

Dispelling the Myths: An Introduction to Gender Affirmative Care

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Disclosures



I have NO financial disclosure or conflicts of interest with the presented material in this presentation.

Off-label use of medications will be discussed in this presentation

Gender identity disclosure

Objectives



Describe the different clinical and non-clinical aspects of gender affirming care within primary care including proper terminology and gender-inclusive language.

Create a safe and inclusive space for transgender and/or nonbinary patients by honoring patients' identity and pronouns.

Review health disparities faced by transgender and gender diverse youth and ways to empower resilience

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Understanding “Gender”

Understanding “Gender”

A decorative horizontal brushstroke in the top right corner of the slide, featuring a gradient from light blue to pink.

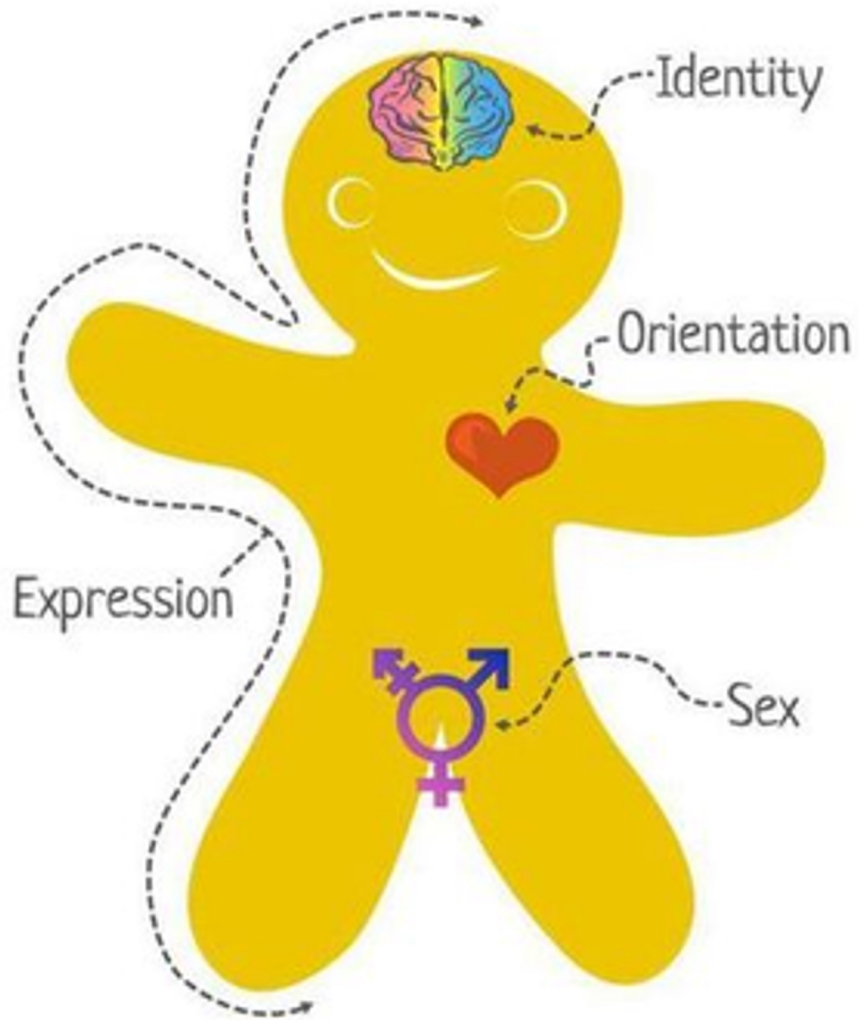




GIRL?

BOY?

The Genderbread Person



Gender identity is how you, in your head, think about yourself. It's the chemistry that composes you (e.g., hormonal levels) and how you interpret what that means.



Gender expression is how you demonstrate your gender (based on traditional gender roles) through the ways you act, dress, behave, and interact.



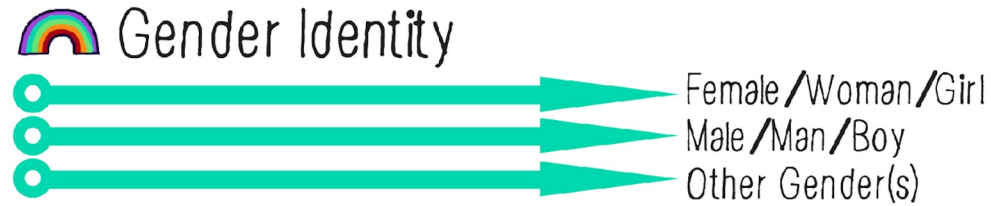
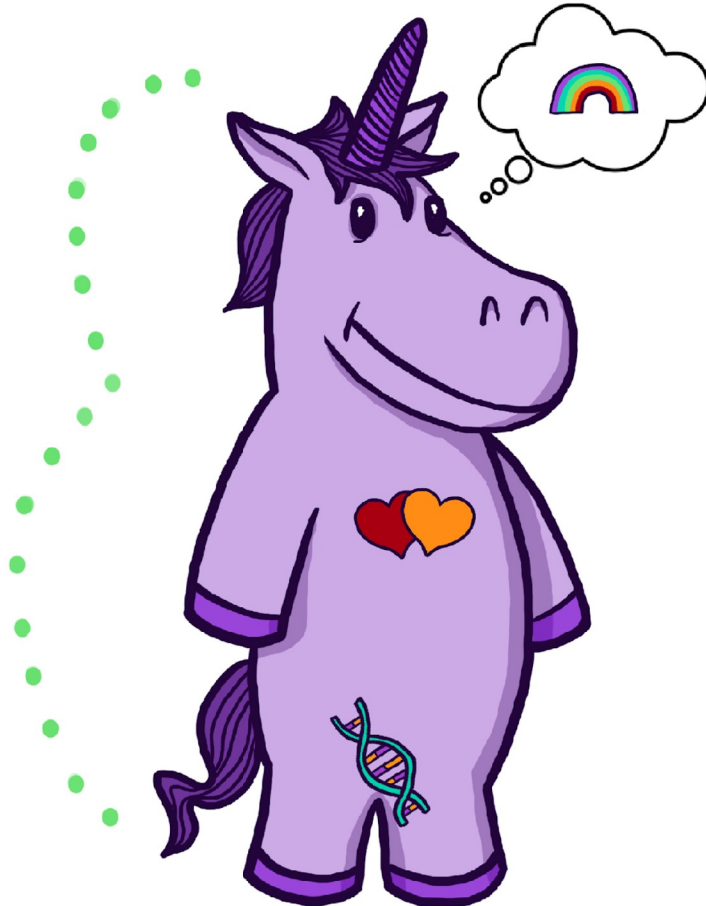
Biological sex refers to the objectively measurable organs, hormones, and chromosomes. Female = vagina, ovaries, XX chromosomes; male = penis, testes, XY chromosomes; intersex = a combination of the two.



Sexual orientation is who you are physically, spiritually, and emotionally attracted to, based on their sex/gender in relation to your own.

