

Transgender Youth

October 25, 2019

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Seattle Children's Adolescent Medicine Fellow



Disclosures

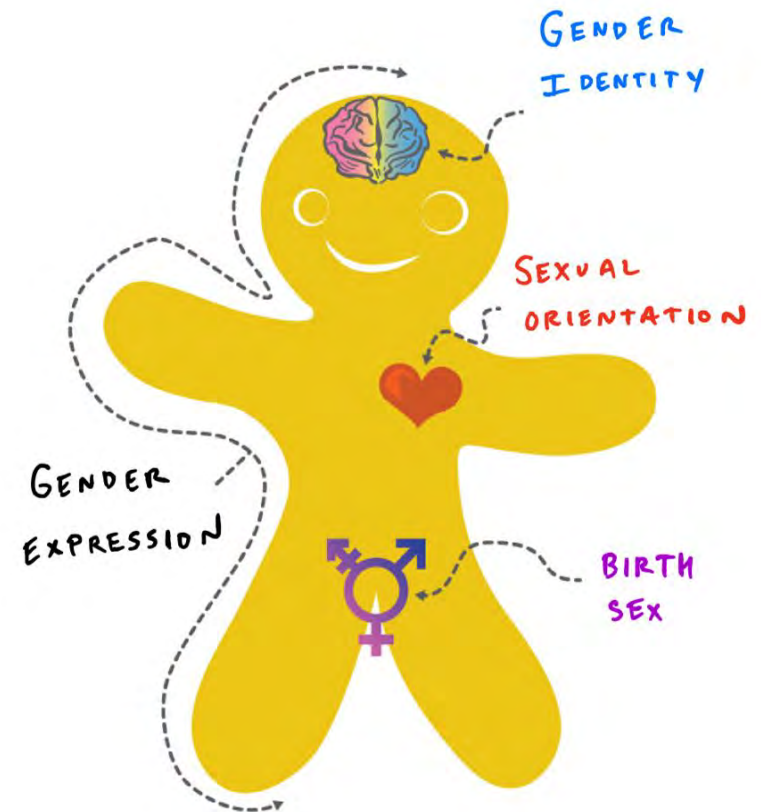
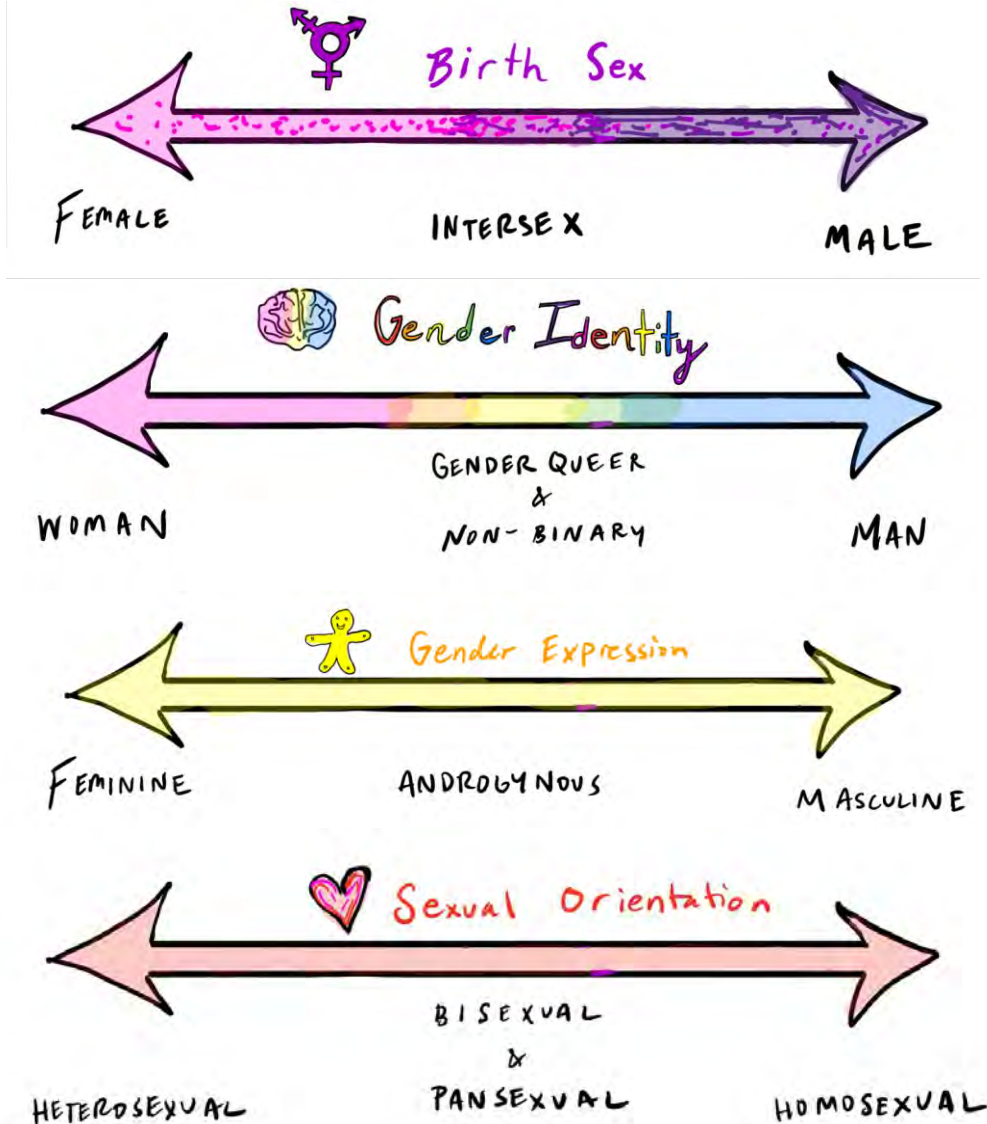
- No conflict of interest to report.
- No commercial support or sponsorship, nor is it co-sponsored.
- Discussing the off-label use of medications for treatment of gender dysphoria.



