ResearchGate

See discussions, stats, and author profiles for this publication at: https://www.researchgate.net/publication/325828699

Learning to listen to trans and gender diverse children: A Response to Zucker (2018) and Steensma and Cohen-Kettenis (2018)

Article *in* International Journal of Transgenderism · June 2018

DOI: 10.1080/15532739.2018.1471767

CITATION
1

READS
501

9 authors, including:

Julia Temple Newhook
Memorial University of Newfoundland
20 PUBLICATIONS **167** CITATIONS

SEE PROFILE

Jake Pyne
University of Guelph
30 PUBLICATIONS **359** CITATIONS

SEE PROFILE

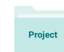
Stephen Feder
Children's Hospital of Eastern Ontario
13 PUBLICATIONS **141** CITATIONS

SEE PROFILE

Cindy Holmes
University of Victoria
16 PUBLICATIONS **97** CITATIONS

SEE PROFILE

Some of the authors of this publication are also working on these related projects:


Autism post diagnosis support View project

Trans PULSE Project (2005-2018) View project

All content following this page was uploaded by Jake Pyne on 18 June 2018.

The user has requested enhancement of the downloaded file.

Taylor & Francis
Taylor & Francis Group

International Journal of Transgenderism

ISSN: 1553-2739 (Print) 1434-4599 (Online) Journal homepage: http://www.tandfonline.com/loi/wijt20

Learning to listen to trans and gender diverse children: A Response to Zucker (2018) and Steensma and Cohen-Kettenis (2018)

Kelley Winters, Julia Temple Newhook, Jake Pyne, Stephen Feder, Ally Jamieson, Cindy Holmes, Mari-Lynne Sinnott, Sarah Pickett & Jemma Tosh

To cite this article: Kelley Winters, Julia Temple Newhook, Jake Pyne, Stephen Feder, Ally Jamieson, Cindy Holmes, Mari-Lynne Sinnott, Sarah Pickett & Jemma Tosh (2018) Learning to listen to trans and gender diverse children: A Response to Zucker (2018) and Steensma and Cohen-Kettenis (2018), International Journal of Transgenderism, 19:2, 246-250

To link to this article: https://doi.org/10.1080/15532739.2018.1471767

Published online: 18 Jun 2018.

Submit your article to this journal

View related articles

View Crossmark data

Citing articles: 1 View citing articles

Full Terms & Conditions of access and use can be found at
http://www.tandfonline.com/action/journalInformation?journalCode=wijt20

INTERNATIONAL JOURNAL OF TRANSGENDERISM
2018, VOL. 19, NO. 2, 246–250
https://doi.org/10.1080/15532739.2018.1471767

Taylor & Francis
Taylor & Francis Group

Learning to listen to trans and gender diverse children: A Response to Zucker (2018) and Steensma and Cohen-Kettenis (2018)

Kelley Winters[a], Julia Temple Newhook[b], Jake Pyne[c], Stephen Feder[d], Ally Jamieson[e], Cindy Holmes[f], Mari-Lynne Sinnott[g], Sarah Pickett[h], and Jemma Tosh[i]

[a]GID Reform Advocates, San Diego, California, USA; [b]Faculty of Medicine, Janeway Pediatric Research Unit, Memorial University, St. John's, Newfoundland and Labrador, Canada; [c]School of Social Work, McMaster University, Social Work, Hamilton, Ontario, Canada; [d]Department of Pediatrics, University of Ottawa, Ottawa, Canada; [e]School of Social Work, University of Victoria, Victoria, British Columbia, Canada; [f]The Psygentra Institute, White Rock, British Columbia, Canada; [g]Faculty of Medicine, Department of Family Medicine, Memorial University, St. John's, Newfoundland and Labrador, Canada; [h]Faculty of Education, Memorial University, St. John's, Newfoundland and Labrador, Canada; [i]Choices for Youth, St. John's, Newfoundland & Labrador, Canada

ABSTRACT

The authors answer recent responses by Steensma & Cohen-Kettenis (2018) and Zucker (2018) to our critical commentary on "desistance" stereotypes and their underlying research on trans and gender diverse children (Temple Newhook et al., 2018). We provide clarification in the following areas: (1) the scope of our paper; (2) our support of longitudinal studies; (3) consequences of harm to trans and gender diverse children; (4) clinical practice implications; (5) concerns about validity of research methodology; and (6) the importance of learning to listen to trans and gender diverse children.

