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RESEARCH

Gender Roles and Development in Transgender Children:

A Review of the Literature

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Abstract

It is the case that transgender and gender nonconforming children are more negatively impacted by societal gender roles than children that adhere to gender norms. It is important to examine the psychological effects these children are subjected to. Factors such as parents, peers, and educational settings influence gender importance. Transgender and gender nonconforming children are at a higher risk for harassment, particularly by their peers. There are strong physiological responses in these children due to factors regarding gender. The lasting effects of gender roles on transgender and gender nonconforming children are directly tied to how they develop psychologically. The goal of this literature review is to show that transgender and gender nonconforming children are highly negatively impacted by societal gender roles and to examine the factors that contribute to the negative outcomes.

Tomas, a young male child, knew that he was different since his early childhood. On the first day of the second grade, Tomas asked his parents to call him Luna from that day forward. It was later that Luna's parents realized that their child was transgender. Luna's parents traced their memory for any indication of her being transgender. What is most telling is that Luna knew her identity at an early age. It is not always apparent for the parents of transgender children, which suggests that children are more perceptive to gender norms than what is typically thought. Luna is a representation of nearly seven hundred thousand transgender people in America (Times Union).

Emerging research suggests that transgender and gender nonconforming children are more impacted by gender roles than their cisgender peers. For the most part, societal gender roles have negative effects on transgender and gender nonconforming children during early development. This literature review examines the relationship between gender roles and development in these children. The following questions will be assessed:

- What shapes children's psychological development in regards to gender identity?
- What role does affirmation play?
- How do cisgender peers react to transgender and gender nonconforming?
- What are the psychological and physiological effects on the transgender children?
- What are the lasting effects of gender roles on transgender and gender nonconforming children?

It is essential to become familiar with terms to understand the topic. Gender is defined as the state of being male or female as it pertains to social and cultural differences. Sex is defined as being either biologically male or female, designated by the person's reproductive functions. Transgender describes those whose self-identification does not coincide with societal established gender categories (Grossman & D'Augelli, 2007). Cisgender is defined as a person whose identified gender coincides with their assigned sex. Gender nonconformity is defined as not adhering to established gender roles (Grossman & D'Augelli, 2007). Gender roles are defined as cultural and personal expectations for men and women. Gender roles regulate how males and females should think, speak, dress, and interact with regards to their society. Gender roles dictate what is defined as masculine and feminine (Wyndzen, 2008). According to the DSM-V, transgender individuals would be diagnosed with gender identity disorder. The disorder is describes symptoms of extreme discontent with one's gender assigned at birth.

How children absorb information in order to construct their own concepts of gender is thoroughly researched. Children display two forms of gender personal acceptance known as gender rigidity and gender flexibility. Gender rigidity refers to a child adamantly expressing their gender. Gender flexibility is the opposite of gender rigidity; it refers to how flexible a child is in expressing gender (Tobin, 2007).

Tobin (2007) conducted a study on the factors of gender construction in children. Participants 305 children from ages 6 to 12 years of age were asked to participate in a placement test that would rank them amongst a group of 62 personality and behavioral traits. The 62 personality and behavioral traits drew mainly from each subjects' self-efficacy and how they

interacted with peers. The study was based on the flexibility and rigidity of the participants. The researchers drew connections between the stereotypes in which the children were subjected to and gender roles. They concluded that there was more rigidity amongst the younger children than the older children, with age 7 as the distinction between older and younger.

The results suggest that until the age of 7 children are rigidly set in their own gender roles (Tobin, 2007). They showed that stereotypes and gender identity worked together to form children's perception for the 62 behaviors. The researchers conclude that this had to do with recognition that outer appearance did not determine one's sex and the idea of gender consistency. Tobin suggested that it was the emergence of consistency in gender that lowered rigidity in the children. Essentially, as children grew older their gender rigidity lowered.

Halim et al. (2014) examined gendered appearances on cognition in children. The researchers conducted two studies to examine various instances of gender rigidity in children as it pertained to clothes. In study 1a the researchers focused on gender appearance rigidity in early childhood. In study 1b the researchers analyzed cognitive theories of gender development and appearance rigidity as related to gender identification and understanding of gender stability within the children. In study 2, the researchers examined if appearance rigidity was generalizable to larger populations of children across ethnicities and socioeconomic class (Halim et al., 2014).

The researchers suggested that it was mostly biological and self-identified girls displayed more gender rigidity compared to boys. It can be inferred that girls tended to fall in to gender structure earlier than boys (Halim et al., 2014). The results offer that children's behavior is linked to socialization processes and examined how children view gender when in the presence of their peers. It is the case that gender rigidity is higher for young girls more so than with young boys.

