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Zachary Silberman
University of Vermont

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Gender Nonconforming Children: Education for Rural Vermont Families

ZACHARY SILBERMAN, MS3
ST. ALBANS, VT
MARCH-APRIL 2018 FAMILY MEDICINE CLERKSHIP
MENTORS: JEREMIAH DICKERSON, MD
DEANA CHASE, LICSW
Problem Identification and Need

Although the incidence of Trans and Gender Non-Conforming (TGNC) children is not known, some studies have indicated up to 27% of adolescents in certain populations identify as TGNC.

According to experts, there is a general lack of education for providers and families of TGNC children.

Rural areas generally have a lack of awareness and resources about LGBTQ topics.

There are many different guidelines for successful supporting and raising of TGNC children.

The rapidly changing field can be hard to interpret for patients and providers alike.
Public Health Cost and Community Considerations

TGNC youth have higher rates of mental health disorders, including depression and suicidality. Increased family support shows fewer episodes of these disorders, higher overall life satisfaction, and improved academic success. Unfortunately, a lack of awareness of the issue has resulted in minimal studies evaluating incidence, let alone specific outcomes.
Community Perspective and Support

Dr. Jeremiah Dickerson, Child and Adolescent psychiatrist at the Vermont Center for Children, Youth and Families
- Outside of Chittenden county, there is significant confusion about any type of gender variant population
- Parents especially need facts and tools to talk with other family members

Deana Chase, LICSW, Parent of a TGNC child
- There is a general lack of knowledge on gender binary and the social construct of gender
- Even when parents and family have knowledge, there is often a sense of grief, fear, and loss when their child “comes out”

Other Community Leaders
- Many misconceptions exist between physicians and the TGNC community about terminology how to address the topic
Intervention and Methodology

Reviewed current literature and community websites for commonly used terminology

Conducted interviews with community healthcare providers and family members of TGNC children

Developed family oriented pamphlet with

- Terminology
- Myths and Misconception
- Community resources
- Tools for discussing the topic
Intervention - Brochure

Myths and Misconceptions

All kids who are gender creative will stay that way.

No. 80% of children will identify as the sex they were assigned at birth if they are allowed to be themselves. However, the way in which children will identify can change.

Being gender creative means being wrong, not being who you are or something wrong with you at a young age to only be gender non-conforming?

No. Many kids who identify at a young age stop identifying that way as they get older, but being gender non-conforming is normal for everyone.

How are your practices supervised in gender role and explanation?

A part of mental health development that all children go through in same stages.

We provide a support system for our kids and teach them a normal model.

In our family, we believe that teaching children about gender expression is important to help them understand their own identity and the identities of others. We believe that gender expression should be explored, respected, and celebrated within a supportive environment.

On the left side of the brochure, we have a list of resources and citations that are available to parents who want to learn more about gender identity and expression. The resources cover topics such as gender identity, gender expression, and gender roles.

Why is my kid wearing different clothes and using new pronouns?


What does gender creative and related terminology mean?

Gender identity: every individual internal sense of self and reflection of one's gender, or something else entirely.

- ex: "transition" or "in transition".

Gender expression: outward expression of gender identity.

- ex: "детская сексуальность" or "I choose how they present to refer to me".

They assigned at birth, typically referred to as given by external genitals at birth and more recently chromosomal sex, with some variation due to peripheral processes.

- Ex. "You have a vagina and breasts developed in your uterus" or "I love how my chromosomes but my body cannot express it properly."

Some individuals also identify as an individual rather than an individual, physically, emotionally, or otherwise.

- Ex. "I am gender neutral and do not identify as any specific gender." or "I am a woman who identifies as male and have not been assigned a sex at birth." or "I am someone who feels like I am gender neutral/specific and don’t identify as any specific gender." or "I am gender fluid/blue.

How can I explain gender creative to other family members?

The Gender Unicorn, developed by TSER, is a great starting point. It shows how components of our identity are just starting. This is a great tool for starting a conversation with anybody.

The Gender Unicorn

- TSER

- Gender Identity

- Gender Expression

- Sex Assigned at Birth

- Physically Attracted to

- Emotionally Attracted to

Produced by Zachary Silverman in association with the University of Vermont Larner College of Medicine.

The University of Vermont Larner College of Medicine
Results and Response

The educational pamphlet serves to address the general lack of knowledge about TGNC children.

Pamphlet was well received by providers and staff, with several people commenting on the necessity of the topic for providers and patients.

The pamphlet was distributed out to the 8 practice offices of the Northern Tier Center for Health (NOTCH) group, and a pdf was requested for continued distribution.
Evaluation of Effectiveness and Limitations

**Evaluation of Effectiveness**

Evaluation of effectiveness could be accomplished by surveying providers on the frequency that patients mention the topic.

Additionally, surveys of the topic could be conducted at community resources to see if the pamphlet was a reason for contact.

**Limitations**

There was no time within the scope of the clerkship project to evaluate the effectiveness of the pamphlet.

The population of TGNC children is considered vulnerable and so could not be interviewed without a lengthy IRB approval process.

There is minimal demographic information regarding the TGNC population, especially in rural areas.
Future Recommendations

Expand on project scope to develop family education tools for a broader aspect of the TGNC population

Distribute pamphlet to rural primary care offices in Southern Vermont

Develop provider training modules for talking with TGNC children and their families

Rework pamphlet for distribution to schools and other areas to increase family awareness
Center of Excellence for Transgender Health, Department of Family and Community Medicine, University of California San Francisco. Guidelines for the Primary and Gender-Affirming Care of Transgender and Gender Nonbinary People; 2nd edition. Deutsch MB, ed. June 2016. Available at www.transhealth.ucsf.edu/guidelines.


outrightvt.org
transstudent.org
Interview Consent

Thank you for agreeing to be interviewed. This project is a requirement for the Family Medicine clerkship. It will be stored on the Dana Library ScholarWorks website. Your name will be attached to your interview and you may be cited directly or indirectly in subsequent unpublished or published work. The interviewer affirms that he/she has explained the nature and purpose of this project. The interviewee affirms that he/she has consented to this interview.

Yes ___X__ Deana Chase – Verbal
Yes ___X__ Jeremiah Dickerson – Verbal