Caring for Gender Diverse Youth

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Adolescent Medicine
Gender Health & Wellness

Legacy Community Health
OBJECTIVES

1. Understand the timeline for gender identity development and its intersection with sexuality

2. Be able to screen for and identify gender variance in all youth

3. Identify the psychosocial benefits of transition & support as treatment

4. Support and provide sensitive primary care to gender non-conforming youth and their families
Defining Our Terms
The Anatomy of Gender

• Biologic sex (gender biology) – aka natal sex
  
  – Brain, hormones, body parts assigning male or female gender, usually at birth
  
  – *What is in your pants?*
The Anatomy of Gender

• Gender identity
  – Person’s basic sense of being male or female, especially as experienced in self-awareness and behavior
  
  – *Who you go to bed AS*
  
  – *Who you are in your head*

Vance et al. Pediatrics 2014
The Anatomy Of Gender

• Gender expression
  – Ways in which person acts, presents self & communicates gender within a given culture
    - Who people see you as
The Anatomy Of Gender

- Sexual Orientation
  - Who a person is physically and romantically attracted to
  - NOT part of internal sense of who a person is
  - *Who you [want to] go to bed with*
Gender and Sexuality

- Gender is INTERNAL self
- Sexual orientation references relationship OUTWARD
Defining Gender

• Cisgender
  – Gender identity & gender expression ≈ biological sex assigned at birth

• Gender Non-conforming or Gender Expansive/Gender Diverse
  – Gender expression differs from how their family, culture, or society expects them to behave, dress, and act.
    o Transgender
      o gender identity ≠ biological sex nor gender assigned at birth trans man / masculine, trans woman / feminine
      o Older terms: MTF / FTM
    o Non-Binary / Gender queer...
      o Not identifying with Male or Female, rather as neither, both, or a combination of male and female genders
Defining Gender
Defining Gender

Sexual orientation is not defined by gender?!

Trans
Cis
Agender
Genderfluid

Lesbian
Gay
Pansexual
Straight
Brains Define Gender

Female brain + vagina
Attracted to women
= Lesbian Ciswoman

Female brain + penis
Attracted to men
= Straight Transwoman

Non-binary brain + vagina
Attracted to people
= Pansexual they decide 😊
Neuroimaging studies in people with gender incongruence

Morphology

• **Brain Volume:**
  - Cis masculine >> Cis feminine volume
  - Trans females (natal males) volumes between those of cis males and females

• **White Matter:** Trans females (natal males) white matter microstructure pattern ≠ cis males and cis females
Neuroimaging studies in people with gender incongruence

Connectivity
Differences between Cis gender and Trans gender inter and intra hemispheric connectivity

Cis
• Cis Males have great intra-connectivity
• Cis females have greater inter-connectivity

Trans
Transfeminine - decreased intra-hemispheric connectivity (less like cis masculine pattern)
Gender Identity Development
Gender Identity Development

1 and 2 years old
- Conscious of physical differences between sexes
- Labels self with gender identity

3-4 years old
- Strong gender identity
- Categorize by gender
- Playmates & activities align with gender identity
Derek
First-ever
self portrait
age 4

Copyright © 2007-12 Gender Spectrum
Gender Identity Development

4 – 6 years old
- Established gender identity
- Put events or activities into groups related to gender
- Play with gender expression and roles

Ages 6-7 years
- Believe a person’s gender is constant

Teens
- Become aware of sexual attraction
Fig. 2 Age of realization of gender variance

Kennedy and Hellen, 2010; Transgender Children - More than a Theoretical Challenge

© 2007-14 Gender Spectrum®
Relationship between Gender Identity and Gender Expression

- Affected by social and cultural cues, change over time and place
- For most kids: imitate expected roles —> reward
- Imitate the ‘other’ sex —> punishment (more for boys than girls)

Ehrensaft. Gender Born, Gender Made, 2011
HOW TO TELL IF A TOY IS FOR BOYS OR GIRLS: A GUIDE

Do you operate the toy with your genitalia?

Yes

This toy is not for children.

