

## Transgender Youth: Needs, Risks, Outcomes and the Role of the System

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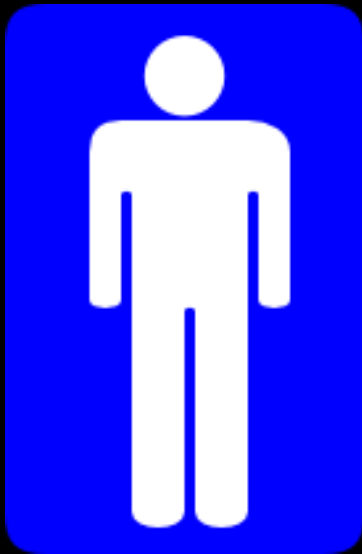
## Objectives

- Understand the developmental process of gender non- conforming and transgender youth.
- Understand how privilege, and the dominant cultures expectations of gender and sexuality impact gender non-conforming and transgender youth.
- Understand the basic needs of gender non-conforming and transgender youth.
- Recognize that gender non-conforming and transgender youth who do not get timely and appropriate treatment are at risk for multiple negative mental health and behavioral outcomes.
- Improve skills required for advocating on behalf of gender non-conforming and transgender youth.

## Gender is PERVASIVE

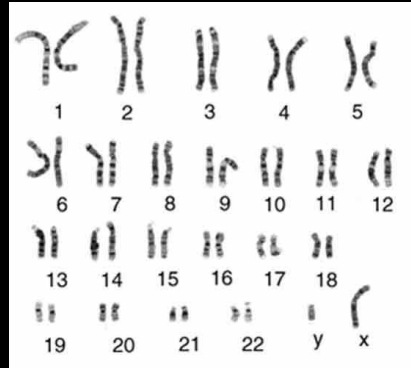
- Most people don't have to think about gender





# When do we begin to gender?

- It's a ...



# Genital Anatomy





**off the mark .com** by Mark Parisi

WE'VE ISOLATED THE CAUSE OF YOUR GENDER CONFUSION, MR. GINGERBREAD MAN...IT SEEMS YOU HAVE UNUSUALLY HIGH LEVELS OF SUGAR AND SPICE AND EVERYTHING NICE...



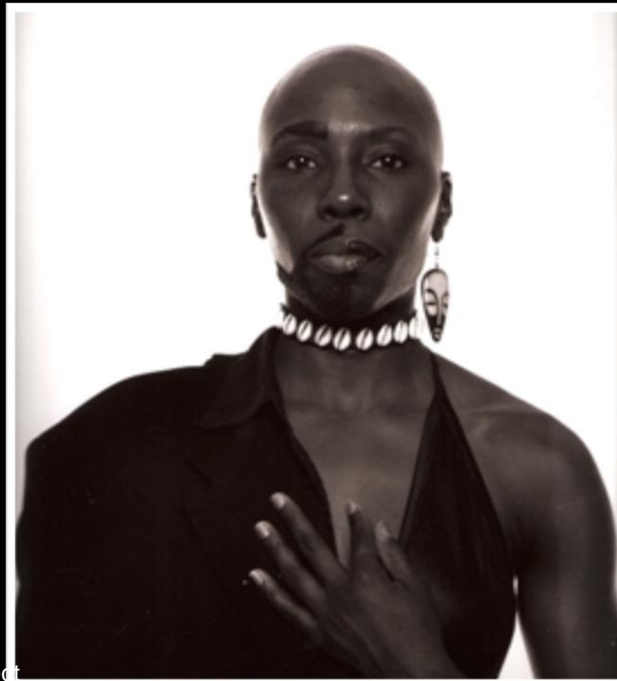
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## Gender Identity

A person's basic sense of being male or female, especially as it is experienced in self-awareness and behavior



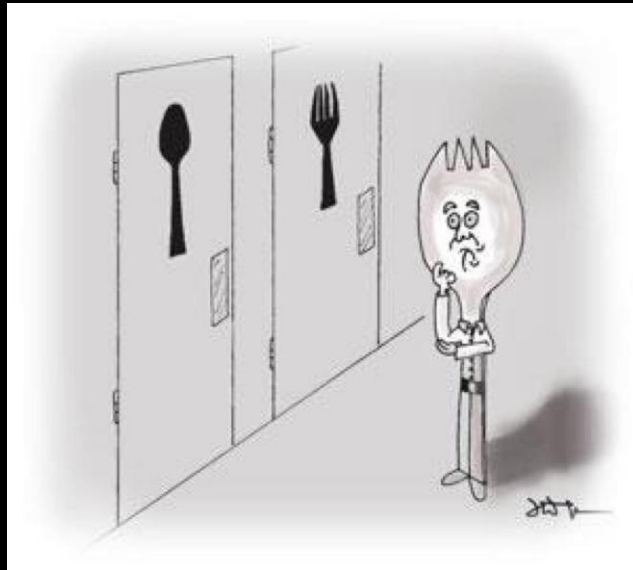
MilDred –  
The Nursha Project

L G B T Q I

- Pick one?
- Choose all that apply?