The Gender Unicorn

Graphic by:
TSER
Trans Student Educational Resources



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

Design by Landyn Pan and Anna Moore

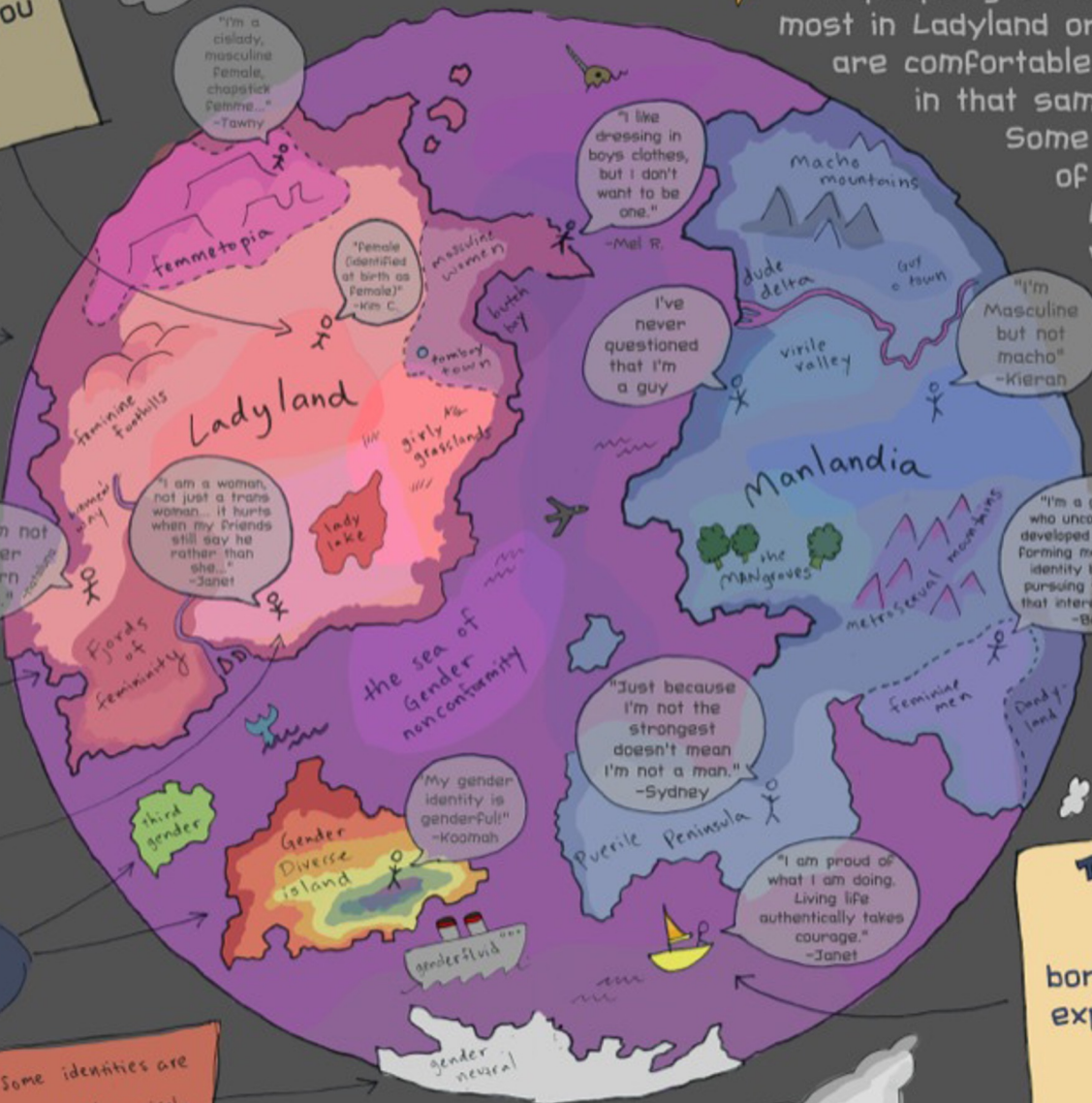
Imagine gender as a planet.

CISGENDER

describes you if you're most comfortable in the gender you were assigned at birth.

All people grow up somewhere on that planet, most in Ladyland or in Manlandia. Lots of people are comfortable where they're born and stay in that same area their whole lives.

Some people, though, are citizens of Manlandia but are born in Ladyland. Just like in the real world, you can't tell someone's citizenship by looking at them; it's very personal. As we get older we may want to move to a place where we are more comfortable.



each identityland has its own language of pronouns + words specific to the residents.

12

borders change over time.

Sometimes immigrants are treated as second-class citizens.

New islands are often discovered

Some genderlands have more resources + power than others

Some identities are populated entirely by travelers.

TRANSGENDER

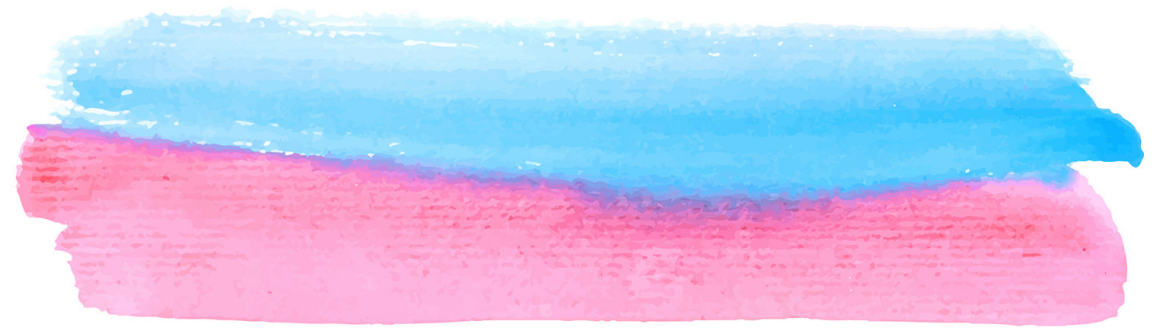
Anyone who crosses borders to live outside their expected gender land *could* be described as transgender.

The Genderbread Person, revised

Gender is one of those things everyone thinks they understand, but most people don't. Gender isn't binary. Gender's not even a spectrum or a continuum. Gender is a complex concept of n-dimensions that varies wildly from person to person. The only way to understand a person's gender is to ask them.

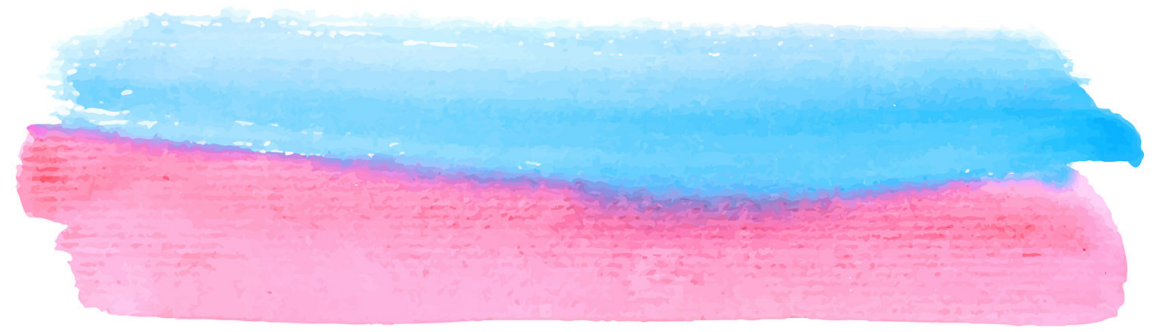


Labels & Terms



- Sex; Gender; Sexuality
- Gender Identity; Expression; Perception
- Gender Diverse (formerly Nonconforming)

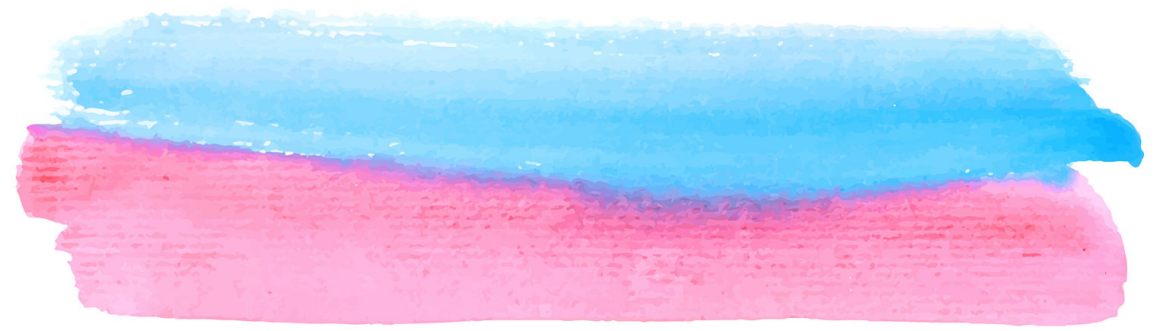
Labels & Terms



Do transgender people consider themselves “gay” or bisexual?