No

It is for either girls or boys.
Gender Play

All pre-pubertal children experience normal gender fluidity and play with gender expression & roles

- Passing interest or trying out gender-typical behaviors
- Interests related to other/opposite sex
- Few days, weeks, months, years
Gender Nonconforming Youth

- Early cross gender expression, role playing
- Not liking one’s gender & body (gender dysphoria) may include anxiety, depression, or acting out.
- Improves after being allowed to express their true gender

Persistent, consistent, insistent

Vance et al. Pediatrics 2014
I used to dream that God realized he had got it wrong and that I would wake up with everything put right.

I used to go to bed and pray I’d wake with a girl.

I used to cry myself to sleep, wishing I’d wake as a girl from about seven years old.

It was my first day of primary school and they told the boys to queue on the right and the girls to queue on the left. I went to the left but got moved to the right and remember sobbing all day because they had got it wrong.
Gender Dysphoria

- Gender Dysphoria (no longer Gender Identity Disorder)
  - Marked difference between expressed/experienced gender and gender others would assign
  - Must continue for at least six months
  - Causes clinically significant distress or impairment in social, occupational, other important areas of function
  - In children, the desire to be of the other gender must be present and verbalized
Challenges for our Gender Expansive Youth
HOME
- <25% feel like they can be themselves @ home
- 72% hear their families make negative comments about LGBTQ people

SAFETY
- 2wice as likely to be sexually assaulted or raped
- 69% have received unwanted sexual comments, jokes, gesture
- 42% received physical threats

SCHOOL
- <25% can actually be themselves @ school
- 16% feel SAFE @ school
- 51% NEVER use a restroom at school that align with their gender identity

“I often feel judged or that I’ve disappointed my family because I’m LGBTQ, so it’s hard to talk about issues at home.”
Challenges of Gender Expansive Youth

SAFETY
- 55% verbal harassment
- 23% physical harassment
- 11% physical assault

SCHOOL
- 42% TG students prohibited from using chosen name
- 59% TG students required to use bathroom of “legal” sex
- 32% TG students prevented to wear clothes of their affirmed gender

GLSEN National School Climate Survey LGBT Youth, 2013
<table>
<thead>
<tr>
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</thead>
<tbody>
<tr>
<td>MDD</td>
<td>34%</td>
<td>50.6%</td>
<td>58.1%</td>
<td>35%</td>
<td>11.2%</td>
</tr>
<tr>
<td>Anxiety</td>
<td>26.7%</td>
<td>16.3%</td>
<td>25%</td>
<td></td>
<td>8.3%</td>
</tr>
<tr>
<td>Suicidal Ideation</td>
<td>51%</td>
<td>56%</td>
<td></td>
<td></td>
<td>17%</td>
</tr>
<tr>
<td>Suicide Attempt</td>
<td>30%</td>
<td>17.2%</td>
<td>9.3%</td>
<td>12%</td>
<td>8%</td>
</tr>
</tbody>
</table>
2012
10,000 LGBT youth
925=Gender Expansive
Identifying Gender Variant Youth
Who do they talk to?

Percentage of adolescents who are out to their..
Identifying Gender Expansive Youth

• Some will tell you, many will not!

• Mean = 9 years between internal realization of gender difference and disclosure to family
  **+/- 4.2 years**

• Identify often through their struggle

Olson et al. JAH 2015
Screening – ASK!!!

- **ALL** children
  - All developmental stages
  - All well checks

- Non-conforming expression

- Concerns/problems with
  - Mood
  - Behavior
  - Social
Screening: ASK!

**Relationships/Development**

39. Do you have any questions about how your body is changing as you get older (puberty)? □ Yes □ No

40. Do you feel like you are: □ a boy/male □ a girl/female □ unsure/in-between □

41. Who are you attracted to? □ Boys □ Girls □ Both/All genders □ Unsure

42. Are you talking to or dating anyone? □ Yes □ No
Screening – ASK!!

Parents

• “Do you have any concerns about your child’s sexual or gender development you’d like to discuss today?”

• Ask about playmates, preferred games, personal style

Youth

• “Do you feel more like a boy, a girl, neither or both?”

• “Do adults or other kids ever pick on you because of how you express being a boy or girl?”

Normalize asking – “I ask everyone one, it is all normal and everyone is welcome!”