KEYWORDS
adolescents; children; desistance; dysphoria; transgender

A sincere thank you to the authors who took time to provide commentary on our critique (Temple Newhook et al., 2018). We appreciate the opportunity to clarify the following points:

Critical commentary

Our paper is "a critical commentary," as we stated in our title and abstract, rather than an exhaustive literature review. This is an important distinction because key research publications have bolstered the hypothesis of 80% "desistance" of transgender identity in childhood in the medical and public worlds. We focus on four formative publications, from the Clarke Institute of Psychiatry (now the Centre for Addiction and Mental Health, CAMH) in Canada and Vrije Universiteit (VU) Medical Centre in the Netherlands, that have been most influential in propagating the 80% 'desistance' axiom into policy and public consciousness. Our article describes limitations of this research and cautions "against using these studies to develop care recommendations for gender-nonconforming children." We present the case that these studies fall short of their burden of evidence and reason to establish the validity of the 80% "desistance" claim.

Scientific debate

We have great respect for the contributions of Drs. Cohen-Kettenis, Steensma, Wallien, and the other VU staff, and agree wholeheartedly that a) the historical and ethical context of care for trans and gender non-conforming children is quite different today than it was two decades ago when they began their groundbreaking work; b) the well-being of trans and gender non-conforming children is the foremost priority; and, (c) progress in the field is being made through collaboration, including respectful academic dialogue as an essential component (Steensma & Cohen-Kettenis, 2018). We add that posing methodological, theoretical, ethical and interpretive queries is part of healthy scientific debate and indeed contributes to improved knowledge over time.

Longitudinal studies

We clarify that we do not call for the abandonment or erasure of longitudinal studies with trans and gender diverse children. In fact, four of our authors (Temple Newhook, Pyne, Holmes, and Feder) are currently involved in the largest longitudinal studies ever

CONTACT Julia Temple Newhook jtemple@mun.ca Janeway Pediatric Research Unit, Faculty of Medicine, Memorial University, 300 Prince Philip Drive, St. John's, NL A1B 3V6, Canada.
© 2018 Taylor & Francis Group, LLC

conducted with transgender children in clinical care in Canada, including 8 clinics from 6 provinces, funded by the Canadian Institutes for Health Research (CIHR), the Trans Youth Can team (Trans Youth Can Project, 2018). One of our authors (Pyne) co-led a 2013 CIHR-funded Research Planning Grant which fostered these research partnerships.[1]

It matters a great deal whether these young people are doing well as they grow up and whether they are getting the care that they need. Our call is specifically to move away from the disproportionate focus on using these studies to *predict* children's identities as they grow up. This focus, and expectation of "desistance," risks having professionals and parents neglect the child's experienced gender identity, rather than prioritizing the well-being of the child and the reduction of the distress of dysphoria, where it exists. Our intention is also to raise questions about policies and practices that prioritize speculation about future identity outcomes over the present needs of children. We recommend that WPATH and other medical authorities re-examine policies and practices based on the 80% desistance axiom in light of these concerns about its validity and usefulness.

Harm

Dr. Zucker (2018) writes that we were mistaken to omit Green's, 1987 study. However, modern understanding and social context of human diversity in gender identity and sexual orientation have evolved greatly from the mindset of "pre-homosexuality," "pre-transsexualism," and the "treatment" of either in the 1980s (Green, 1987). In our view, the "Sissy Boy" studies are fading in relevance to policy discourse. The dramatic events of the queer and transgender movements of the 1990s had yet to occur. The language of self-identification with respect to gender identity, gender dysphoria, and transgender social identity was not available to children then, as it is today (Williams, 2014). This is a case in which medical understanding and social change can outpace the span of longitudinal studies. We note however, that Green's study does indeed hold an important lesson for today, in that at least one of Green's original child research participants, Dr. Karl Bryant, has spoken publicly as an adult about the effects that this research and treatment had on his life:

> The study, he [Dr. Karl Bryant] says, gave him the lasting impression that "the people closest to me, and that I trusted the most, disapproved of me in some profound way." He says it's hard to overstate the harm that such knowledge can inflict: "The study and the therapy that I received made me feel that I was wrong, that something about me at my core was bad, and instilled in me a sense of shame that stayed with me for a long time afterward" (Schwartzapfel, 2013, p. X).