Terms and Concepts



Spectrum of Gender and Sex



Adapted from: The Genderbread Person, by www.ItsPronouncedMetrosexual.com
See also: The Gender Unicorn, <http://www.transstudent.org/gender>

The Gender Unicorn

Graphic by:
TSER
Trans Student Educational Resources



Gender Identity



Female / Woman / Girl

Male / Man / Boy

Other Gender(s)



Gender Expression



Feminine

Masculine

Other



Sex Assigned at Birth

Female

Male

Other / Intersex



Physically Attracted to



Women

Men

Other Gender(s)



Emotionally Attracted to



Women

Men

Other Gender(s)

To learn more, go to:
www.transstudent.org/gender

Design by Landyn Pan and Anna Moore

Definitions

- **Cisgender:** someone whose gender identity is the same as the sex they were assigned at birth.
- **Transgender:** someone whose gender identity is different from the sex they were assigned at birth. For example:
 - **Transfeminine:** Someone assigned male at birth, who now identifies their gender as female
 - **Transmasculine:** Someone assigned female at birth, who now identifies their gender as male
 - **Non-binary:** someone whose gender identity is not entirely male nor entirely female.
- **Gender diverse:** Describes people with gender behaviors, appearances, or identities that are incongruent with those culturally assigned to their birth sex

Pronouns

Subjective	Objective	Possessive	Example
He	Him	His	He is in the waiting room. The doctor is ready to see him. That chart is his.
She	Her	Hers	She is in the waiting room. The doctor is ready to see her. That chart is hers.
They	Them	Theirs	They are in the waiting room. Their doctor is ready to see them. That chart is theirs.
Ze	Hir	Hirs	Ze is in the waiting room. The doctor is ready to see hir. That chart is hirs.

Source: Fenway Institute's "Providing Affirmative Care for Patients with Non-binary Gender Identities"

They/them pronouns

Don't worry...

You already know how to use the singular “they”:

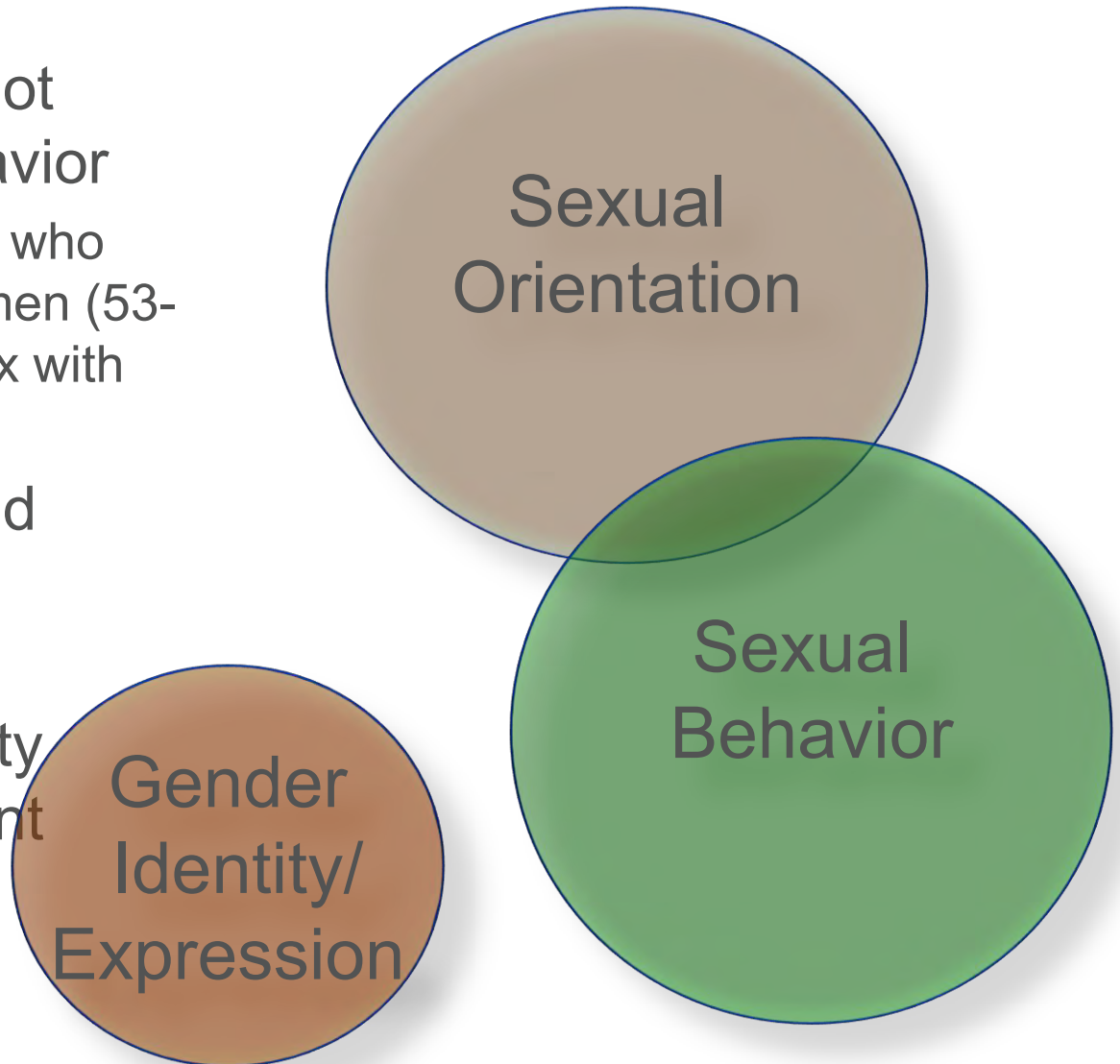
“Oh no, someone left *their* cell phone.”

“Shoot, I wonder if *they’ll* miss it?”


“Of course *they* will. It’s *their* phone.”

Common Misconception

- Orientation does not always equal behavior
 - Majority of women who have sex with women (53-99%) have had sex with men
- Gender identity and orientation can be confusing
- Decrease ambiguity when asking patient



ad·o·les·cent

/,adə'les(ə)nt/ 

adjective

1. (of a young person) in the process of developing from a child into an adult.
synonyms: [teenage](#), [pubescent](#), [young](#); [More](#)

noun

1. an adolescent boy or girl.
synonyms: [teenager](#), [youngster](#), [young person](#), [youth](#), [boy](#), [girl](#); [More](#)

Endless things are gendered from before birth to adulthood



We use gendered language all the time



Think about all the times in class that you, a classmate, or a professor made an assumption about a person's gender?

Why does this matter?

- Gendering is very traumatic for transgender people particularly during adolescence!
- “Your gender is *like drinking water*, when you drink water it is not supposed to taste like anything. But when it tastes different, you notice. That is what being transgender is like: *when your water tastes different.*”



- 18 year old transgender youth

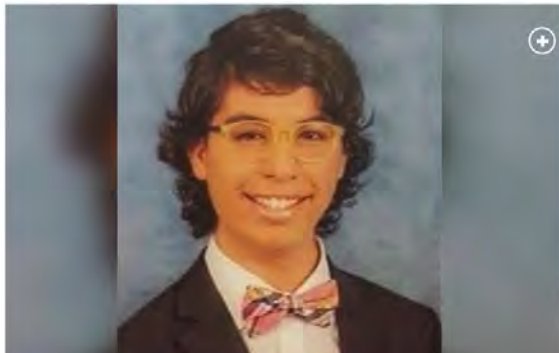
Traumatic adolescence? What's the big deal?