## What Health Care Providers Can Do…

<table>
<thead>
<tr>
<th>Infrastructure</th>
<th>Make office, clinic, bathrooms, wait areas all gender friendly</th>
</tr>
</thead>
<tbody>
<tr>
<td>Training</td>
<td>Work with clinic staff to create gender friendly environment</td>
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<tr>
<td></td>
<td>Continuing education – Ex. <em>Gender infinity conference, National LGBT Health Education Center (Fenway Institute)</em></td>
</tr>
<tr>
<td>Screen</td>
<td>All patients, at various points of development and age</td>
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<tr>
<td></td>
<td>All children with mood, behavior, &amp; school problems</td>
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<tr>
<td>Identify</td>
<td>Become comfortable take a more detailed gender history</td>
</tr>
<tr>
<td>Offer referrals &amp; resources</td>
<td>Offer gender care and/or referral to gender experts</td>
</tr>
<tr>
<td></td>
<td><strong>Gender Infinity MAP (Mapping Affirmative Providers)</strong></td>
</tr>
<tr>
<td>Advocacy</td>
<td>Promote diversity in your professional &amp; personal communities</td>
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<tr>
<td></td>
<td>Ex. Support GSAs/QSAs in schools; Welcoming Schools</td>
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</tbody>
</table>
Treatment is SUPPORT

Skylar Kergil -
https://www.youtube.com/user/skylarkeleven
Support: Family

- 224 self identified lesbian, gay, bisexual (21-25yo)
- Open about sexual orientation to at least one parent or caregiver in adolescence (13-19 yo)

**Parental rejecting behaviors** were associated with **NEGATIVE health outcomes** in youth

<table>
<thead>
<tr>
<th>OR</th>
<th>Negative Health Outcomes</th>
</tr>
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<tbody>
<tr>
<td>3.4</td>
<td>Unprotected sex</td>
</tr>
<tr>
<td>5.9</td>
<td>Depression</td>
</tr>
<tr>
<td>5.6</td>
<td>Suicidality</td>
</tr>
<tr>
<td>8.4</td>
<td>Suicide attempt</td>
</tr>
</tbody>
</table>

Ryan, Peds 2009
Support: Family
The Family Acceptance Project

FAMILY ACCEPTANCE DURING ADOLESCENCE & PERCEPTIONS OF BEING A HAPPY LGBT ADULT

Level of Family Acceptance

- EXTREMELY accepting: 92%
- VERY accepting: 77%
- A LITTLE accepting: 59%
- NOT AT ALL accepting: 35%


https://familyproject.sfsu.edu/
Table 4. Supportive Behaviors That Help Families Promote Their LGBT Child’s Well-Being

<table>
<thead>
<tr>
<th>Behavior</th>
</tr>
</thead>
<tbody>
<tr>
<td>Talk with your child or foster child about their LGBT identity</td>
</tr>
<tr>
<td>Express affection when your child tells you or when you learn that your child is LGBT</td>
</tr>
<tr>
<td>Support your child’s LGBT identity even though you may feel uncomfortable</td>
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<tr>
<td>Advocate for your child when he or she is mistreated because of their LGBT identity</td>
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<tr>
<td>Require that other family members respect your LGBT child</td>
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<tr>
<td>Bring your child to LGBT organizations or events</td>
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<tr>
<td>Connect your child with an LGBT adult role model to show them options for the future</td>
</tr>
<tr>
<td>Work to make your faith community supportive of LGBT members or find a supportive faith community that welcomes your family and LGBT child</td>
</tr>
<tr>
<td>Welcome your child’s LGBT friends and partner to your home and to family events and activities</td>
</tr>
<tr>
<td>Support your child’s gender expression</td>
</tr>
<tr>
<td>Believe your child can have a happy future as an LGBT adult</td>
</tr>
</tbody>
</table>
Support/Education

Gender Infinity — family gathering, conference, camps
Gender Spectrum
Welcoming Schools
OLTT
Montrose Center
PFLAG
Family Acceptance Project

OUR TRANS LOVED ONES:

QUESTIONS AND ANSWERS FOR PARENTS, FAMILIES, AND FRIENDS OF PEOPLE WHO ARE TRANSGENDER AND GENDER EXPANSIVE

The TRANSGENDER Child
A Handbook for Families and Professionals

gender born, gender made

RAISING HEALTHY GENDER-NONCONFORMING CHILDREN
Diane Ehrensaft, PhD
“LET ME BE HUMAN NOT A GENDER. THIS SOCIETY SEEMS PRETTY MESSED UP TO ME ABOUT THINGS LIKE THIS.”