Clinical implications

Dr. Zucker juxtaposes two treatment models that he refers to as a "psychotherapeutic approach" and a "gender social transition treatment approach." Yet clinicians who will support pre-pubertal social transition do not practice "gender social transition" as their clinical approach, but rather an Affirmative Model, because it encompasses affirmation for how young people self-identify. Only sometimes does this involve one or more elements of a "social transition," according to the needs of the individual child. In addition, availability of client-centred supportive counselling can be an important part of care in an affirmative model. Further, what is referred to here as the "psychotherapeutic model" seems to in fact be a gender-conversion approach, which is illegal in numerous jurisdictions (e.g., Legislative Assembly of Ontario, 2015) and noted as harmful by professional organizations such as the American Academy of Child and Adolescent Psychiatry (AACAP, 2018), Canadian Psychological Association (CPA, 2015), Canadian Professional Association for Transgender Health (2015), and the Canadian Association of Social Workers (2015). According to a recent statement by the AACAP (2018), the existence of an a priori goal for a child's gender identity, is considered "conversion therapy" and is stated to "lack scientific credibility and clinical utility."

We disagree with the assertion that "encouraging social transition is itself an intervention" (Zucker, 2018). Childhood social transition is not about encouraging a child towards any particular path, but about removing the obstacles that have been preventing them from living fully and freely. Accepting and affirming non-birth-assigned gender identities with respectful, congruent names, pronouns, and documentation is a matter of basic human dignity (Grinspan et al., 2017; Winter, Riley, Pickstone-Taylor, Suess, & Winters, 2016) and no more a medical intervention than affirming and respecting birth-assigned gender identities of cisgender children.

Once again, we do not question the intentions of the staff at VU University Medical Centre. However, we

have concerns about the longstanding "Dutch Approach" of advising parents that "young children not yet make a complete social transition (different clothing, a different given name, referring to a boy as 'her' instead of 'him') before the very early stages of puberty" (de Vries & Cohen-Kettenis, 2012, p. 308). We are troubled by the misgendering language in this statement. This advice is unequivocally rooted in the 80% "desistance" axiom (p. 308; Steensma & Cohen-Kettenis, 2011, p. 649), and disregards evidence that intensity of gender dysphoria, "expressed cross-gender identification," and childhood social transition itself are significant predictors of "persistence" (Steensma, et al., 2013, pp. 587, 589). Most importantly, it dismisses children's profound internal experiences of their own gender. Though labelled as "watchful waiting and carefully observing," such discouragement of congruent gender expression and authentic participation in childhood life experience is not a neutral clinical choice. In our experience, childhood closets can have lifelong consequences.

Methodological concerns

We did not speculate here about the outcomes of Drummond's subjects who were not directly determined to have "desisted" at follow up. Instead, Table 1 (Temple Newhook et al., 2018) illustrates the discrepancy between the desistance claims in these four papers and the much lower figures of "desistance" that these researchers actually determined by re-evaluation at follow up. The remaining subjects who were found "persistent," reported second-hand by third parties, or non-participants at follow up, are accounted for in the table.

We stand by our statement that "Evidence of the actual distress of gender dysphoria, defined as distress with physical sex characteristics or associated social gender roles (Fisk, 1973), was dropped as a requirement for GIDC diagnosis in the DSM-IV (American Psychiatric Association, 1994; Bradley et al., 1991)" (Temple Newhook et al., 2018). Criterion A for Gender Identity Disorder of Childhood (GIDC) in the prior DSM-III-R had required, "Persistent and intense distress about being a girl, and a stated desire to be a boy…, or insistence that she [sic] is a boy" (American Psychiatric Association, 1987, p. X). The corresponding wording for children assigned male at birth was roughly equivalent, but specified "intense" instead of "stated" desire. Such evidence of distress of gender dysphoria was reduced in the DSM-IV to a subcriterion, 1A, which was merely optional to meet Criterion 1: "Repeatedly stated desire to be, or insistence that he or she is, the other sex" (American Psychiatric Association, 2000, p. X). Instead, Criterion 1 only required that four of the five subcriteria be met, and the other four described gender role nonconformity rather than distress of gender dysphoria. The DSM-IV Subcommittee on Gender Identity Disorders acknowledged their intent to "eliminate the pivotal role that the verbalized wish to change sex plays in the DSM-III-R criteria" (Bradley et al., 1991, p.337), and this set the stage for conflation of gender nonconformity and distress of gender dysphoria in subsequent research. This omission was reversed once again for the Gender Dysphoria of Childhood category in the DSM-5, which currently requires subcriterion 1A (American Psychiatric Association, 2013). Criterion B, the generic *clinical significance* criterion added to virtually all categories in the DSM-IV, is not a direct substitute for the omission of evidence of distress of gender dysphoria in the DSM-IV GIDC diagnosis that was used for sample selection in "desistance" studies.

