



Gender Fluidity and Nonbinary Gender Identities Among Children and Adolescents

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ABSTRACT—*A growing number of children and adolescents report having gender identities or expressions that differ from their birth-assigned gender or from social and cultural gender norms. Some identify as transgender, whereas others consider themselves nonbinary or gender fluid. Nonbinary and gender fluid youth are distinct from transgender youth in that they typically report that their gender identity (i.e., their internal sense of gender) or their gender expression (i.e., their public presentation of their gender through appearance, dress, and behavior) fall outside the traditional male–female binary. For example, nonbinary youth may identify as both male and female or neither male nor female. In this article, I discuss what we know about nonbinary forms of gender identity and expression among children and adolescents, and how these experiences converge and diverge from binary forms of the transgender experience. I also identify the most important priorities for fostering well-being among all youth.*

KEYWORDS—*gender identity; transgender; nonbinary; gender fluidity*

A growing number of children and adolescents describe themselves as *transgender*, *gender fluid*, or *nonbinary*, meaning that their gender identities or expressions differ from their birth-assigned gender. In a recent population-based study of more than 80,000 ninth and eleventh graders in Minnesota, 3% of youth viewed themselves as transgender, genderqueer, gender fluid, or

unsure of their gender identity (Rider, McMorris, Gower, Coleman, & Eisenberg, 2018). Differences between one's birth-assigned gender and gender identity or expression may lead transgender individuals to experience psychological distress and to be clinically diagnosed with *gender dysphoria* (American Psychological Association, 2015). Gender dysphoria among transgender youth may be resolved by altering one's gender expression to coincide with gender identity, through changes in dress and appearance and, in some cases, by modifying the body through hormones or surgery.

We know less about the psychological experience and treatment of youth who consider themselves gender fluid, genderqueer, or nonbinary. Such terms are increasingly used to describe gender identities and expressions that differ from binary concepts of gender (Galupo, Pulice-Farrow, & Ramirez, 2017; Hegarty, Ansara, & Barker, 2018; Tate, Youssef, & Bettergarcia, 2014). Nonbinary and gender fluid individuals comprise a diverse group: Some individuals use these terms to describe gender *identities* that deviate from binary conceptions of gender, whereas others use them to describe modes of gender *expression*. Some view their gender identity or expression as *both* male and female, *neither* male nor female, somewhere between male and female, or fluid over time. Some consider themselves part of the larger category *transgender*, whereas others do not.

Nonbinary identities and nonbinary gender expressions appear to be increasingly common among youth: In a recent study of more than 22,000 gender-diverse adults, two thirds described themselves as transgender, whereas one third described themselves as nonbinary, gender fluid, or genderqueer (James et al., 2016). These proportions were reversed in a study of gender-diverse *adolescents*, with two thirds describing themselves as nonbinary and one third describing themselves as transgender (Baum et al., 2012). Clearly, we need a more thorough understanding of youth who consider themselves gender fluid, genderqueer, or nonbinary, and of how they resemble and differ from transgender youth. Reaching that understanding is one goal of this article.

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BACKGROUND ON GENDER IDENTITY

Most children develop the ability to label others according to gender and to use gender labels regularly in their speech between 18 and 24 months of age (reviewed in Martin & Ruble, 2010). This is also when children begin to develop a sense of selfhood and actively seek information about how they should behave (Baldwin & Moses, 1996). Accordingly, once children in this stage reliably identify and use gender categories, their own gender-typed behavior (e.g., playing with gender-typed toys) increases (Zosuls et al., 2009). Between 3 and 5 years, children develop gender constancy (Szkrybalo & Ruble, 1999), which denotes an understanding that gender is a permanent characteristic. Children typically become less rigid in gender-typed behaviors once they master gender constancy, reflecting an awareness that if gender is permanent, it cannot be altered by changes in dress or play behavior (Ruble et al., 2007).

This decline in gender-related rigidity also corresponds to important cognitive and neurological changes in middle childhood. This is when children develop theory of mind (Halim, Ruble, & Amodio, 2011), an understanding that other individuals have their own unique beliefs, intentions, feelings, states, and points of view (Saxe, Carey, & Kanwisher, 2004), as well as a growing ability to view social categories from many perspectives. All these cognitive developments occur in a social context that has a fundamentally binary perspective on gender, which is reflected across a range of social and linguistic practices (reviewed in Hyde, Bigler, Joel, Tate, & van Anders, 2019). To the extent that children's daily experience is marked by pervasive gender categorization (different names, clothes, hairstyles, toys, teams, and restrooms for boys and girls), they develop a heightened attention to gender categorization and internalize their culture's view of the fundamentally binary nature of gender. This process can begin as early as 3 months with respect to language: Infants who hear the same noun (e.g., *boy*) used to refer to novel objects become more attentive to the similarities among those objects (Booth & Waxman, 2003; Waxman & Booth, 2001). Hence, as infants become proficient in a language that distinguishes reliably between girls/women and boys/men, this facilitates their perception of the fundamental importance of this category.