Geena Rocero

Aydian Dowling
Treatment Goals

Improve *quality of life* by:

- Facilitating transition to physical state that more closely represents the individual’s sense of self
- Experience puberty congruent with gender
- Prevent unwanted secondary sex characteristics
  - Reduce need for future medical, surgical interventions
- Avoid depression, risk taking
- Establish early, strong social support
Phases of Transitioning

- **Reversible**
  - clothes, hair, shoes, toys, GnRH analogues

- **Partially reversible**
  - masculinizing & feminizing hormone therapy

- **Irreversible**
  - gender affirming surgery
Objective and Subjective Well-being

-More likely to be pursuing higher education vs. the Dutch population (58% vs. 31%)
-After GRS, 89% reported having never or seldom being harassed
-71% experienced social transitioning as easy
-None reported regret during puberty suppression, cross-sex hormone treatment or after surgery

Treatment: Benefits of Cross-sex Hormone Therapy in Transgender Adults


One of the most important things YOU can do...

- Educate yourself
- Identify your own biases
- Use **CHosen** name
- Use proper **PRONOUNS**
  - She/Her/Hers
  - He/Him/His
  - They/Them/Theirs

Russell et al. J Adolesc Health 2018
Using Chosen Names Reduces Odds of Depression and Suicide in Transgender Youths

In a recent study, researchers found that when transgender youths are allowed to use their chosen names their risk of suicide and depression decreases.
Resources

- www.hatchyouth.org
- www.genderinfinity.org
- www.thetrevorproject.org  866-4-U-TREVOR
- https://www.genderspectrum.org
- http://www.imatyfa.org/resources/youth-resources/
- http://www.imatyfa.org/resources/recursos-en-espanol/ - Spanish
- www.familyproject.sfsu.edu – Spanish/English
- http://www.soyhomosensual.com - Spanish
QUESTIONS?

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mdesalvo@legacycommunityhealth.org
OBJECTIVES

1. Understand the timeline for gender identity development and its intersection with sexuality
2. Be able to screen for and identify gender variance in all youth
3. Identify the psychosocial benefits of transition as treatment
4. Support and provide sensitive primary care to gender non-conforming youth and their families
“LET ME BE HUMAN NOT A GENDER. THIS SOCIETY SEEMS PRETTY MESSED UP TO ME ABOUT THINGS LIKE THIS.”
OBJECTIVES

• Understand gender development and its intersection with sexuality
  • Gender Identity, Biological sex, Gender expression ≠ Sexual orientation
  • Gender play is normal
  • Punishment and shaming will not alter a person’s identity
• Screen for and identify gender variance in youth
  • ASK all patients at well care
So much more...

• Legacy Community Health
  – Multidisciplinary clinic
    • Pediatrician
    • Adolescent Providers – New patients 12 - 19ish
    • Adult medicine providers
    • Behavioral health (psychiatry, psychology)
    • Social Work
    • Vision & Dental
  – Pediatric clinic: 832.548.5246
  – Main number: 832.548.5000
Support: Family
The Family Acceptance Project

• Youth with low or moderate rejection vs high rejection:
  – Better overall health and well being
  – Higher self-esteem
  – Higher social support

• Protection against
  – Depression
  – Substance abuse
  – Suicidality and suicide attempts
Treatment: Long-Term Psychological Outcomes of Puberty Suppression and Gender Reassignment

- 55 transgender adults (22 transwomen and 33 transmen)

![Diagram showing psychological assessment, counselling or treatment, and medical intervention phases with specific interventions at different stages.]

Case Study

- 13 yo Hispanic obese AFAB (assigned female at birth) presents to clinic with drop in grades, self harm-cutting. Mother notes patient is isolating especially when she is on her menstrual cycle, on the internet a lot, not eating well, seems depressed. She recently cut her hair short, always been a “tomboy” and typically wears T-shirt, jeans.
- Spend time ALONE with your adolescent to ASK question
- What questions do you include???
- Most important thing to do with families. Even if you don’t understand this, let’s help you