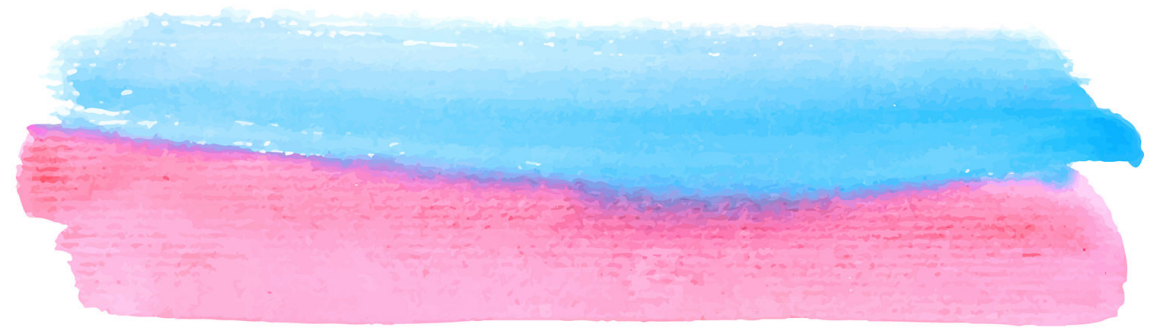
- Sometimes.
- Gender identity is not synonymous with sexual orientation, which refers to a person’s identity in relation to the gender to which they are sexually and romantically attracted. A person who is transgender still identify as straight, gay, bisexual or something else.
- Yet, they concepts are interrelated. If your partner comes out as trans you may go from using a label of “gay” to “straight” (or something else)... it is complicated!

Labels & Terms



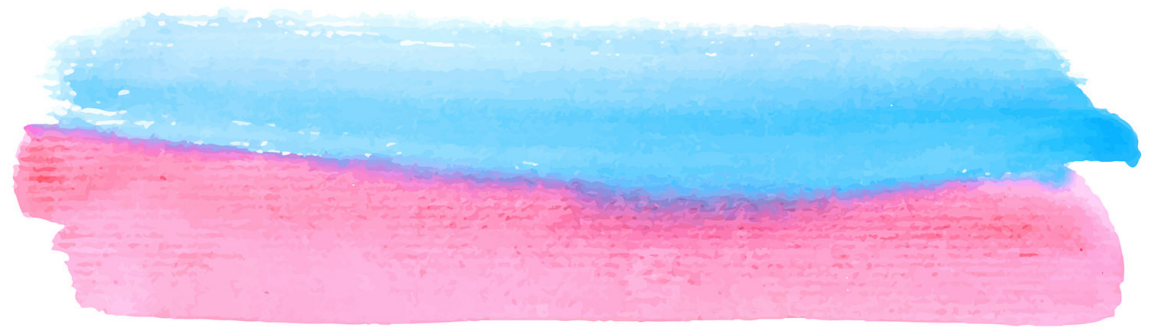
- Gender Dysphoria (formerly GID)
- Gender Affirmation (formerly Gender Transition)
- Acceptance

Labels & Terms



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Labels & Terms



Why is there still a “disorder”?

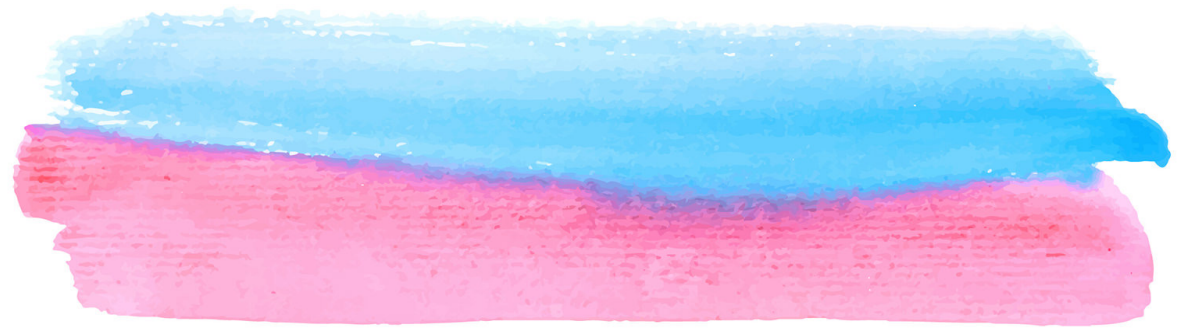
- Elimination could create issues with affirmation coverage
- Striking increased rates of mental illness and suicide

But...

How much does the stigma that comes from pathologizing gender diversity contribute to adverse mental health outcomes

Labels & Terms

- **Gender Euphoria**
- **Acceptance**



Acceptance



- Acceptance (and rejection) is not all-or-none... it is complicated and often described as a process with many hurdles along the way.
- It is a process everyone in a TGD child's life must go through at their own pace



Mental Health



The Most Vulnerable Population

- 41% Lifetime suicide attempts in adults
- 57% diagnosed with depression
- 40% diagnosed with anxiety
- 53% self-harmed
- 63% victim of sexual assault
- 61% victim of physical assault
- High rates of poverty, sex work, HIV+, substance abuse, homelessness, employment and housing discrimination

“Going Underground”

Sociocultural Pressures Lead Children and Teens to Suppress rather than Explore Gender Diverse Identity

Fosters Internalization and Self Criticism

Secretive Thoughts,
Feelings, Behaviors

Negative Self-Concept

Reinforced by:

Parental Distress

Criticism in Social Settings

Bullying

Can Affect Mental Health

- Depression
- Anxiety
- High Risk Behaviors
- **Suicidality, Self-Injury**

Acute and Cumulative Trauma

Lack of Gender-Affirming Healthcare

Stigma

Lack of Family Support

Bullying & Victimization

Discriminatory Laws and Policies

Concealment of Identity

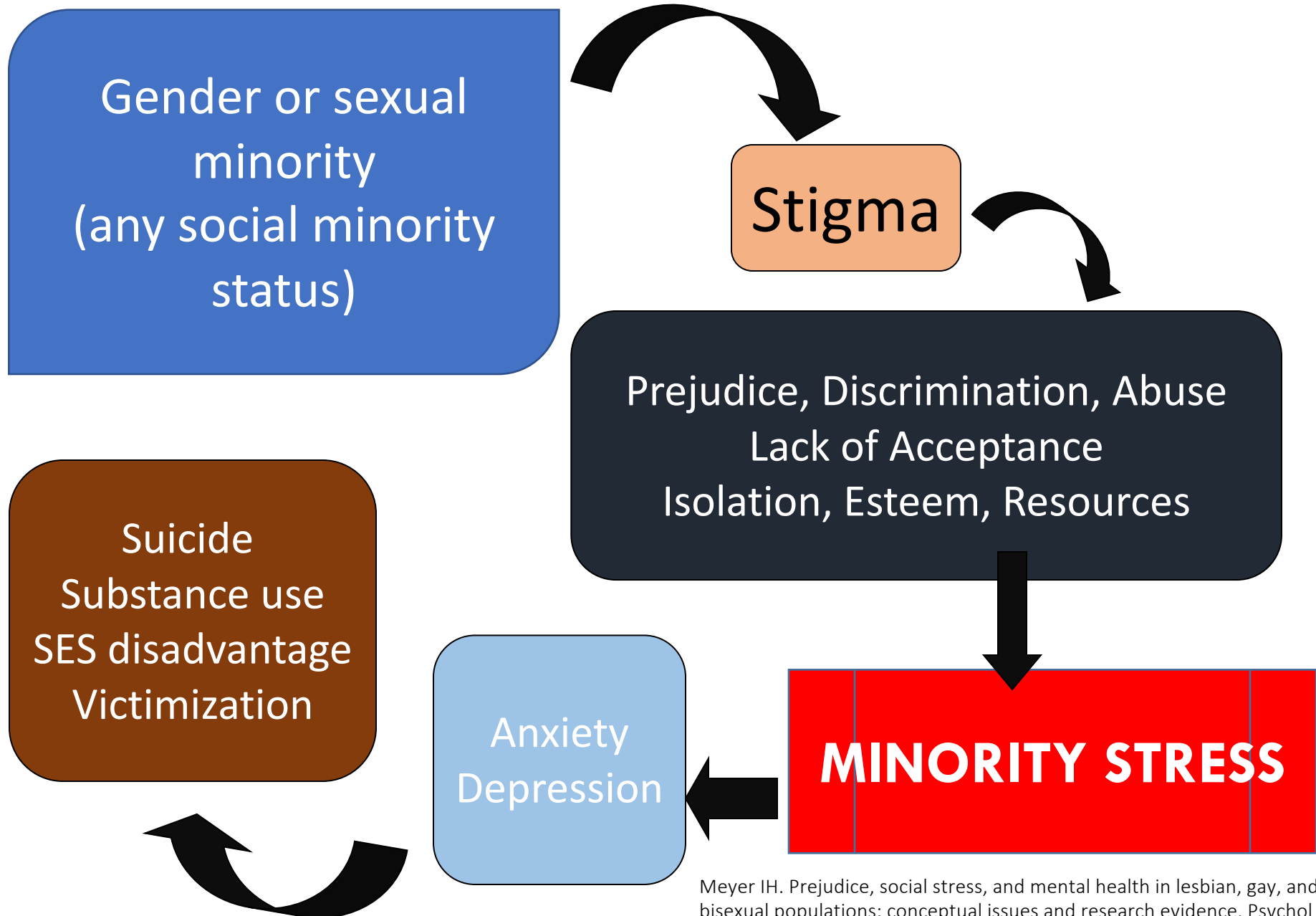
Micro-Aggressions

Negative Peer Relationships

Rigid Gender Norms

Internalized Transphobia





Meyer IH. Prejudice, social stress, and mental health in lesbian, gay, and bisexual populations: conceptual issues and research evidence. Psychol Bull. 2003 Sep;129(5):674-97.

Gender & Psychiatry

“Socially transitioned transgender children who are supported in their gender identity have developmental normative levels of depression and only minimal elevations in anxiety, suggesting that psychopathology is not inevitable within this group.”

(Olson et al, 2016)

Mental Health Needs



Focus Groups with TGD youth found that the top things they need/desire from adults:

- Validation
- Acceptance
- Unconditional Support

(Note that it is no different from their heterosexual cis-gendered peers)

Family and community support are **essential** for children's healthy development.

The image features a white background with four horizontal watercolor brushstrokes. The top stroke is light blue, followed by a pink stroke, then another pink stroke, and finally a light blue stroke at the bottom. The text 'Gender Diverse Children' is written in a black serif font, with 'Gender Diverse' on the first line and 'Children' on the second line. The text is positioned to the left of the brushstrokes, with the pink strokes partially overlapping the words.

Gender Diverse Children



Gender Diverse Children

Gender Diverse Children



- 2-10% of Children Under Age 12 Display Regular Gender Diverse Behaviors, Very Few Express Interest in Changing their Gender
- Of 9,000 Kids, 83% of Those Reporting Gender Diverse Play in Childhood Later Identified as “Heterosexual, Cis-Gendered” as Adults (Pediatrics, 2012; 129; 410-417)
- Preschool Children Tend to Use Gender Conforming Toys Less and Gender Diverse Toys More When They Believe They Are Alone
- Frequency and Intensity of Fantasy Play Involving Cross-Gender Roles Appears to be the Same Among Preschool Boys and Girls.

Gender Diverse Children

Can young children really know if they are transgender?

Research suggests that children who assert a gender diverse identity know their gender as clearly and consistently as their developmentally matched peers and benefit from the same level of support, love, and social acceptance.

Gender development is a normal process for all children. Some children will exhibit variations in expression, similar to all areas of human health and behavior.

Chief Complaints



- “She never wanted to wear dresses.”
- “He liked to play with dolls and dress up with his sisters.”
- “She always wanted to have her hair cut short.”
- “He did not want to join little league like his brother did.”
- “All her friends are boys.”
- “S/he was always a little different from peers, even as early as in preschool or kindergarten.”
- “He drove his father crazy by never wanting to join his brothers outside but instead playing with his sister and her friends.”
- “She told me in first grade that she was a boy.”
- “He wanted to grow his hair long and wear jewelry.”
- “She adamantly refused to wear a dress to her aunt’s wedding.”
- “He wanted to be in the school play in the role of Cinderella.”

Gender Diverse Children

- Exploration of diverse gender roles is normal in young children as part of their social/emotional development
- **#1 Intervention: Reassurance, Safety, & Education**
- Research suggests that children who assert a gender diverse identity know their gender as clearly and consistently as their developmentally matched peers and benefit from the same level of support, love, and social acceptance.
- **Do NOT try to suppress the child's evolving identity or exploration (i.e. "It is a phase"), which is invalidating to the child & family, and can lead to guilt & shame.**

Gender Diverse Children

KEEP OUT! CAUTION! KEEP OUT! CAUTION!

CAUTION: “Watch & Wait”

It used to be the case that for children, gender-diverse assertions were held as “possibly true” and not acknowledged until an age when the child was believed to be old enough to know for sure or were “distressed enough” that it was clear.

This does not serve the child, because it increases discomfort without offering critical support and understanding. Attempts at predicting or changing who a child may become have shown to be unsuccessful, and even harmful.