GENDER REVOLUTION?

Fluid and nonbinary gender identities and presentations can be found across all recorded history (Feinberg, 1996), but only in the past decade has the notion of gender fluidity attained wide familiarity. Psychological research has long presumed rigid categorical notions of gender, but these presumptions have been challenged increasingly by researchers in neuroscience, behavioral endocrinology, genetics, and epigenetics (reviewed in Hyde et al., 2019). For example, recent neurobiological research analyzing magnetic resonance images of more than 1,400 human

brains from four different datasets revealed extensive overlap in brain regions previously thought to be fundamentally different in men and women (Joel et al., 2015). The authors concluded that most brains are mosaics containing some features more common in females, some features more common in males, and some features equally common in both. Hence, although most children today (along with their parents, teachers, and doctors) live in a world that treats the notion of two and only two genders as an indisputable biological fact, a growing body of rigorous research shows that gender is more complex and multifaceted, directly challenging our cultural assumptions about the gender binary.

More fluid conceptualizations of gender are also evident in mainstream awareness. In a poll by a nonscientific news-magazine of more than 1,000 young adults, more than half of millennials (those born between 1981 and 1996) said they believed that gender exists on a spectrum and should not be limited to male and female categories (Rivas, 2015). Around the world, the Internet and social media have allowed youth from diverse backgrounds to discover fluid, complex notions of gender and question whether these notions reflect their own experiences. In light of these historical changes in the availability of information about gender diversity, younger individuals are more likely than youth of previous time periods to adopt nonbinary rather than binary gender identities, and parents, educators, and clinicians need to understand this growing population.

SOCIAL CHALLENGES

All gender-diverse children, adolescents, and adults face challenges related to social and familial acceptance, and these challenges can lead to lasting mental health concerns. Numerous studies have documented stigmatization, victimization, and bullying among gender-diverse youth (James et al., 2016), and these experiences account for the fact that gender-diverse youth have higher rates of anxiety, depression, and self-harm, and are disproportionately likely to commit suicide (Newcomb et al., 2020). This pattern of findings concords with the *minority stress* model of sexual-minority health (Meyer, 2003), which specifies that sexual and gender minorities' acute exposure to stressors such as stigmatization, rejection, violence, and discrimination confers cumulative psychological stress, which in turn harms both mental and physical well-being. We know little about whether youth with nonbinary identities face different levels of stress than transgender youth with binary identities. Some research suggests similar levels among both groups of adolescents of self-harm, likelihood of committing suicide, violence, mental health problems, and substance use (Rimes, Goodship, Ussher, Baker, & West, 2019). Other studies have found less optimal mental health in transgender adolescents and young adults with binary identities than in adolescents and young adults with nonbinary identities (Newcomb et al., 2020; Thome et al., 2018). Such disparities may result from the unique challenges nonbinary youth face in communicating their experiences

to parents, peers, and clinicians, many of whom still have a fundamentally binary notion of gender.

Differences in nonbinary youth's mental well-being likely reflect diversity in their gender expression and differences in their access to social support. Among the gender-diverse Minnesota students questioned in the aforementioned survey (Rider et al., 2018), 40% of those assigned male at birth had a "somewhat" or "very" masculine gender expression, 31% had a "somewhat" or "very" feminine gender expression, and 29% described their gender expression as equally male and female. Among the students assigned female at birth, 35% had a "somewhat" or "very" feminine gender expression, 24% had a "somewhat" or "very" masculine gender expression, and 41% described their gender expression as equally male and female. We cannot know the reasons for these different modes of gender expression. Variation in gender expression may reflect a youth's individual preferences, degree of access to gender-affirming care, and willingness to openly express their desired gender identity. Youth occupying different points along the spectrum of gender expression are likely to confront different reactions from their parents, teachers, clinicians, and peers, and different rates of victimization, stigmatization, and social rejection. Nonbinary individuals with a gender-conforming appearance may be less subject to victimization, but may also fail to have their unique experiences recognized and validated by supportive allies.

