The Tavistock and Portman
Leaders in mental health care and education

Tavistock and Portman E-Prints Online

JOURNAL ARTICLE

Original citation:
Langton, Trilby and Wren, Bernadette and Carmichael, Polly (2018) *Seeing the child in context: Supporting gender diverse children and their families in multiple ways – An introduction to this special edition.* Clinical Child Psychology and Psychiatry.

© Trilby Langton and Bernadette Wren and Polly Carmichael, 2018
This version available at: http://repository.tavistockandportman.ac.uk/

Available in Tavistock and Portman E-Prints Online

The Trust has developed the Repository so that users may access the clinical, academic and research work of the Trust.

Copyright © and Moral Rights for the papers on this site are retained by the individual authors and/or other copyright owners. Users may download and/or print one copy of any article(s) in Tavistock and Portman E-Prints Online to facilitate their private study or for non-commercial research. You may not engage in further distribution of the material or use it for any profit-making activities or any commercial gain.
You may freely distribute the URL (http://repository.tavistockandportman.ac.uk/) of Tavistock and Portman E-Prints Online.

This document is the author's accepted manuscript of 'Seeing the child in context: Supporting gender diverse children and their families in multiple ways – An introduction to this special edition'. It is reproduced here in accordance with Green Route Open Access policies.

The Tavistock and Portman NHS
NHS Foundation Trust

Seeing the child in context: Supporting gender diverse children and their families in multiple ways. An introduction to this special edition

Trilby Langton, Bernadette Wren & Polly Carmichael

This special issue of *Clinical Child Psychology and Psychiatry* includes a group of papers that originated in the work of the Gender Identity Development Service (GIDS) which is the nationally-designated NHS service in the UK to work with children and adolescents experiencing significant concern and distress about their gender. This short introduction to those papers aims to set the context and explain why certain areas have been given a focus.

In publications on childhood gender diversity there can be a disproportionate focus on the physical interventions that are sometimes provided to young people and children. Although medical treatment is an important area of research and expertise, and raises particular anxieties and dilemmas for families and clinicians, at GIDS we support young people and families in multiple ways and it is this contextual, systemic and psychosocial support that we feel is worthy of fuller description.

At the GIDS we have always made space to think and talk together reflexively about the nature of our work and the tensions we encounter. Some of us have been in the service many years while others are relatively new to the work. We share worries about the rapidly changing demands that are being placed on the service, the limited and inadequate evidence base available to clinicians to provide answers to the many questions that the work generates, as well as the known and also unknown implications of supporting early social transition and providing physical interventions to children and young people.

These meetings are a place to explore and reconcile important theoretical ideas derived from our clinical trainings with the complex work we were undertaking. We also examine the ways in which the work affects us personally and professionally. In the media, amongst support groups and with service users there are many stories and ideas about gender diversity in children and what the GIDS stands for and advocates. These ideas can create for families many expectations and pre-conceived ideas about our process. We take time to consider the experience of being positioned in very particular ways and the effect that this can have on forming helpful relationships.

It is clear that we have a responsibility to continue to articulate our approach in different formats, to better explain some of the ways in which our knowledge of child and adolescent difficulties and development informs our thinking, to help others understand how we try to make sense of the broader cultural influences at this particular time in the history of the service, to share more broadly the richness of the work and, finally, and perhaps most importantly, to illustrate our concerns and our dilemmas in ways that would not further marginalise the young people we support. Over time we have formed a commitment to bring together a collection of papers that highlighted the multiple ways that support is offered and how the work can unfold.

Carmichael and de Graaf's introductory overview of the emerging trends helpfully introduces the reader to some of the broad clinical questions that are regularly discussed within our service at team meetings, in reflective spaces and in supervision. These include questions about why there has been a large increase in referrals and, more specifically, what factors have influenced a shift in the sex ratio so that we are now seeing many more young people, especially in their mid-teens, who were assigned female at birth. Carmichael and de Graaf also highlight the growing diversification of young people's gender identity and expression and the ways in which gender is increasingly thought about in more fluid ways. This is captured in more detail by **Twist and de Graaf** who provide this special issue with an up to date analysis of the diverse self-descriptions of young people who present to the service.

Conversely **de Graaf, Manjra, Hames and Zitz** provide insights into the young people of whom we see much less. They highlight the fact that less than 10% of referrals to the service are from black and minority ethnic groups. This makes for a significant under-representation in referrals to the service as compared to both the national population and Child and Adolescent Mental Health service figures. In the paper they discuss the potential barriers for certain groups in accessing services and consider the possibility of cross-cultural variations in the conceptualisations of gender, gender roles and gender variance.

Wheeler, Langton, Lidster and Dallos use qualitative research to provide an insight into young people's experience of having a gender diverse sibling. This paper reflects on the types of support that siblings might need as families adjust to a child's gender transition. Much of our work is conducted with whole families and this paper highlights the unique needs of siblings.

Many young people and their families attending our service can have limited access to sources of community support. This can heighten feelings of isolation, shame and difference which in turn can contribute to a more hopeless perception of the options and the opportunities that are available. Bringing families and young people together to meet and share experiences through our family days, parent support groups and young people's groups is an important part of the psychosocial support that is offered at GIDS. **Davidson, Morrison, Skagerberg, Hames and Russell** provide a detailed description of the aims of the therapeutic young people's group that has been offered at Tavistock centre for the last six years and they illustrate how these groups help young people manage difficult experiences, develop coping skills and resilience and explore their identities through effective social solidarity and the accepting group environment.