Tobin and Halim both imply that gender is one of the primary and most important means of social interaction that children are subjected to. It is suggested that young children (below age 7) are more rigidly set in their gender identity (Tobin, 2007). The results of Tobin's study are further built on by the Halim et al. (2014) study. Halim et al. examined gender rigidity in children when given examples of how gender is expressed through appearance. Essentially to see if the children reacted in a certain way when shown different gendered appearances.

Affirmation plays a significant role in how transgender and gender nonconforming children develop notions of gender. The data suggests that validation of gender identity plays a key role in how positively or negatively transgender and gender nonconforming children experience gender development (Ehrensaft, 2011; Hegedus, 2009).

Ehrensaft (2011) considered parental influence on the gender identity of children. They looked for a relation between parental reaction to gender nonconformity and its effect on the development of their nonconforming child. Three case studies of families with nonconforming children were examined. Each set of parents was placed on a scale based on acceptance. Of the three families examined, the first was heavily negative towards the gender nonconforming child, the second was neutral veering on negative, and the third was largely open and accepting (Ehrensaft, 2011).

It should be noted that two of three families had an overall negative reaction to their

child: unaccepting and neutral. Ehrensaft suggested that the negative results for the neutral family indicated a lack of validation for their child's gender identity. This in turn would produce negative psychological results. They also proposed that there is a correlation between lack of support and comorbidity of other disorders for gender nonconforming and transgender children. Familial rejection was associated with considerably higher rates of depression, suicidal ideation and attempts, substance abuse, and sex-related health risks for transgender youths in comparison to children in families with little to low levels of rejection (Ehrensaft, 2011). Based on the observations, Ehrensaft suggests that there is a general lack of empathy and acceptance for gender nonconforming and transgender children. It can be implied that transgender and gender nonconforming children lack proper support from their family units.

Hegedus (2009) further examined the reactions of parents to their transgender and gender nonconforming children. He observed parents' grief, adjustment, psychological dynamics, environment and values for their families. The researchers considered the developmental stages of transgender children and noted parental responses to these stages. They gathered 11 biological mothers and 1 biological father to participate in a series of interviews. Participants were asked to describe their thoughts, emotions, and memories of their children before they began transitioning. The researchers found that 11 out of the 12 parents that were interviewed were very much accepting of their child's transition (Hegedus, 2009). It was inferred that parents would better deal with transitioning children when exposed to the feelings and emotional wellbeing of their child.

Graham (2012) examined autonomy in gender expression as gender nonconforming and transgender children matured. They gathered 35 children to participate in the experiment from 3 to 11 years old. Of them 15 were males who identified as girls and 17 were males that identified as boys. There were 2 females that identified as boys and 1 female that identified as a girl. Participants were surveyed on how comfortable they felt expressing their gender identity in an educational setting. The results indicated that most children (21 out of 35) reported campus help and general openness in educational settings involving teachers. This implies that acceptance benefits the performance of transgender and gender nonconforming children in an educational setting (Graham, 2012).

The main idea from these three studies is that affirmation is vital in how children experience their gender. The studies focused on the affirmation, or lack of, within the familial and educational settings. It is suggested that children's psychological development is affected negatively when not accepted by their parents (Ehrensaft, 2011). It is also suggested that transgender and gender nonconforming children take on the negativity that their parents place on their gender identity (Hegedus, 2009). Further, Graham (2012) suggests that gender nonconforming children are more independent in expressing gender identity when their teachers and school positively support the children's gender expression.

Peer reaction is vital in the development of transgender and gender nonconforming children. Brinkman, Rabenstein, Rosen, and Zimmerman (2014) observed gender prejudices and whether the reactions transgender children receive from peers shape their gender identity. The researchers tasked 96 children (45 girls and 41 boys) with completing a program wherein they learned social movements and lessons on gender. Participants were then asked to describe their conflicts about their identified gender and gender roles (Brinkman, Rabenstein, Rosen, and

Zimmerman, 2014). The participants described gender nonconformity as being “out of the box” and strange. However, there was a general lack of negativity towards gender nonconforming children. This suggests that gender nonconformity is generally well received when there is a lack of prejudice from peers (Brinkman et al., 2014).

Experiencing prejudice from peers negatively affect psychological health. Pauletti, Cooper, and Perry (2014) considered the role of gender identity in influencing aggressiveness toward transgender and gender nonconforming children. Participants included 195 4th grade children (101 boys and 94 girls). Participants were assessed on gender identity, self-appraisal, social behavior, and target of specific aggression (Pauletti, Cooper, & Perry, 2014). The researchers found that there was a correlation between low self-esteem and increased targeting of gender-nonconforming peers. This was especially the case with young boys (Perry, et al. 2014). This suggests that transgender and gender nonconforming youths are at a higher risk of being bullied and facing harassment.