What happens when a child does not fit into  
their assigned categories?

Sex:  F  M



## Gender Identity

- Do you know what sex you are?  
*How do you know?*      *When did you come to know this?*
- What were you allowed to do or not do because of the gender you were assigned by others?
- Was there ever a time when your sense of your gender and the social rules around you didn't match?  
*How did this feel?*      *How did it impact you?*
- Who and/or what policed you around the performance of your gender?  
*What has the impact been on you?*



How have your experiences around gender shaped your beliefs regarding gender identity, expression and roles?

## Gender Identity

- The internal sense of being male, female, neither or both.
- Can shift over time, is not static.
- Everyone has a gender identity.
- Is solely about ones sense of self, is not related to attraction to others.
- Is an innate experience, i.e., not a choice.

# Gender Expression

The way in which a person acts to communicate gender within a given culture

## Dysphoria

Gender dysphoria is widely described and experienced as persistent physical/emotional/and/or psychological distress due to discomfort with one's assigned sex

Gender dysphoria isn't always experienced or expressed as being related to one's gender or secondary sex characteristics



Gender performance is expected to fit into a very narrow box and these expectations are institutionalized by

Society	Industry
Media	Family
Laws	Repetition



## Heteronormativity

A set of social/political/ideological norms that holds that people fall into distinct and complementary genders (man and woman) with natural roles in life.

It asserts that heterosexuality is the only sexual orientation or only norm, and states that sexual and marital relations are most (or only) fitting between people of opposite sexes.

Consequently, a "heteronormative" view is one that involves alignment of biological sex, sexuality, gender identity and gender roles.





Heterosexism is a system of attitudes, bias, and discrimination in favor of opposite-sex sexuality and relationships...it is based on the presumption that people are heterosexual or that opposite-sex attractions and relationships are the only norm

Cissexism is sometimes used as a synonym of transphobia.

Refers to the assumptions that due to human sexual differentiation one's gender as either a man or a woman is determined solely by a "biological" sex of male or female.

And that trans people are inferior to cisgender people.



# Privilege

- The paradigm that makes the world easier for cisgender individuals to navigate their world.
- There may be some blind spots with regards to understanding where trans\* folks are coming from.
- People may have multiple levels of privilege, to say that we all are oppressed or unprivileged in some way is true but it also downplays the experiences of trans\* people who have additional barriers/multiple disparities to overcome.
- The more layers you have as a minority the more potential barriers there will be in way for you.

- You can use public restrooms, locker rooms or dressing rooms without fear of verbal abuse, physical intimidation, or arrest



Andraya Williams, a 22 year-old student at Central Piedmont Community College in Charlotte, was escorted off campus, suspended and would only be allowed back if she used the gender neutral bathroom....the dean requested proof that she was a female. "He told her she had to bring in medical proof of being a female if she wanted to use the female restroom."

- Strangers don't assume they can ask you what your genitals look like or if you are "post op"



- You are never told that you are a boy/man with a girls/woman's body or a girl/woman with a boys/man's body.

I am not trapped in the wrong body – my selfhood is not something divided against itself, swallowed up by and choking on itself – but it is something suffocated by the weight of the body and expectations imposed upon it by society.

- Your validity as a man/woman/human is not based on how much surgery you've had or how well you "pass" as non-transgender.
- You have the ability to walk through the world and generally blend-in, not being constantly stared or gawked at, whispered about, pointed at, or laughed at because of your gender expression.

- If you end up in the emergency room, you do not have to worry that your gender will keep you from receiving appropriate treatment, or that all of your medical issues will be seen as a result of your gender.



- Your identity is not considered a mental pathology (“gender identity disorder” in the DSM IV) by the psychological and medical establishments.
- You are not required to undergo an extensive psychological evaluation in order to receive basic medical care.
- You are never asked when you began living “full time”.
- You can easily find role models and mentors to emulate who share your identity.

- No stranger checking your identification or drivers license will ever insult or glare at you because your name or sex does not match the sex they believed you to be based on your gender expression.
- You can reasonably assume that you will not be denied services at a hospital, bank, or other institution because the staff does not believe the gender marker on your ID card to match your gender identity.
- Strangers call you by the name you provide, and don't ask what your "real name" [birth name] is and then assume that they have a right to call you by that name because it is "easier" for them

- You don't have to think about how you are going to answer "what is your sex and/or gender" when you are filling out forms.