Gender Diverse Children

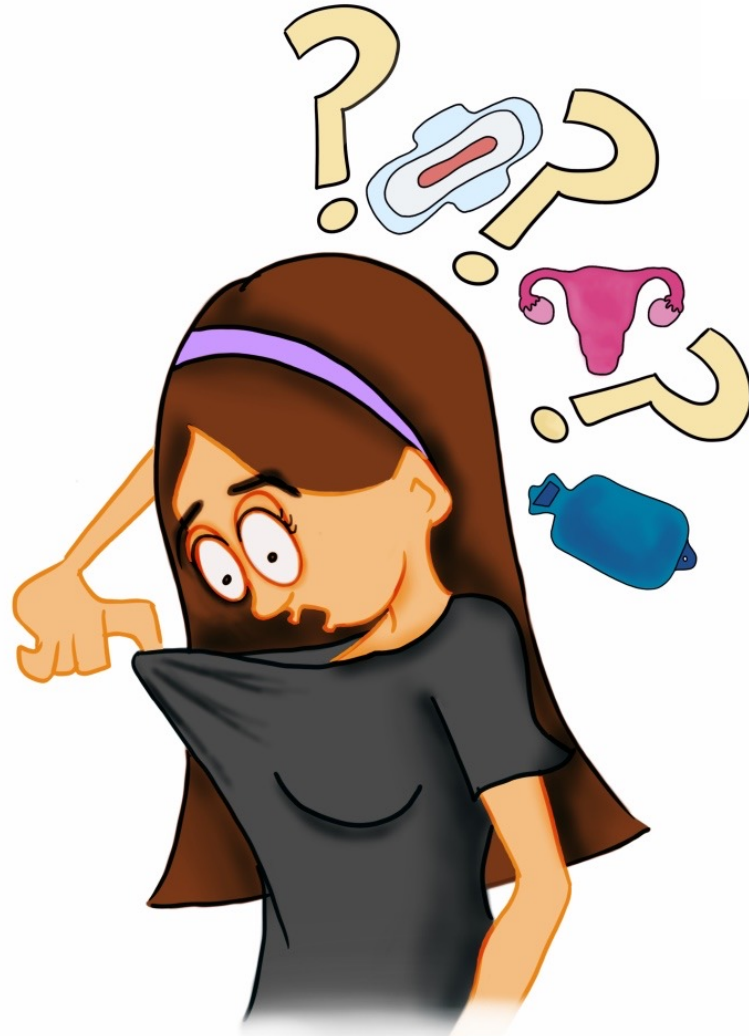


Developmentally Appropriate Assessment

Rafferty, J. R., Donaldson, A. A., & Forcier, M. (2020). Primary Care Considerations for Transgender and Gender-Diverse Youth. *Pediatr Rev*, 41(9), 437-454. doi:10.1542/pir.2018-0194

Leibowitz, S., & Janssen, A. (2018). Affirming and Gender-Informed Assessment of Gender Diverse and/or Transgender Youth Across Development. In A. Janssen & S. Leibowitz (Eds.), *Affirmative Mental Health Care for Transgender and Gender Diverse Youth: A Clinical Guide* (pp. 1-29.). Switzerland: Springer International Publishing.

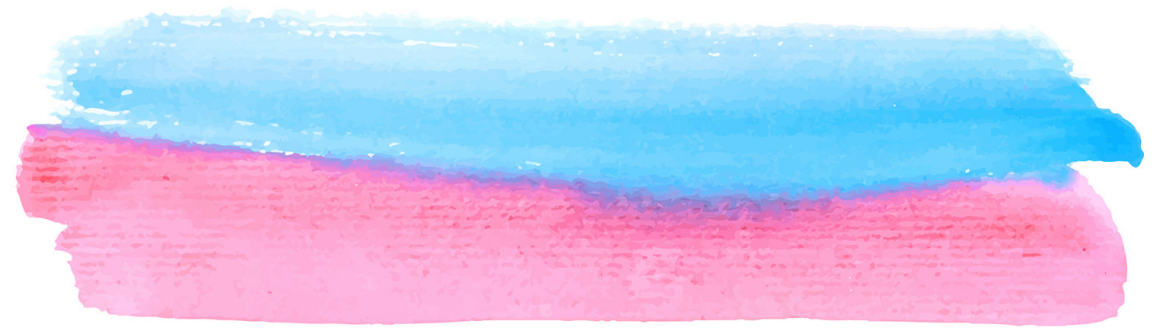
Puberty is a Crossroads



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Family Centered Care

Family Acceptance



Family acceptance of adolescent gender diversity is associated with young adult positive outcomes:

- Self-esteem

- Social support

- General Health

Also protective for negative health outcomes:

- Depression

- Substance abuse

- Suicide ideation & attempts



Family Acceptance



Parents of TGD may present as completely accepting, ambivalent, or outright rejection of their child's identity. They may be completely supportive, actively or passively unsupportive, or somewhere between.

No matter how they present at the first meeting, they will have lots of questions:

- How do I know this is real and not a phase?
- How will we know if our child is ready for social or medical transition?
- How do we tell family, friends, school, our own workplaces?
- Does this mean my child will never get married/find a job/have their own children?
- Did we do something to cause our child to feel this way?

Themes of Treatment: Parental Fears

Examining Parental Fears for their children's wellbeing in the face of misinformation and alarming statistics that predict negative outcomes for transgender adults.

- fears about harassment/rejection
- fear of regret *“isn't she too young to be this certain about this”*
- fear of physical harm
- fear of preservation of fertility options
-and many others....

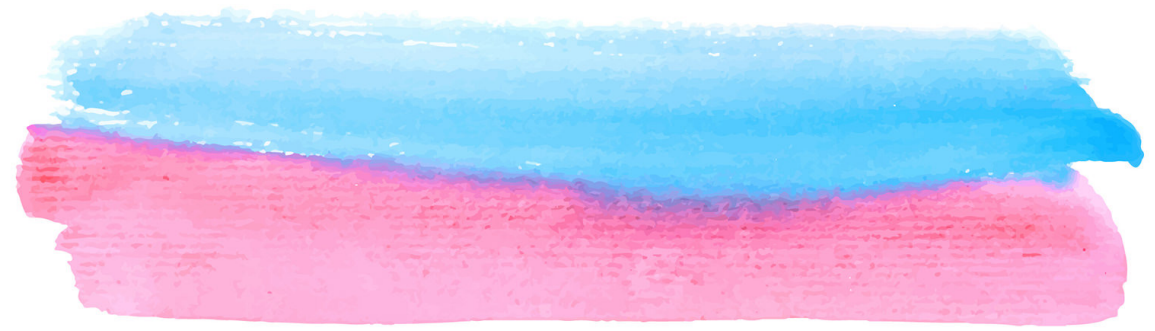


Can my child become transgender due to their friends or things they see online? What if there were no earlier signs?

Being transgender is not contagious.

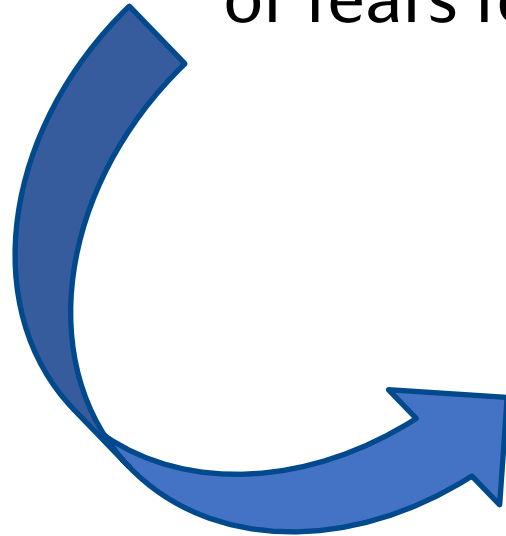
There is a long history of marginalized youth building their own communities, and the internet and visibility of transgender individuals has made that process easier for transgender youth. While teens are susceptible to peer pressure and trends, it is much more likely that these youth are simply exploring identities in communities that seem “safe and anonymous” (to the child). A child may do this for some time before a parent finds out about their identity making it seem “sudden” to the parents.

Family Acceptance



"Acceptance" is a process of *re-framing*...

Instead of focusing on
Reasons child is gender diverse
or fears for the future



Now focus on how you can
best to support your
child's gender diversity

Family Acceptance

Parents may experience a variety of emotions such as loss, anger, confusion, embarrassment. Often parents go through a process that is similar to grieving with stages of denial, anger, bargaining, and depression.

They may feel powerless, judged, or socially isolated

Families undergo their own transition which requires nonjudgmental support and advocacy



Parental Support



Professional and Peer Support are important aspects of parental acceptance. Even accepting parents benefit from support in learning to advocate for their own families.