Transgender teen leaves heartbreaking suicide note

By Jackie Salo

March 14, 2018 | 5:20pm



Health disparities

- Transgender youth experience higher levels of bullying, discrimination, violence, family and peer rejection, and homelessness.
- Increased risk of issues including substance abuse, depression, and anxiety.
- Nine-fold increased risk of eating disorders.
- More than 40% of transgender young people attempt suicide.

Olson J et al. 2011. Arch Pediatr Adolesc Med.

Spack NP et al. 2012. Pediatrics.

Diemer et al. 2015. J Adolesc Health.

Health factors in transfeminine people

151 transfeminine youth LA & Chicago

Ever sex work	70 %
---------------	------

Ever HIV tested	85 %
of 19% (24) HIV+, few in care	

Ever homeless	43%
---------------	-----

Ever incarcerated	52%
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Street Drugs	52%
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Poverty (<\$1000/month)	70%
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Resilience

- Many transgender youth lead normal, productive lives
- Usually develop resilient adaptations to social biases and mistreatment
- Many develop and possess remarkable strength and self-determination



Protective factors

- Importance of support from family, schools, & providers
- Trans youth who are supported by their families have similar levels of anxiety and depression compared to their cisgender siblings and peers
- Reduced depression and suicidality among trans youth who were able to use their chosen name in various settings

Olson KR et al. "Mental Health of Transgender Children Who Are Supported in Their Identities. 2016. Pediatrics.
Russel ST et al. "Chosen Name Use Is Linked to Reduced Depressive Symptoms, Suicidal Ideation, and Suicidal Behavior Among Transgender Youth. 2018. Journal of Adolescent Health.



Why Support for Trans Youth Matters

Based on a 2012 study of 433 individuals

Trans Youth
with
Supportive Parents

Trans Youth
with Unsupportive
Parents



Reported
Life
Satisfaction

72%

33%

Reported
High
Self-Esteem



64%

13%



Described
Mental Health
As "Very Good"
or "Excellent"

70%

15%

Faced
Housing
Problems



0%

55%

Suffered
Depression



23%

75%



Attempted
Suicide

4%

57%

Travers R, Bauer G, Pyne J, Bradley K, for the Trans PULSE Project; Gale L, Papadimitriou M. Impacts of Strong Parental Support for Trans Youth: A Report Prepared for Children's Aid Society of Toronto and Delisle Youth Services. 2 October, 2012.

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For more information,
go to transstudent.org/graphics

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Trans Student Educational Resources

Clinical care: gender affirming care

Social and
emotional
support

Affirming
care
environment

Puberty blockers
(GnRH analogs)

Cross-sex hormones

Surgeries

Gender Affirmation

TABLE 2 The Process of Gender Affirmation May Include ≥ 1 of the Following Components

Component	Definition	General Age Range ^a	Reversibility ^a
Social affirmation	Adopting gender-affirming hairstyles, clothing, name, gender pronouns, and restrooms and other facilities	Any	Reversible
Puberty blockers	Gonadotropin-releasing hormone analogues, such as leuprolide and histrelin	During puberty (Tanner stage 2–5) ^b	Reversible ^c
Cross-sex hormone therapy	Testosterone (for those who were assigned female at birth and are masculinizing); estrogen plus androgen inhibitor (for those who were assigned male at birth and are feminizing)	Early adolescence onward	Partially reversible (skin texture, muscle mass, and fat deposition); irreversible once developed (testosterone: Adam's apple protrusion, voice changes, and male pattern baldness; estrogen: breast development); unknown reversibility (effect on fertility)
Gender-affirming surgeries	"Top" surgery (to create a male-typical chest shape or enhance breasts); "bottom" surgery (surgery on genitals or reproductive organs); facial feminization and other procedures	Typically adults (adolescents on case-by-case basis ^d)	Not reversible
Legal affirmation	Changing gender and name recorded on birth certificate, school records, and other documents	Any	Reversible

^a Note that the provided age range and reversibility is based on the little data that are currently available.