We did not claim that "Only persisters [in the desistance studies] were truly gender dysphoric in childhood," nor did we attempt to define childhood gender dysphoria ad hoc by future outcomes of "persistence." Rather, we raised specific concerns about false-positive bias in the DSM-IV GIDC criteria that dropped the prior requirement for direct evidence of distress of gender dysphoria and allowed diagnosis based on nonconforming gender expression. We are not surprised by Dr. Zucker's assessment of low specificity rate, 42%, for subthreshold diagnosis at assessment associated with findings of "desistance" at follow-up, in aggregated data from Drummond et al. (2008), Wallien & Cohen-Kettenis (2008), Steensma et al. (2013), and Singh (2012). This is consistent with our concern that a large number of "desisters" who previously met the full GIDC criteria may reflect sample bias introduced by flawed, false positive diagnosis, with respect to distress of gender dysphoria. From our perspective, children's experiences of dysphoria and of identity can be complex, and changes and developments are to be expected (and celebrated) and not seen as destiny of their future identities.

Learning to listen

Finally, Dr. Zucker provides an insightful example of a child, who when asked whether they wanted to be a

girl or a boy, deferred to the parent in saying, "Who do you want me to be?" What led this child to believe that there was only one version of themselves that would be "wanted," accepted, and embraced? Why did this child not feel comfortable or perhaps safe enough to express their inner feelings about their gender? What consequence did they fear from allowing their hearts to speak truthfully? The affirmative approach strives to create an environment within which the child does feel free to use the "I" word in expressing their gender and have the security of knowing that the adults in the room will listen. As the field of care for gender diverse children progresses, we look forward to a time when we not only *ask* children who they are, but truly learn to *listen*.

Disclosure of potential conflicts of interest

No potential conflicts of interest were disclosed.

Note

1. This grant was co-led with Loralee Gillis and held at Rainbow Health Ontario (RHO). RHO is a knowledge translation unit funded by the Ontario Ministry of Health and Long-Term Care with a mandate to ensure that high quality evidence is used to inform clinical practice with LGBTQ communities in Ontario.

References

American Academy of Child & Adolescent Psychiatry. (2018). Conversion Therapy. Retrieved from https://www.aacap.org/AACAP/Policy_Statements/2018/Conversion_Therapy.aspx

American Psychiatric Association. (1987). *Diagnostic and statistical manual of mental disorders*. (3rd ed. rev). Washington, DC: Author

American Psychiatric Association. (1994). *Diagnostic and statistical manual of mental disorders*. (4th ed.). Washington, DC: Author

American Psychiatric Association. (2000). *Diagnostic and statistical manual of mental disorders* (4th ed. rev.). Washington, DC: Author

American Psychiatric Association. (2013). *Diagnostic and statistical manual of mental disorders*. (5th ed.). Arlington, VA: American Psychiatric Press

Bradley, S., Blanchard, R., Coates, S., Green, R., Levine, S., Meyer-Bahlburg, H., … Zucker, K. (1991). Interim report of the DSM IV subcommittee on gender identity disorders. *Archives of Sexual Behavior*, *20*, 333–343. doi:10.1007/BF01542614

Canadian Association of Social Workers and Canadian Association for Social Work Education. Joint statement on the affirmation of gender diverse children and youth. (2015). Retrieved from http://caswe-acfts.ca/joint-statement-on-the-affirmation-of-gender-diverse-children-and-youth/

Canadian Professional Association for Transgender Health. Submission to the Standing Committee on Justice Policy Re: Bill 77, Affirming Sexual Orientation and Gender Identity Act, (2015). [Internet]. Victoria, BC: Canadian Professional Association for Transgender Health; 3 June 2015 [cited 28 Jan 2017]. Available from: http://www.cpath.ca/wp-content/uploads/2016/02/2015-06-03-CPATH-Submission-Re-Bill-77-Affirming-Sexual-Orientation-and-Gender-Identity-Act-2015.pdf