Both studies draw similar conclusions. Brinkman et al. suggests that children acquire verbal messages about appropriate gendered behavior from outside sources. Children receive implicit messages by observing how adults act out gender roles (Brinkman et al., 2014). Pauletti et al. (2014) proposed that children showing cross-gender characteristics are at greater risk for rejection, persecution, judgment, and abuse compared to children who do not show these traits. Pauletti et al. (2014) also suggested that males who display very strong masculinity experience stress as a response to people, specifically other males, who do not conform to established gender norms. Essentially, males show more aggressive tendencies regarding their gender rigidity.

There are significant psychological effects of gender roles on transgender and gender nonconforming children. These effects include anxiety and heightened levels of stress. Wallien, van Goozen, Cohen-Kettenis (2006) examined gender identity in to physiological responses. The researchers aimed to find out if children with gender identity disorder, as classified in the DSM-V, showed higher stress levels than children without the disorder (Wallien, et al. 2006). Participants included 62 children between 7 and 12 years of age; 20 boys and 5 girls had diagnoses of gender identity disorder, the remaining children were a control group. Participants filled out survey questions, and were subjected to triggering stimuli. The stimuli included videotapes of same-aged children playing games and saying derogatory language. Researchers measured saliva, heart rate, skin conductance, and cortisol levels. Those with gender identity disorder tested higher for levels of cortisol, heart rate, and anxiety compared to the control group (Wallien et al., 2006). The children with gender identity disorder tended to have a noticeable physiological response to triggering stimulus. It can be inferred that these physiological responses to triggering stimulus indicated a negative psychological reaction.

Wallien, Swaab, and Cohen-Kettenis (2007) studied gender identity disorder and comorbidity of other mental illnesses and assessed if gender identity disorder was a precursor to other such mental illnesses. Participants included two groups of 100 children, where 73% of children had a diagnosis of gender identity disorder and 23% had a sub-threshold for other disorders. Participants were interviewed and tested for other mental disorders. The parents of the participants were interviewed as well (Wallien et al., 2007).

Of the participants, 52% of the gender identity disorder group and 47% of sub-threshold

group satisfied criteria for other mental disorders (Wallien et al. 2007). Children diagnosed with gender identity disorder had a high chance of comorbidity. In this study children with gender identity disorder had a 5% higher likelihood of having one or more mental disorders than the sub-threshold group. The researchers concluded that transgender and gender nonconforming children are at more significant risk for developing co-occurring problems.

Yunger, Carver, and Perry (2004) examined positive and negative influences of gender identity on children's psychological health. Participants included 171 children between 7 and 13 years old. Participants were tested twice at 1-year intervals in order to have a longitudinal assessment. Surveys were administered to assess for gender identity and for adjustment. The adjustment was based on self-esteem, internalizing symptoms, externalizing symptoms, and peer acceptance (Yunger, Carver, & Perry, 2004).

The study showed no effects on children having internalized problems and acceptance due to gender typicality. Gender typicality is a person's sense of whether they are typical of their gender. The researchers concluded that children that see themselves as gender typical showed an increase in externalizing problems (Yung et. al., 2004). Essentially, satisfaction with their gender is beneficial for children's well being. However, being pressured to fit gender stereotypes had a negative effect on the children's well being. It can be inferred that gender acceptance has a positive influence on the psychology of children.

It is suggested that pressure to adhere to gender roles for children that do not fit them undermines adjustment. Stress can be caused by pressure to adhere to gender roles. Wallien et al. (2007) suggests that relationship difficulties with parents, siblings, and caregivers result in comorbidity within the developing children, which is supported by Ehrensaft (2011). Yunger et al. (2004) suggested that, for children, pressure to conform to gender stereotypes undermines adjustment during preadolescence. The study by Wallien et al. suggested that children view traits or situations with the opposite sex as being stress reducing that they may act as the opposite sex in order alleviate the stress (2007).

It is important to note the lasting effects of traditional gender roles in transgender and gender nonconforming children in to their adolescent years. Grossman and D'Augelli (2007) examined the factors that contribute to the high prevalence of life threatening behavior amongst transgender adolescents. Participants included 31 male-to-female and 24 female-to-male transgender adolescents between the ages of 15 to 21 years. They assessed participants on suicidal ideation, suicide attempts, childhood gender nonconformity, childhood parental abuse, and body esteem. Approximately 45% of participants contemplated suicide. About 55% of the participants never had suicidal thoughts. About 20% of the participants sometimes had suicidal thoughts, and roughly 26% of the participants reported history of life-threatening behaviors. Of the participants, 10 of 14 participants reported suicide attempts motivated by their gender identity (Grossman & D'Augellis, 2007).