Parents' attitudes are undoubtedly critical in this regard. In studies of transgender youth, the mental health of these youth is fostered when parents accept and affirm them, and actively help their child access needed clinical and support resources (reviewed in Diamond, 2013). Accordingly, distrust of the nonbinary label is a unique hurdle faced by nonbinary youth in their relationships with parents, peers, and health-care providers (Johnson, LeBlanc, Deardorff, & Bockting, 2019).

CLINICAL CHALLENGES

Physicians' and psychologists' lack of knowledge about transgender and nonbinary identities can be a significant barrier to competent care (American Psychological Association, 2015). Current practice guidelines for both the medical and psychological treatment of transgender youth adopt a *gender-affirmative* model of care, which views gender variation as a basic form of human diversity rather than an inherent pathology, and which takes a multifaceted approach to supporting and affirming youth's experienced gender identity and reducing psychological distress (American Psychological Association, 2015; Coleman et al., 2012; Hembree et al., 2017). Collaborative treatment paradigms seek to integrate psychological support for youth and their families; attention to youth's social, familial, and cultural context; and in some cases, the administration of hormones to suppress puberty or achieve a gender expression that matches the child's gender identity. The goal is to address youth's immediate needs while also using the best evidence available to develop long-term treatment plans.

Of course, clinical practice guidelines are aspirational rather than mandatory, and clinicians may deviate from these guidelines according to their own professional judgment. The Pediatric Endocrine Society recently released a position statement on the care of transgender clients, noting that despite the existence of gender-affirmative clinical practice guidelines, controversies remain within the medical community regarding the risks of hormonal treatment and the lack of data on the etiology and long-term course of gender dysphoria (Lopez, Marinkovic, Eimicke, Rosenthal, & Olshan, 2017). In a recent survey of members of the Society for Adolescent Health and Medicine and the Pediatric Endocrine Society (Vance, Halpern-Felsher, & Rosenthal, 2015), 62% of respondents said they felt comfortable providing medical care to transgender youth, but only 47% felt confident in their ability to do so, pointing to lack of training on treating transgender patients as a significant obstacle to care.

Data on the risks and benefits of hormone therapy are particularly important for addressing the concerns of clinicians and parents (Olson-Kennedy, Okonta, Clark, & Belzer, 2018). For youth at the beginning stages of puberty, gonadotropin-releasing hormone analogues can be used to suppress puberty temporarily, giving youth more time to consider gender identity issues. An increasing number of studies support the safety and effectiveness of pubertal suppression in reducing psychological distress among transgender youth (Cohen-Kettenis, Delemarre-van de Waal, & Gooren, 2008; de Vries et al., 2014). After puberty, administering gender-affirming hormones to alter gender expression can reduce gender dysphoria, anxiety, and depression in transgender youth and improve their quality of life (reviewed in Chen, Edwards-Leeper, Stancin, & Tishelman, 2018). Nonetheless, we need long-term follow-up data to inform clinicians' appropriate use of hormonal therapy and to address the concerns of those who have reservations about applying gender-affirmative practice guidelines (Vrouenraets, Fredriks, Hannema, Cohen-Kettenis, & de Vries, 2015).

ADAPTING GUIDELINES FOR NONBINARY YOUTH

While gender-affirmative practice guidelines have been developed to address the specific experiences of transgender youth, the field currently lacks practice guidelines that focus on youth with nonbinary or gender fluid identities. Clinicians who adopt a binary perspective on gender might assume inappropriately that all transgender individuals seek a full-fledged gender transition, whereas some transgender and nonbinary youth elect not to undergo surgical modification (Bilodeau, 2005). Clinicians need evidence-based information about the differences between transgender and nonbinary identities to work effectively with all youth questioning their gender identity or expression.

One of the persistent controversies in the field of transgender health care concerns the appropriate timing for medical and social gender transitions (i.e., changing one's gender expression from one gender category to another to match one's internal

gender identity). In several studies, most prepubescent children who met the clinical criteria for gender dysphoria (i.e., incongruence between psychological gender identity and the gender assigned at birth) no longer met these criteria by adolescence (Drummond, Bradley, Peterson-Badali, & Zucker, 2008; Wallien & Cohen-Kettenis, 2008). For this reason, current clinical guidelines specify that gender-transition services (including pubertal suppression and gender-affirming hormone treatment) are appropriate only for children with pervasive and intense gender dysphoria that continues through the initial onset of puberty (Hembree et al., 2017).