Canadian Psychological Association. (2015). Psychology Works Factsheet: Gender Dysphoria in Children. Retrieved from: https://www.cpa.ca/docs/File/Publications/FactSheets/PsychologyWorksFactSheet_GenderDysphoriaInChildren.pdf

de Vries, A. L. C., & Cohen-Kettenis, P. T. (2012). Clinical management of gender dysphoria in children and adolescents: The Dutch approach. *Journal of Homosexuality*, *59*, 301–320. doi:10.1080/00918369.2012.653300

Drummond, K., Bradley, S., Peterson-Badali, M., & Zucker, K. (2008). A follow-up study of girls with gender identity disorder. *Developmental Psychology*, *44*, 34–45. doi:10.1037/0012-1649.44.1.34

Fisk, N. (1973). Gender dysphoria syndrome. (The how, what, and why of a disease). In D. Laub & P. Gandy (Eds.), *Proceedings of the second interdisciplinary symposium on gender dysphoria syndrome* (pp. 7–14). Palo Alto, CA: Stanford University Press

Green, R. (1987). *The "sissy boy syndrome" and the development of homosexuality*. New Haven, CT: Yale University Press

Grinspan, M. C., Carpenter, M., Ehrt, J., Kara, S., Nahrain, A., Patel, P., … Tabengwha, M. (2017). The yogyakarta principles plus 10. Second international panel of experts in international human rights law, sexual orientation, gender identity, gender expression and sex characteristics: Geneva. Retrieved from http://yogyakartaprinciples.org/wp-content/uploads/2017/11/A5_yogyakartaWEB-2.pdf

Legislative Assembly of Ontario. (2015). Bill 77, Affirming Sexual Orientation and Gender Identity Act, 2015. Retrieved from http://www.ontla.on.ca/web/bills/bills_detail.do?locale=en&BillID=3197

Schwartzapfel, B. (2013). Born this way? The American Prospect. Retrieved from http://prospect.org/article/born-way

Singh, D. (2012). *A follow-up study of boys with gender identity disorder. Unpublished doctoral dissertation*, Ontario Institute for Studies in Education of the University of Toronto, Toronto, Ontario.

Steensma, T. D., & Cohen-Kettenis, P. T. (2018). A critical commentary on "A critical commentary on follow-up studies and "desistence" theories about transgender and gender non-conforming children". *International Journal of Transgenderism*. Advance online publication. doi:10.1080/15532739.2018.1468292

Steensma, T. D., & Cohen-Kettenis, P. T. (2011). Gender Transitioning before Puberty? (Letter to the Editor). *Archives of Sexual Behavior, 40*, 649–650. doi:10.1007/s10508-011-9752-2

Steensma, T. D., McGuire, J. K., Kreukels, B. P., Beekman, A. J., & Cohen-Kettenis, P. T. (2013). Factors associated with desistance and persistence of childhood gender dysphoria: A quantitative follow-up study. *Journal of the American Academy of Child & Adolescent Psychiatry, 52*(6), 582–590. doi:10.1016/j.jaac.2013.03.016

Temple Newhook, J., Pyne, J., Winters, K., Feder, S., Holmes, C., Tosh, J., … Pickett, S. (2018). A critical commentary on follow-up studies and "desistance" theories about transgender and gender-nonconforming children. *International Journal of Transgenderism*. Advance online publication. doi:10.1080/15532739.2018.1456390

Trans Youth Can Project (2018). Our research team. Retrieved from: http://transyouthcan.ca/team.php

Wallien, M. S., & Cohen-Kettenis, P. T. (2008). Psychosexual outcome of gender-dysphoric children. *Journal of American Academy of Child & Adolescent Psychiatry, 47*, 1413–1423. doi:10.1097/CHI.0b013e31818956b9

Williams, C. (2014). Tracking transgender: The historical truth. *Transgender Studies Quarterly, 1*, 232–234. doi:10.1215/23289252-2400136

Winter, S., Riley, E., Pickstone-Taylor, S., Suess, A., & Winters, K. et al. (2016). "The 'Gender Incongruence of Childhood' diagnosis revisited: A statement from clinicians and researchers" (The Berlin Statement, an open letter to the World Health Organization). https://docs.google.com/forms/d/e/1FAIpQLScdSgAxIgztWIcsGGRfCTFY3CUJxb4Iq2P6vc2l0hnOQzuiQw/viewform

Zucker, K. (2018). The myth of persistence: Response to AA critical commentary on follow-up studies and "Desistance" theories about transgender and gender non-conforming children. *International Journal of Transgenderism*. Advance online publication. doi:10.1080/15532739.2018.1468293

View publication stats