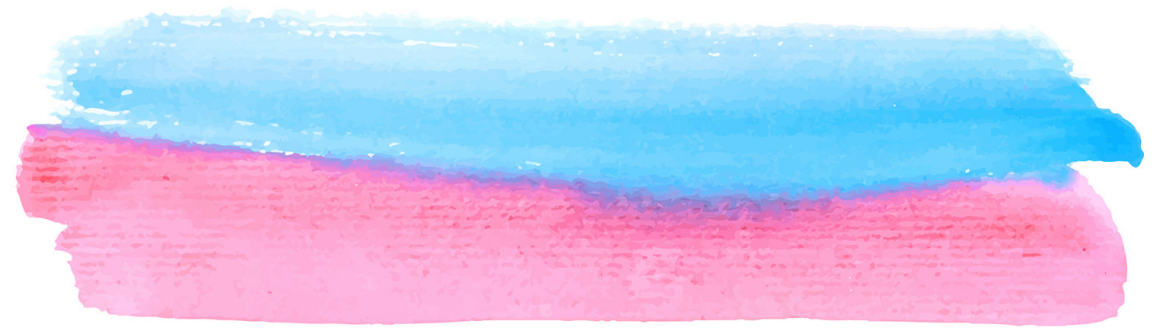
As providers, we must be careful not to over-burden our young patients with the challenges that their parents may face. It is important to recognize when to step in and suggest to a parent that they may need their own support.

Family Acceptance

What's the right thing to do for my child?

- Focus on family acceptance as the most important factor in the child's adjustment to their development and future outlook on life
- Any rejection may lead youth to have shame that becomes internalized leading to "going underground" with secretive thoughts, feelings, and behavior that over time contributes to negative mental health outcomes
- Research shows that even a **little less rejection** (or even access to just one supportive adult) has improved self-esteem and life-satisfaction, and decreased risk for depression, suicide, substance abuse, and HIV

Family Acceptance

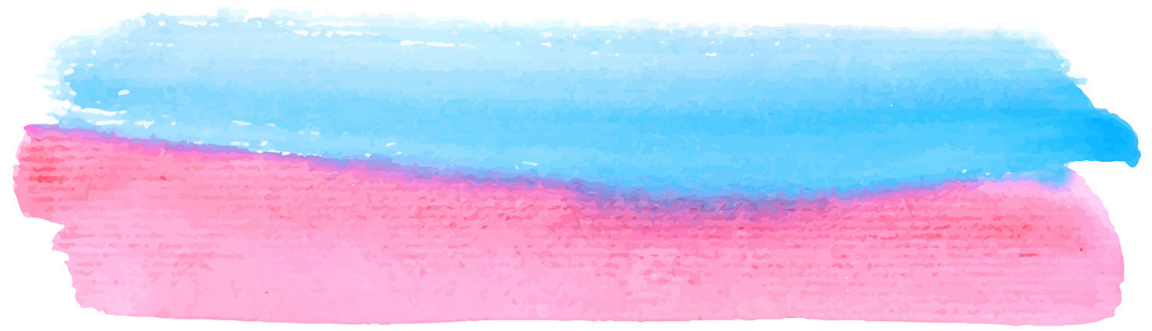


Advice to Parents:
Just Love Your Child
Focus on the Here and Now

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Shared Decision- Making

Uncertainty



“As a doctor, you come to find... that the struggle in caring for people is more often with what you do not know than what you do. Medicine's ground state is uncertainty. And wisdom - for both the patients and doctors - is defined by how one copes with it.”

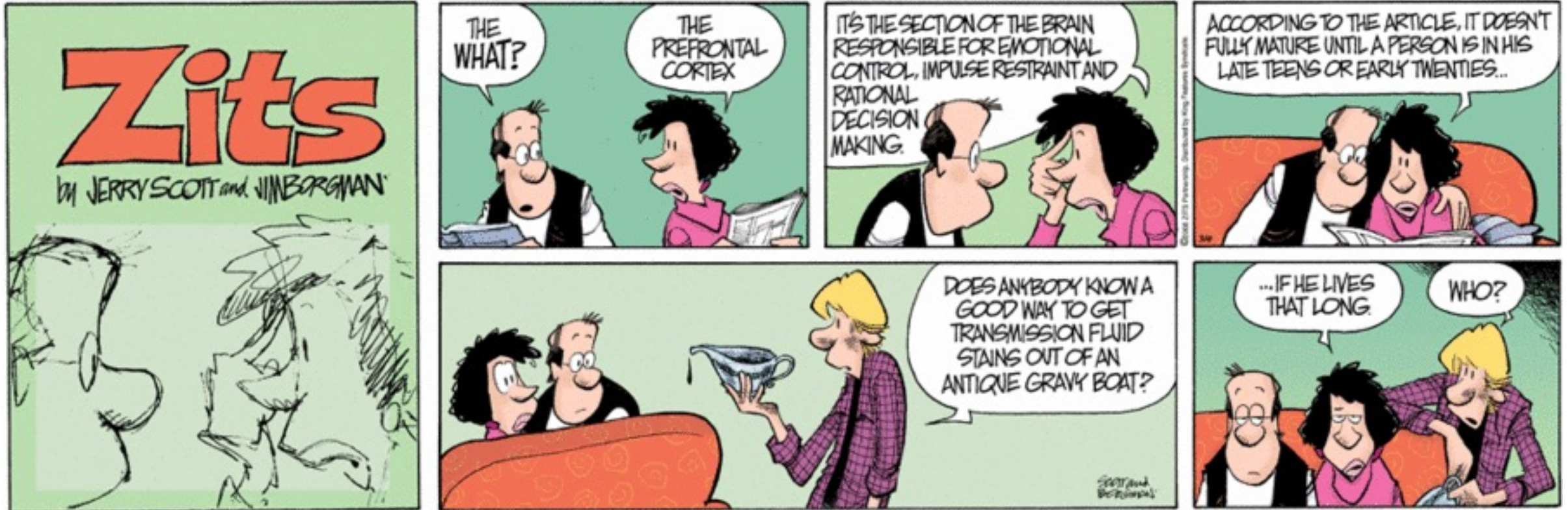
— Atul Gawande, MD

Complications: A Surgeon's Notes on an Imperfect Science

Informed Consent Model

- Requires healthcare provider to effectively communicate benefits, risks and alternatives of treatment to patient
- Requires healthcare provider to judge that the patient is able to understand and consent to the treatment
- Informed consent model does not require or preclude mental health care
- Recognizes that prescribing decision ultimately rests with clinical judgment of provider working together with the patient (“shared decision-making”; NOT “treatment on demand”)
- Informed consent approaches are consistent with SOC 7, and more fully embraced in SOC 8

What about Adolescents?



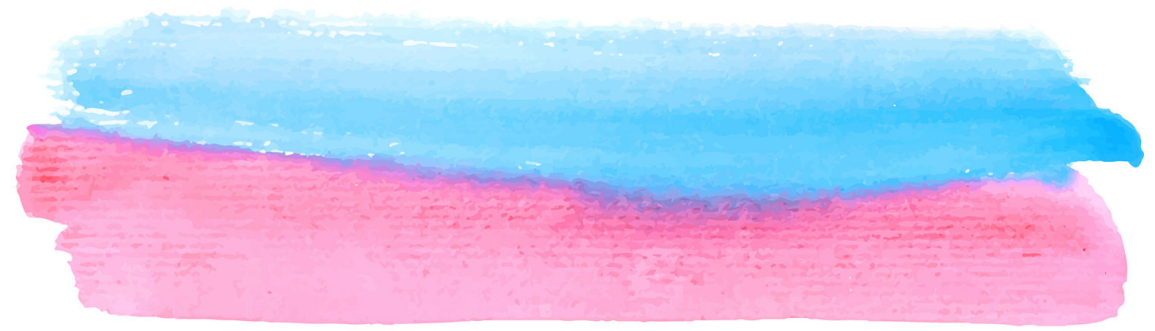
Should/Can adolescents make important medical decisions about treatments that have irreversible effects?