Yet this continues to be an area of controversy: Some research shows that gender transition among prepubertal children with gender dysphoria can reduce depression significantly, compared with gender dysphoric children who continue to live as their birth-assigned gender (Olson, Durwood, DeMeules, & McLaughlin, 2016). Methodological, ethical, and theoretical concerns have been raised about studies suggesting that most gender-dysphoric children may not continue to experience gender dysphoria as adolescents (Lopez et al., 2017; Temple Newhook et al., 2018). The best way to identify the optimal timing for different aspects of gender transition remains unknown, and to provide more effective evidence-based care, we need more rigorous longitudinal research on the dynamic and sometimes idiosyncratic processes involved in the development of gender identity.

In light of the complexity of adolescent gender variation, the best course of action for *all* youth might involve expanding the gender-affirmative model beyond the conventional gender binary, thereby providing a broader range of options for identity and expression, and affirming and supporting the experiences of youth with complex, nonbinary identities. This approach would involve longer periods of assessment and care. Given our society's predominant binary model of gender, it may take time for children to find a way to articulate nonbinary or fluid gender identities (the lack of commonly understood terms for such identities is precisely why individuals have created their own terms, such as gender fluid and genderqueer). Providing youth—and parents—with more time, support, and information about the full range of gender diversity, and the fact that gender expressions and identities may change dynamically across different stages of development, may help facilitate more effective decisions about social and medical transitions. Instead of communicating to youth that *any* experiences of gender dysphoria signal the beginning of an inevitable gender transition, a broadened affirmative approach can encourage youth to give voice to the *full range* of gender-related experiences and consider a broader range of options for gender expression. Some nonbinary youth may eventually pursue physical modification, whereas others may not.

LOOKING AHEAD AND RECOMMENDATIONS

Research has only recently acknowledged the unique needs and experiences of individuals with fluid and nonbinary identities

(Clark, Veale, Townsend, Frohard-Dourlent, & Saewyc, 2018), and much remains unknown about the best way to foster their well-being. In the meantime, studies suggest that the most beneficial intervention approaches involve creating safe and supportive spaces for all youth to give voice to diverse experiences of gender identity and expression; educating peers, schools, communities, and families about the validity of transgender and nonbinary identities; and providing youth with access to supportive and informed care.

Schools are a critical site for intervention: In a study analyzing representative data from the 2015 Youth Risk Behavior Survey and the 2014 School Health Profiles, lesbian, gay, bisexual, transgender, and queer (LGBTQ) youth in states that had higher proportions of schools teaching LGBTQ-inclusive sex education reported they were less likely to experience school-based bullying and depression, and less likely to have thoughts of suicide (Proulx, Coulter, Egan, Matthews, & Mair, 2019). Clearly, regardless of youth's specific experiences of transgender or nonbinary identity, inclusive educational programs that foster awareness and acceptance of gender diversity can benefit all youth. In 2016, the U.S. Department of Education and the Civil Rights Division of the Justice department released a "Dear Colleague" letter explicitly supporting the provision of safe, nondiscriminatory environments for transgender students in schools, including using youth's preferred names and pronouns, and allowing youth to use school facilities (including restrooms) that concord with their gender identity (U.S. Department of Education Office of Civil Rights & the Department of Justice Civil Rights Division, 2016). Adopting such recommendations would provide a supportive school environment for transgender youth and help create a school climate that supports and destigmatizes gender questioning among all youth.

Researchers should consider adopting broader theoretical perspectives on gender development among *all* youth. Recently, developmental psychologists have drawn on *dynamic systems theory* to understand processes of change in children's gender-typed behavior and expression (Fausto-Sterling, 2012; Martin & Ruble, 2010). Although dynamic systems models have not been applied comprehensively to studies of transgender and nonbinary youth, they offer strengths given their emphasis on understanding how complex patterns of thought, behavior, and experience (such as gender identity) undergo disruption, transformation, and reorganization at different stages of development due to complex interactions between endogenous and exogenous factors. One researcher has argued that children's ongoing physical interactions and psychological experiences with parents, peers, and culture fundamentally shape and reshape their experience of gender developmentally, as different brain and body systems couple and uncouple over time (Fausto-Sterling, 2012). In the end, gender is not a stable achievement, but rather "a pattern in time" (Fausto-Sterling, 2012, p. 405) continually building on prior dynamics and adapting to current environments.

It remains to be seen whether such an approach can advance our understanding of gender development in a way that can foster more effective psychological and medical interventions for youth with both transgender and nonbinary identities. Ideally, a more theoretically and empirically sound approach to gender development should foster positive development of *all* youth, which is the goal of all developmental psychologists and pediatricians. Whether a child identifies as male, female, transgender, gender fluid, or nonbinary, environments that foster self-acceptance, validation, openness, broadmindedness, and support regarding gender expression will yield lasting benefits.

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