There can be a powerful narrative amongst certain groups and in the media that young gender diverse people unavoidably experience deep distress and are highly susceptible to suicidality and self-harm, requiring rapid medical intervention. In our experience the clinical picture is more complex and the limited nature of the research to date can lead us to premature conclusions. **Mann, Taylor, Wren and de Graaf** provide this special issue with an up to date review of the relevant UK-derived literature. They offer tentative support for the suggestion that trends in self-injurious thoughts and behaviours among gender-diverse young people may, to some extent, reflect trends in self-injury in the general population, and that these rates may be approximately comparable to rates reported among children and young people in contact with other mental health services.

There are many important questions that are in the forefront of clinician's minds as we begin the process of making sense of an individual child's intimate and private feelings about their gender. **Miller and Davidson** illustrate some of the ways in which families at GIDS are invited to explore their beliefs and behaviours around gender, using systemic ideas. They show that an overarching aim of our work is to consider how children are situated within the multiple domains in which they live their lives. In our view the young people referred to the service need be supported to live well, through working with parents, siblings, schools, local mental health and social care professionals and support group networks. This is especially the case as we consider that clinicians are often required to understand complex situations in which young people might have multiple other difficulties which can significantly impact on a process of gender exploration and decision making.

In the same way that the binary construction of gender can feel limited as a way of capturing the diverse and varied nature of our gendered lives, the polarised way in which gender care in this area has increasingly been constructed as either 'affirmative' or 'reparative' seems equally unhelpful. The affirmative stance described in the paper by Ehrensaft, Giammattei, Storck, Tishelman & Keo-Meier, (2018) advocates clinicians following entirely the child's preferred gender both by supporting an early social transition and by being ready to recommend physical interventions - including surgery - at increasingly young ages, whereas the 'reparative' approach is said to view gender diversity as pathology and therefore the aim of the clinician holding this stance would be to support or teach a child to not have these gender difficulties. From our clinical experience at GIDS, these ways of describing the work can seem very limited in relation to the complexity and the varied nature of how young people present at the clinic. Of course our work is 'affirmative' in many ways, in that we respect and accept completely children's sense of themselves, in many cases actively support them to live in the way they feel is most comfortable, work hard to reduce the social inequalities and discrimination within the systems around them, and in some cases, where clinically appropriate, we affirm in the most profound way by providing treatment to alter their bodies. However, our experience tells us that that there are varied outcomes for children who present as gender diverse. So whilst accepting and respecting a child we also hold in mind there can be no certainty about the pathway each individual will take. For many a longer period of thoughtful and supportive exploration is needed, and in many cases this allows them to arrive at a place of decreased distress and increased clarity about who they are and how they might live in their bodies in a settled way. **Churcher Clarke and Spiliadis** in this issue have highlighted two of the many examples in our service of young people who, over a period of time and with thoughtful care and support, make sense of their difficulties as not directly related to gender or gender change. This in our view is not 'reparative' therapy: we do not aim to change someone's gender feelings or utilise any methods historically associated with the ideology of conversion therapy. However, the ultimate outcome for many is that pressing gender concerns pass as the child or adolescent develops, or as other difficulties are understood better.

Putting words to some of these tensions can be problematic and brings with it considerable trepidation for clinicians, who fear being tarred with negative slurs. Our experience is that accounts of diverse outcomes are often refuted or are not experienced as helpful by some stakeholders, groups and particular families. It seems that there may be a fear that to acknowledge or highlight stories of diverse outcomes will in some way discredit or devalue those who do feel certain of their gender identity and who will continue to identify as transgender into adult life. In her paper, **Wren** provides a vital reminder of how difficult it is to adequately contemplate the many layers of ethical concern in this work with children and young people, while keeping in mind the historical and ongoing context of oppression and discrimination that has affected gender diverse individuals.

The support offered at GIDS aims to understand the complex ways in which many young people present - often with significant associated difficulties - and to maximise their developmental opportunities, tolerate the distress of the perceived mismatch of body and gender feelings, whilst exploring the possible pathways available to them. There can be a powerful pull to reduce complexity and simplify children's experiences and this pull can be seen in many of the polarised stances from which these issues are often argued. We hope that this special issue of *CCPP* provides some insights into the richness of this work and ultimately complicates for the reader what can so often become a simple story. We continue to feel that children are done an injustice if we do not try to examine the grey, the nuance, the unsaid, and dance lightly around certainty when it comes to making statements about the fixity of children's gender feelings. We feel a responsibility to articulate our clinical experience, report our research findings, name some ethical concerns and convey some of the different therapeutic modes and approaches that are utilised by our team on a child-by-child basis.

References

Ehrensaft, D., Giammattei, S.V., Storck, K. Tishelman A.C. & Keo-Meier, C. (2018) Prepubertal social gender transitions: What we know; what we can learn - A view from a gender affirmative lens. *International Journal of Transgenderism*. 19, 2, 251-268.