What about Adolescents?

- Since most adolescents are not emancipated, the informed consent model inherently does not work because the adolescent is not able to make their own treatment decisions.
- Additional considerations (complications?) when working with minors:
 - Developmental maturity and capacity
 - Family/Guardian involvement
 - Irreversible endogenously driven development

Readiness

- Cognitive Understanding
 - Physical Development
 - Emotional Stability
-
- With the Input & Support of Family and/or Social Supports



Gender Affirmative Care in Adolescents

- Current research suggests that, rather than predict or prevent who a child may become, it is better to value them for who they are now, even at a young age. This fosters secure attachment and resilience.
- Gender affirmative care is based on the belief that all children benefit from love and support.
- The goal of gender affirmative care is NOT treatment, it is to listen to the child and, with the help of parents and families, build understanding that allows the youth to feel valued and cared for.

Gender Affirmative Care in Children & Adolescents

- Through strong, nonjudgmental partnerships with patients and their families, providers create an environment of safety in which complicated emotions, questions, and concerns related to gender can be appreciated and explored fostering understanding and acceptance.
- Gender affirmative care is most effective in a collaborative system with access to medical care, mental health, and social services, including specific resources for parents and families.

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Gender Affirmative Care Defined

Gender Affirmative Care Defined



- An approach to caring for TGD youth that is focusing on understanding and appreciating the youth's experience of gender in the context of their development. Engaging the youth and their family in nonjudgmental exploration and reflection fosters resiliency and self-discovery related to the youth's authentic sense of self
- This approach must be both family centered and developmentally informed

Original Premises of the GAC Model

- Transgender identities and diverse gender expressions do not constitute a mental disorder.
- Variations in gender identity and expression are normal aspects of human diversity, and binary definitions of gender do not always reflect emerging gender identities.
- Gender identity evolves as an interplay of biology, development, socialization, and culture.
- If a mental health issue exists, it most often stems from stigma and negative experiences, rather than being intrinsic to the child's gender identity.

(Hidalgo et al 2013)

Elements of GAC



- There are multiple ways that a person can be “affirmed”
 - No sequence, prerequisites, assumptions, or requirements of interventions that make someone gender diverse
 - Each intervention needs to be evaluated independently for appropriateness in the context of each individual patient

Elements of GAC: Psychosocial Support

	Definition	Age	Reversibility
Emotional Affirmation	Creating a safe space for patients and families to explore gender, share concerns and emotions openly, and learn to advocate. It includes early identification of dysphoria and other mental health concerns	Any	Reversible
Social Affirmation	Adopting gender-affirming hairstyles, clothing, name, gender pronouns, restrooms and other facilities	Any	Reversible
Legal Affirmation	Changing gender and name recorded on birth certificate, school records and other documents	Any	Reversible

Elements of GAC: Medical Affirmation

	Definition	Age	Reversibility
Puberty blockers	Gonadotropin-releasing hormone analogs such as leuprolide and histrelin	Early Adolescence. Limited benefit after Tanner 5, & WPATH recommends not using after age 16.	Reversible
Gender affirming hormone therapy	<ul style="list-style-type: none">• Testosterone (assigned female at birth & masculinizing)• Estrogen plus androgen inhibitor (assigned male at birth and feminizing)	Early Adolescence on	Partially Reversible

Elements of GAC: Medical Affirmation

Feminization

	Onset	Max Change
Decreased Libido & Erections	1-3 months	3-6 months
Decreased Testicular Volume	25% by 1 year	50% by 2-3 years
Decreased Sperm Production	Not Enough Data	Not Enough Data
Breast Growth	3-6 months	2-3 years
Fat Redistribution	3-6 months	2-3 years
Decreased Muscle Mass	1 year	1-2 years
Softened Skin	3-6 months	
Decreased Terminal Hair	6-12 months	>3 years

Elements of GAC: Medical Affirmation

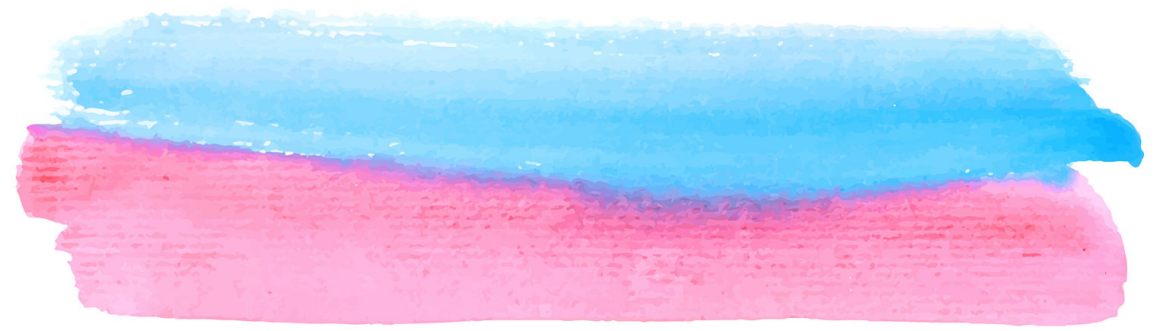
Masculinization

	Onset	Max Change
Fat Redistribution	1-6 months	2-5 years
Acne	1-6 months	1-2 years
Voice Deepens	1-3 months	1-2 years
Amenorrhea	2-6 months	
Vaginal Atrophy	2-6 months	
Emotional Changes/Increased Libido	2-6 months	
Clitoromegaly	3-6 months	1-2 years
Increased Muscle Mass	6-12 months	2-5 years
Male Pattern Hair (Body/Face)	6-12 months	5-4 years

Elements of GAC: Surgical Affirmation

	Definition	Age	Reversibility
Gender-affirming surgeries	<ul style="list-style-type: none">• “Top” surgery (to create a male-typical chest shape or enhance breasts)• “Bottom” surgery (surgery on genitals or reproductive organs)	Typically, Adults (Adolescent based on clinical situation)	Not Reversible