^b There is limited benefit to starting gonadotropin-releasing hormone after Tanner stage 5 for pubertal suppression. However, when cross-sex hormones are initiated with a gradually increasing schedule, the initial levels are often not high enough to suppress endogenous sex hormone secretion. Therefore, gonadotropin-releasing hormone may be continued in accordance with the Endocrine Society Guidelines.²⁸

^c The effect of sustained puberty suppression on fertility is unknown. Pubertal suppression can be, and often is indicated to be, followed by cross-sex hormone treatment. However, when cross-sex hormones are initiated without endogenous hormones, then fertility may be decreased.²⁸

^d Eligibility criteria for gender-affirmative surgical interventions among adolescents are not clearly defined between established protocols and practice. When applicable, eligibility is usually determined on a case-by-case basis with the adolescent and the family along with input from medical, mental health, and surgical providers.^{28–31}

Gender Clinic Medical Treatment Options

Adolescent Medicine

	About	Medical Check-ups	Support Resources
Puberty Blockers For: Patients in early puberty Who manages: Endocrinologist Time: A few months to years	<ul style="list-style-type: none">• Puts puberty "on pause"• Can be expensive (insurance or financial assistance may help cover costs)• Fully reversible• Is given as an implant or shot	Who: Patient, parent/caregiver, endocrinologist, care navigator (optional) Where: Adolescent Medicine Clinic Time: 30 minutes every 3 months What: Provider monitors your vital signs, checks in with you, and draws your blood	Care navigator (Adolescent Medicine Gender Clinic) Mental health provider (community) Family support groups
Monitoring For: Patients in mid- to late puberty Who manages: Adolescent Medicine doctor Time: As needed or until ready for cross-sex hormones	<ul style="list-style-type: none">• Helps patients be as comfortable as possible in their body when neither blockers nor cross-sex hormones are an option• Can include treatments like menstrual suppression, basic mental health assessment, and medication• Includes coordinating with your mental health provider, if needed	Who: Patient, parent/caregiver (optional), adolescent medicine doctor, care navigator (optional) Where: Adolescent Medicine Clinic in Seattle or Bellevue Time: 30 minutes, as needed What: Doctor talks with you about issues like menstruation, mental health, acne and any other questions you have	Care navigator (Adolescent Medicine Gender Clinic) Mental health provider (community) Family support groups
Cross-sex Hormones For: Patients in later or post-puberty Who manages: Adolescent Medicine doctor Time: Lifelong or until patient decides to stop	<ul style="list-style-type: none">• Hormones create changes in the body to align with the patient's gender identity• Estrogen makes the body more feminine• Testosterone makes the body more masculine• Some body changes are reversible, some are not	Who: Patient, parent/caregiver (optional), adolescent medicine doctor, care navigator (optional) Where: Adolescent Medicine Clinic in Seattle or Bellevue Time: 30 minutes every 3 months What: Provider reviews your recent blood work; checks in with you; and adjusts your dose of medicine, if needed	Care navigator (Adolescent Medicine Gender Clinic) Mental health provider (community) Family support groups

Medical transition for youth is complicated: Parental concerns

- How do I know they are actually transgender?
- What if this is just a phase?
- Why can't we wait until they have finished puberty or they are an adult before we talk about medical transition? What if my child regrets this?



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AAP Policy Statement

POLICY STATEMENT Organizational Principles to Guide and Define the Child Health Care System and/or Improve the Health of all Children

American Academy
of Pediatrics



DEDICATED TO THE HEALTH OF ALL CHILDREN™

Ensuring Comprehensive Care and Support for Transgender and Gender-Diverse Children and Adolescents

Jason Rafferty, MD, MPH, EdM, FAAP, COMMITTEE ON PSYCHOSOCIAL ASPECTS OF CHILD AND FAMILY HEALTH, COMMITTEE ON ADOLESCENCE, SECTION ON LESBIAN, GAY, BISEXUAL, AND TRANSGENDER HEALTH AND WELLNESS

As a traditionally underserved population that faces numerous health disparities, youth who identify as transgender and gender diverse (TGD) and their families are increasingly presenting to pediatric providers for education, care, and referrals. The need for more formal training, standardized treatment, and research on safety and medical outcomes often leaves providers feeling ill equipped to support and care for patients that identify as TGD and families. In this policy statement, we review relevant concepts and challenges and provide suggestions for pediatric providers that are focused on promoting the health and positive development of youth that identify as TGD while eliminating discrimination and stigma.

abstract

FREE

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Dr Rafferty conceptualized the statement, drafted the initial manuscript, reviewed and revised the manuscript, approved the final manuscript as submitted, and agrees to be accountable for all aspects of the work.

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Questions?