Grossman A. H. and D'Augelli, A. R. suggested that transgender adolescents are at a high risk of suicidal tendencies (2007). There may be a correlation between positive reinforcement towards gender in early childhood. Graham indicates that a lack of the positive reinforcement results in possibly having a comorbidity of other mental illnesses, predominantly depression or anxiety. Both studies by Ehrensaft and Hegedus support the correlation between positive reinforcement and developmental outcomes for transgender and gender nonconforming children.

The current studies supports the case that transgender and gender nonconforming children are negatively affected by societal gender roles. Research suggests that gender is one of the primary and most important factors in healthy psychological development (Tobin, 2007; Ehrensaft, 2011; Halim et al., 2014; Hegedus, 2009). Young children place importance on gender roles based on factors such as their peers, society, and their familial units (Brinkman et al., 2014; Tobin, 2007; Ehrensaft, 2011; Halim et al., 2014; Pauletti et. al., 2014).

When children diverge from established gender roles, often times there are significant negative psychological effects. When transgender and gender nonconforming children do not receive positive affirmation of their identities from peers (Halim et al., 2014), family (Ehrensaft, 2011), and society, they experience detrimental outcomes on their development. As compared to their gender conforming cisgender peers, transgender and nonconforming children are met with more hostility (Pauletti et al. 2014). This is particularly the case with young boys towards young female-to-male transgender children. These negative effects can have a significant affect on the psychological outcomes of gender roles on transgender and nonconforming children, even leading to life-threatening behavior (Grossman & D'Augellis, 2007). The research suggests that transgender and gender nonconforming children experience more psychological consequences from traditional gender roles.

Still, most research on transgender and gender nonconforming children lacks diverse methodologies, consisting largely of surveys and qualitative studies. All of the reviewed studies had very similar methods, which involved primarily surveys (Ehrensaft 2011, Graham 2012, Grossman et. al. 2007, Halim et. al. 2014, Hegedus 2009, Wallien et. al. 2006, Wallien et. al. 2004, Yunger et. al. 2004). Because of the methodologies the concern with these studies is that they are not diverse. If there were more diversity in methodology then there would be a stronger support for the claims made in the articles. The Hegedus study, in particular, focused more on mothers rather than fathers, which is a drawback due to the participant variety. With the participant pool being primarily mother's it is difficult to draw conclusions on the affects of the fathers' attitude regarding the children's identity in the study. The studies had methodologies similar to the previously mentioned studies and relied on surveys.

Future researchers should include longitudinal studies on case studies in order to gather more findings on the long-term effects of gender roles on the psychological functioning of transgender and gender nonconforming youth. If longitudinal studies were conducted then researchers could best see what affects these roles have that can directly be drawn back to childhood. It would also be advantageous for researchers to include more ethnic and racial diversity within their range of participants. In that sense, there would be other cultures to compare to in order to see different gender roles and norms. Also, researchers could examine different types of family units such as single mothers, single fathers, legal guardians, gay parents, and so forth. Researchers could look in to the different beliefs of families such as conservative, liberal, religious, and other. Examining all of these factors would give more in-depth results of gender roles on various groups of transgender and nonconforming children.

Being that family plays an incredibly vital role for children's development there is room for positive changes. Families can practice open acceptance and encourage positivity of their children's gender identity. It would be helpful for families to also encourage positivity rather

than neutrality for their children and their identity. Another tool families can utilize is the help mental health professionals, therapists can help families by teaching them ways to practice positive affirmation. It is vital that transgender and gender non-conforming children are validated and have the opportunity to have a positive psychological development.

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Biography

My name is Kennedy Smith and I am currently a third year undergraduate student at the University of California in Merced. The major that I am pursuing a degree in is Psychology and a minor in Professional Writing. I grew up in a town called Fresno, which is located in California's central valley. I attended University High School, which is nestled on the campus of Fresno State. I graduated high school in 2013 and am going to be graduating from UC Merced in the spring of 2017. I am interested in pursuing a graduate degree in Psychology as well writing articles that are pertinent to the field. I am incredibly interested in psychological development and social psychology as well as writing. In my free time I enjoy writing creatively, cooking, and learning random facts. In the future, I would want to become a published author as well as a psychologist.