.

Following initial feelings of gender dissonance, transgender individuals typically experience a period of identity confusion and exploration. This may be a time of excitement and struggle as the person seeks to develop a sense of true self while balancing feelings of guilt and shame, pressures to conform, and the need for secrecy. Sexuality and appearance become arenas for exploring gender identity. Individuals may adopt social modifications such as using cross-gender pronouns or gender-neutral names; other strategies include immersion in transgender communities and disclosures about being transgender (Grossman & D'Augelli, 2006; Pardo, 2008).

Identity development is successful and complete when the individual achieves a stable, healthy sense of self.

## Trans Youth: A Population at Risk?

Many trans youth do successfully complete the passage to identity resolution. Many transsexuals, for example, achieve healthy social adjustment and psychological well-being post-transition (Cohen-Kettenis & Gooren, 1999). Nevertheless, discrimination, harassment, and fear of rejection may place trans youth at risk developmentally, emotionally, socially, and physically (Grossman & D'Augelli, 2006).

Sixty percent of trans youth experience violent assaults (Moran & Sharpe, 2004) and 32% attempt suicide (Fitzpatrick, Euton, Jones, & Schmidt, 2005). Parental rejection leads to low self-esteem and negative self-image (Bolin, 1988). Transgender youth are marginalized both in mainstream society and in lesbian, gay, bisexual (LGB) social groups, compounding their risk. Fitzpatrick and colleagues (2005) found that trans college students reported 32% more hopelessness, suicidal ideations, and suicide attempts than their non-trans LGB peers. Reis and Saewyc (1999) reported that 80% of youth harassment originated in judgments about gender expression, regardless of sexual orientation.

Trans youth are particularly at risk of discrimination and psychological maladjustment during the middle and high school years (Cohen-Kettenis & Gooren, 1999; Grossman & D'Augelli, 2006). During this time, parents are often paralyzed by shame and are unable to advocate for their own children. Schools and other community institutions lack information and resist parents' requests for accommodations for their children. Lastly, since several pubertal changes are either irreversible or require surgery if the child is to "pass" as the preferred gender, parents may feel rushed to act without enough information.

### *Understanding Terms*

***Gender identity*** is our internal sense of being a man, woman, or anywhere along the gender continuum.

***Gender expression*** refers to the ways we signal our gender to society: style and behaviors that are perceived by those around us.

***Transgender*** is an umbrella term for a range of behaviors, expressions, and identifications challenging the binary sex system. The term is also used as a way to identify cross-gender individuals who are not seeking sex reassignment surgery (Lev, 2004).

***Transsexual*** is the term used by the clinical and medical communities specifically for people with cross-gender identifications who seek out sex-reassignment surgery (SRS).

***Transition*** commonly refers to the often lengthy period during which a person moves socially and physically from one gender to another.

*For help with terminology, visit*
*Gender Spectrum Family's Web site:*
http://www.genderspectrumfamily.org/terminology.shtml

## Framing Transgender: Disorder vs. Health

Trans youth advocacy coalitions (e.g., TransYouth Family Allies, YES Institute) propose that our rigid binary framework for understanding gender is at the core of societal fear, misinformation, and the resulting violence and discrimination against trans youth. These groups suggest that if we transform our approach to gender overall, we can create the environments and connectedness that will allow gender and sexual minority youth to move from risk to resilience.

### *The Medical Model: Gender as Disorder*

Despite research demonstrating a range of gender identities and expressions (Denny, 2004; Pardo, 2008), the medical approach recognizes sex within a binary construct of male or female, and gender within a linear binary: men are masculine, women are feminine. With its primary focus on SRS, the medical model does not leave room for a broader range of healthy transgender identities.

**Gender as disorder.** Gender Identity Disorder of Childhood (GID-C) emerged in 1980 following the removal of homosexuality from the Diagnostic and Statistical Manual of Mental Disorders (DSM). Unofficially, this diagnosis recognized gender nonconformity as a pre-gay marker, particularly in young boys. Officially, psychiatrists sought to minimize clinical distress among effeminate boys by helping them normalize their gender behavior to be like "real" men.

Following two revisions that broadened its diagnostic scope, Gender Identity Disorder (GID) now identifies persons whose physical sex does not match their (internal) gender identity, and distinguishes between childhood gender nonconformity and gender conflict persisting into adulthood. According to the most recent DSM, GID is characterized by:

- Strong and persistent cross-gender identification.
- Persistent discomfort with [one's biological] sex, or a sense of inappropriateness in the gender role of that sex, and
- Clinically significant distress. (American Psychiatric Association, 2000; p. 581).

**Disproportionate focus on transsexuals.** In most cases, the GID diagnosis is required for access to medical sexual reassignment. With convenient access to the clinical population (transsexuals seeking SRS), the medical community spearheads research on GID. Hence, published literature is heavily skewed toward those most distressed by their sex-gender dissonance. This results in unrepresentative representations of the trans population. Much of the available research still focuses on civil discrimination, health and service access, major health challenges such as HIV, surgical outcomes, and mental health concerns (Lev, 2004).

**SRS and youth.** The medical community has shown increasing reluctance to approve sex reassignment surgeries and hormone treatment among trans youth. Health access surveys suggest that many doctors feel adolescents are too young to provide full informed consent. Clinicians have also expressed concern for maintaining the possibility of reproduction later in life (Cohen-Kettenis & Gooren, 1999).

### *The Authentic Model: Healthy Variability*

The Authentic Model (also known as the Transgender Model) posits that gender exists on non-binary continuums of male and female dimensions. In this model, successful identity development is open to individualized trajectories. Identity consolidation (and thus healthy emergence from adolescence) does not require SRS as in the medical model. Rather, identity is achieved via authentic self-actualization; that is, a sense of self-coherence regardless of identity labels, physical appearance, or gender role. The authentic model also discusses gender nonconformity as a natural human variability and not a mental disorder (Denny, 2004).

Today, researchers and advocates support an ecodevelopmental approach for exploring transgender identity development. This framework is not limited by what is socially expected; instead, researchers may consider multiple interacting systems of biology and environment (at home, in school, in a society, etc.). By considering interacting systems, researchers are better able to explore the meanings and representations of changing identity labels over time (Grossman & D'Augelli, 2006; Pardo, 2008).

## Trans Youth: A Resilient Population?

Despite the risks, trans youth have been increasing their visibility since the mid 1990s, helped in part by communities of support. Gay-Straight Alliances have expanded their membership base to be more trans sensitive and inclusive; parents are participating in transgender education workshops such as those provided by Parents, Families and Friends of Lesbians and Gays or trans family coalitions, and schools all over the country are developing readiness plans that address school-specific factors pertinent to trans youth.

We are only beginning to examine the impacts of these efforts; however, research confirms that connectedness to family, school, and community provide protective factors that aid youth development across diverse groups (Bernat & Resnick, 2006). No matter what issues young people may face, adults and youth together can foster resilience by creating safe and supportive environments, building on strengths, and connecting through meaningful relationships. ★

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### *About ACT for Youth*

Assets Coming Together (ACT) for Youth helps communities create the conditions for young people to lead healthy and fulfilling lives. A partnership among Cornell University Family Life Development Center, Cornell University Cooperative Extension of New York City, the University of Rochester Medical Center, and the New York State Center for School Safety, the ACT for Youth Center of Excellence connects leading edge youth development research to practice.

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Cornell University
Family Life Development Center
Beebe Hall
Ithaca, NY 14853
TEL: 607.255.7736
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