Transgender Youth

October 25, 2019

An Pham, MD (pronouns- she/her)
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

Cisgender
Transgender
Gender
Gender-queer
Male
Female
Trans
Expression
Non-binary
Gender-fluid
Gender-non-conforming
Third
Same
Queer
Spirit
Two
Identity
A-gender
Questioning
FTM
Bi-gender
Spectrum of Gender and Sex

- Birth Sex: Female → Intersex → Male
- Gender Identity: Woman → Intersex → Man
- Gender Expression: Feminine → Androgynous → Masculine
- Sexual Orientation: Heterosexual → Bisexual → Homosexual

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

Gender Identity
- Female/Woman/Girl
- Male/Man/Boy
- Other Gender(s)

GenderExpression
- 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

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

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
ado·les·cent
/ˌadəˈles(ə)nət/

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.

I forgot that men and women didn't have the same kind of teeth.
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

Grieving mother remembers transgender teen
Crisis hotline: 888-724-7240
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.

## Health factors in transfeminine people

151 transfeminine youth LA & Chicago

<table>
<thead>
<tr>
<th>Factor</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ever sex work</td>
<td>70%</td>
</tr>
<tr>
<td>Ever HIV tested</td>
<td>85%</td>
</tr>
<tr>
<td>of 19% (24) HIV+, few in care</td>
<td></td>
</tr>
<tr>
<td>Ever homeless</td>
<td>43%</td>
</tr>
<tr>
<td>Ever incarcerated</td>
<td>52%</td>
</tr>
<tr>
<td>Street Drugs</td>
<td>52%</td>
</tr>
<tr>
<td>Poverty (&lt;$1000/month)</td>
<td>70%</td>
</tr>
</tbody>
</table>
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

Why Support for Trans Youth Matters

Based on a 2012 study of 433 individuals

**Reported Life Satisfaction**
- Trans Youth with Supportive Parents: 72%
- Trans Youth with Unsupportive Parents: 33%

**Reported High Self-Esteem**
- Trans Youth with Supportive Parents: 64%
- Trans Youth with Unsupportive Parents: 13%

**Described Mental Health As “Very Good” or “Excellent”**
- Trans Youth with Supportive Parents: 70%
- Trans Youth with Unsupportive Parents: 15%

**Faced Housing Problems**
- Trans Youth with Supportive Parents: 0%
- Trans Youth with Unsupportive Parents: 55%

**Suffered Depression**
- Trans Youth with Supportive Parents: 23%
- Trans Youth with Unsupportive Parents: 75%

**Attempted Suicide**
- Trans Youth with Supportive Parents: 4%
- Trans Youth with Unsupportive Parents: 57%


For more information, go to transstudent.org/graphics

Infographic Design by Landyn Pan  Illustrations by Ethan Lopez
Clinical care: gender affirming care

- Social and emotional support
- Puberty blockers (GnRH analogs)
- Cross-sex hormones
- Affirming care environment
- Surgeries
**Gender Affirmation**

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

<table>
<thead>
<tr>
<th>Component</th>
<th>Definition</th>
<th>General Age Range</th>
<th>Reversibility</th>
</tr>
</thead>
<tbody>
<tr>
<td>Social affirmation</td>
<td>Adopting gender-affirming hairstyles, clothing, name, gender pronouns, and restrooms and other facilities</td>
<td>Any</td>
<td>Reversible</td>
</tr>
<tr>
<td>Puberty blockers</td>
<td>Gonadotropin-releasing hormone analogues, such as leuprolide and histrelin</td>
<td>During puberty (Tanner stage 2–5)</td>
<td>Reversible (a)</td>
</tr>
<tr>
<td>Cross-sex hormone therapy</td>
<td>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)</td>
<td>Early adolescence onward</td>
<td>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)</td>
</tr>
<tr>
<td>Gender-affirming surgeries</td>
<td>“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</td>
<td>Typically adults (adolescents on case-by-case basis)</td>
<td>Not reversible</td>
</tr>
<tr>
<td>Legal affirmation</td>
<td>Changing gender and name recorded on birth certificate, school records, and other documents</td>
<td>Any</td>
<td>Reversible</td>
</tr>
</tbody>
</table>

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

- 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.

- 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.

- 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.
# Gender Clinic Medical Treatment Options

## Puberty Blockers
- **For:** Patients in early puberty
- **Who manages:** Endocrinologist
- **Time:** A few months to years
- **About:**
  - Puts puberty “on pause”
  - Can be expensive (insurance or financial assistance may help cover costs)
  - Fully reversible
  - Is given as an implant or shot
- **Medical Check-ups:**
  - **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
- **Support Resources:**
  - 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
- **About:**
  - 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
- **Medical Check-ups:**
  - **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
- **Support Resources:**
  - 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
- **About:**
  - 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
- **Medical Check-ups:**
  - **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
- **Support Resources:**
  - 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?
Why Support for Trans Youth Matters

Based on a 2012 study of 433 individuals

<table>
<thead>
<tr>
<th>Trans Youth with Supportive Parents</th>
<th>Trans Youth with Unsupportive Parents</th>
</tr>
</thead>
<tbody>
<tr>
<td>Reported Life Satisfaction</td>
<td></td>
</tr>
<tr>
<td>72%</td>
<td>33%</td>
</tr>
<tr>
<td>Reported High Self-Esteem</td>
<td></td>
</tr>
<tr>
<td>64%</td>
<td>13%</td>
</tr>
<tr>
<td>Described Mental Health As “Very Good” or “Excellent”</td>
<td></td>
</tr>
<tr>
<td>70%</td>
<td>15%</td>
</tr>
<tr>
<td>Faced Housing Problems</td>
<td></td>
</tr>
<tr>
<td>0%</td>
<td>55%</td>
</tr>
<tr>
<td>Suffered Depression</td>
<td></td>
</tr>
<tr>
<td>23%</td>
<td>75%</td>
</tr>
<tr>
<td>Attempted Suicide</td>
<td></td>
</tr>
<tr>
<td>4%</td>
<td>57%</td>
</tr>
</tbody>
</table>


Seattle Children's

Infographic Design by Landon Pan  Illustrations by Ethan Lopez

For more information, go to transstudent.org/infographics
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

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.
Questions?