Expectations

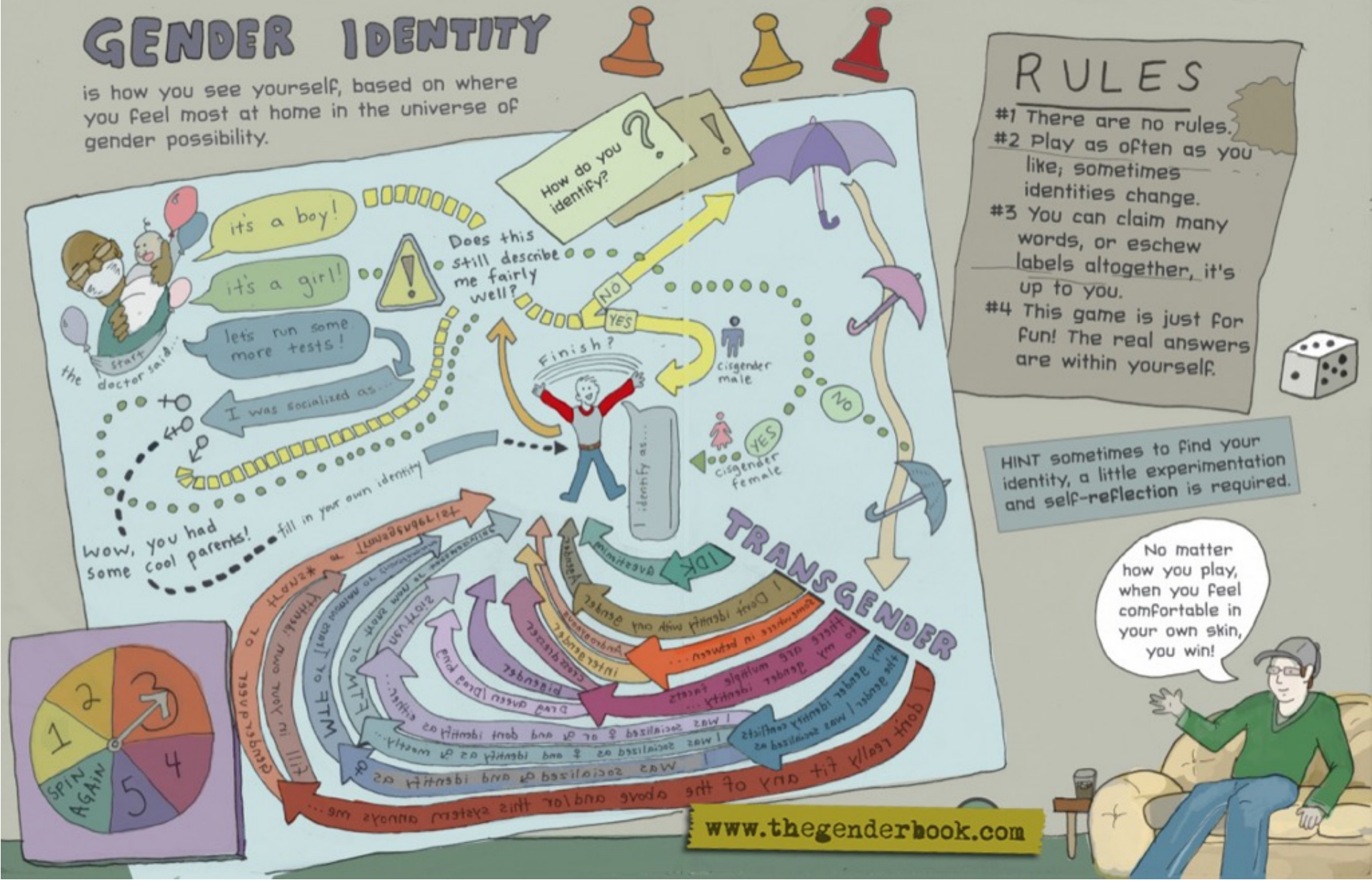


Create realistic expectations for the who, what, when and where of gender affirming care

- When can I have hormones or blockers?
- When can I have surgery?
- Can I get my name changed?
- When will I grow breasts/my voice drop/ my period stop?

GENDER IDENTITY

is how you see yourself, based on where you feel most at home in the universe of gender possibility.



RULES

- #1 There are no rules.
- #2 Play as often as you like; sometimes identities change.
- #3 You can claim many words, or eschew labels altogether, it's up to you.
- #4 This game is just for fun! The real answers are within yourself.

HINT sometimes to find your identity, a little experimentation and self-reflection is required.

No matter how you play, when you feel comfortable in your own skin, you win!

www.thegenderbook.com

Images taken from The Gender Book, are publically available on the book's website, www.thegenderbook.com

Is there any evidence to support gender affirmative care in adolescents?

Gender Affirmative Care Model.

Hidalgo M. et al. (2013). The Gender Affirmative Model: What We Know and What We Aim to Learn. *Human Development* (This was the original description of the Gender Affirmative Care Model). 56(5), 285-290.

Wanger J et al. (2019). Psychosocial Overview of Gender Affirmative Care. *J Pediatr Adolesc Gynecol.* 32(6), 567-573.

Social Affirmation:

Olson KR, et al. (2016). Mental Health of Transgender Children Who are Supported in their Identities. *Pediatrics.* 137(3), e20153223.

Russell ST, et al. (2018). Chosen name use is linked to reduced depressive symptoms, suicidal ideation, and suicidal behavior. *Journal of Adolescent Medicine.* 63(4), 503-505.

Is there any evidence to support gender affirmative care in adolescents?

Puberty Blockers

Turban JL et al (2020). Pubertal Suppression for Transgender Youth and Risk of Suicidal Ideation. *Pediatrics*. 145(2).

Van der Miesen, et al (2020). Psychological Functioning in Transgender Adolescents Before and After Gender-Affirmative Care Compared With Cisgender General Population Peers. *Journal of Adolescent Health*. 66(6), 699-704.

de Vries, AL, et al (2014). Young adult psychological outcome after puberty suppression and gender reassignment. *Pediatrics*, 134(4), 696-704.
doi:10.1542/peds.2013-2958

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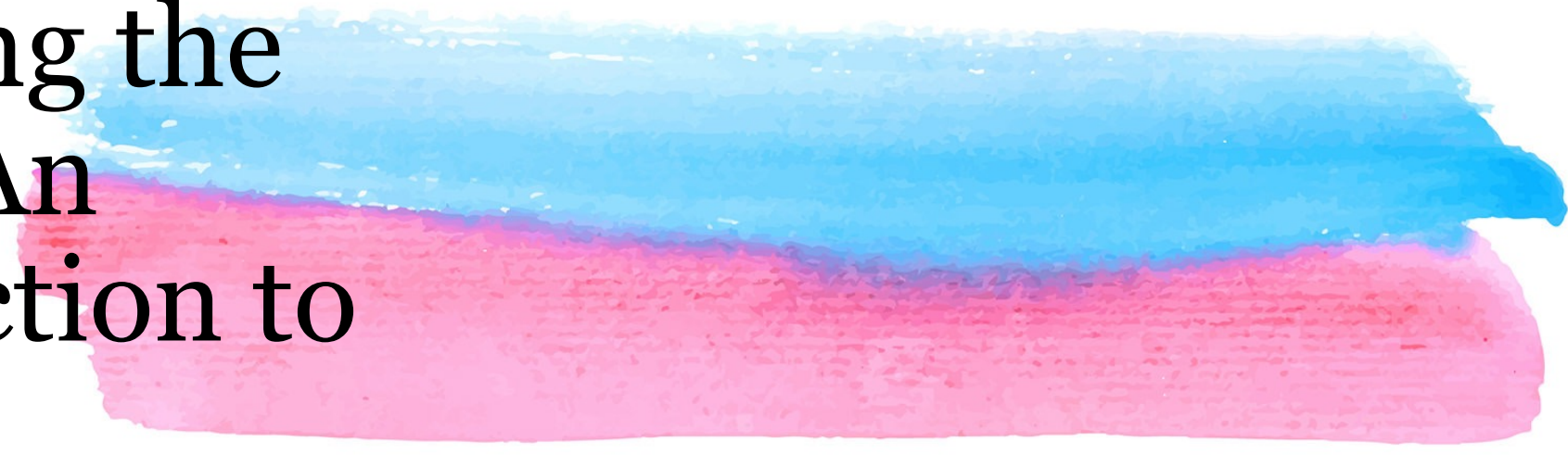
Gender Affirmative Hormones:

Kuper, L. E., Stewart, S., Preston, S., Lau, M., & Lopez, X. (2020). Body Dissatisfaction and Mental Health Outcomes of Youth on Gender-Affirming Hormone Therapy. *Pediatrics*. 145(4).

Allen, L., Watson, L., Egan, A., & Moser, C. (2019). Well-being and suicidality among transgender youth after gender-affirming hormones. *Clin Pract Pediatr Psychol*, 7(3), 302-311.

Timing of Gender Affirming Interventions:

Sorbara JC, et al. (2020). Mental health and timing of gender-affirmative Care. *Pediatrics*. 146(4).



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