- You do not have to choose between either invisibility ("passing") or being consistently "othered"
- You don't have to convince your parents of your true gender and/or have to earn your parents' and siblings' love and respect all over again
- Lifesaving, medically necessary medications are not used as a carrot or something you have to earn after you....
- You are not told that your sexual orientation and gender identity are mutually exclusive



- Privilege is defined as a special right, advantage, or immunity granted or available only to a particular person or group of people.
- Privilege exists within the trans community
 

Ability to transition	Support
Education	Employment
Race/ethnicity	Socioeconomic background
Geographic location	Trans male/Trans female
- Having the choice to disclose or not disclose
  - Lilly and her high heels

Stop trying to impose your heteronormative gender roles on me.



your e cards  
someecards.com

Hello, 1950s? You left your oppressive gender roles in our century. Can you come pick them up?



your e cards  
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## What does it mean in our society to act like a man ?



What are the characteristics of masculinity?

What do we say when men are not performing their "maleness" correctly?

What physically happens when a man isn't acting "male enough"

## What does it mean to act like a woman?



What are the characteristics of femininity?

What do we say when women are not performing their "femaleness" correctly?

What physically happens when a woman isn't acting "female correctly?"

## Privilege and Exchange of Status

- Trans Men
  - Acquire authority
  - Free expression of femininity
  - Increased social capital
  - Navigating rape culture/patriarchal society
- Trans Women
  - Fear of safety
  - More rigid rules of expression
  - Negotiation of patriarchy, misogyny, sexism, etc.
  - Decreased social capital



## Some signs of indirect gender dysphoria

- Continual difficulty with simply getting through the day
- A sense of misalignment, disconnect, or estrangement from your own emotions
- A feeling of just going through the motions in everyday life, as if you're always reading from a script

Everything always seemed like it was somehow less real than it ought to be. I didn't feel like I was my own person – I had no sense of myself as someone who could make my own choices and decisions as I wished. I often lacked that internal initiative that wants things and seeks things for no reason other than the fact that you simply *want* them and that's that.

- A seeming pointlessness to your life, and no sense of any real meaning or ultimate purpose
- Knowing you're somehow different from everyone else, and wishing you could be normal like them.

"I often wondered how other kids could just go about their lives, talking and laughing and being so calm and happy, like nothing was wrong."

- Attempting to fix this on your own through various coping mechanisms.
- Substantial resolution of these symptoms in a very obvious way upon transitioning, particularly upon initiating HRT.

- The many intersecting identities of individuals are often viewed through the lens of the dominant culture

*Sexuality we think about non heterosexual/queer identities*

*Class we most often think of those who are poor or living in poverty*

*Race/ethnicity we most often think of people of color*

- The consequence of this paradigm is a White, middle class, heteronormative, cisgender story that trans people are unable to fit into
- Therefore, a non-celebrated identity is formed within an oppressed, paradigm and community and may be difficult to integrate

## Gender Development

- By the age of 3 years, most children express an interest in or preference toward activities and behaviors typically associated with their specific gender

## FIRST MAJOR CONFLICT!



## Approaches to Gender Non-Conforming Children

- Reparative therapy
- “Wait and see” approach
- Affirmative Model/Social transition

## Reparative/Corrective Therapy

- Doesn't work
- Is likely harmful
- Senate Bill No. 1172



## Can Gender Identity be Changed?

- *What drives gender-typical or gender-non-conforming traits cannot be changed through the influence of parents, teachers, coaches or therapists*
- **Behavior** can be changed, but internal sense of gender will not be changed

## What is Social/Non-Medical Transition?

- Outward expression of internal gender
- Living in asserted gender
- Clothes, hairstyle, names, pronouns
- **REVERSIBLE**
- Controversial for children



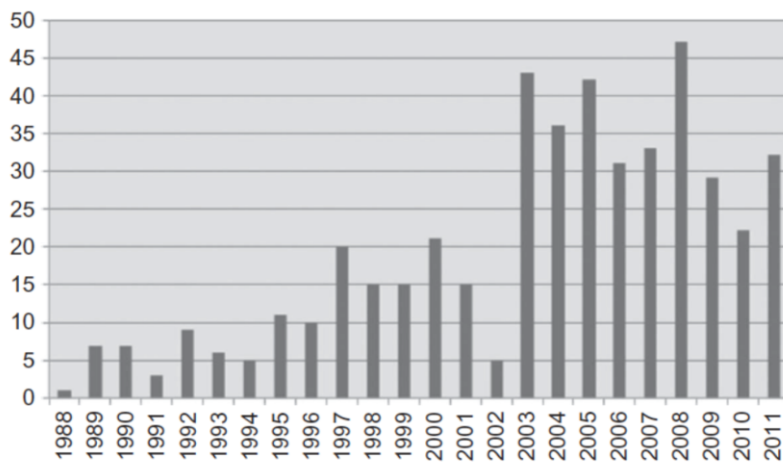
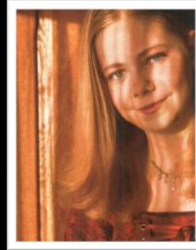
## Typical presentations of Transgender Youth and Young Adults

- Consistent, persistent, insistent gender non-conformity childhood history
- No prior non-conforming behaviors/indicators in childhood but gender dysphoria is unveiled at the beginning of puberty
- Late presenters

## Phases of Transitioning

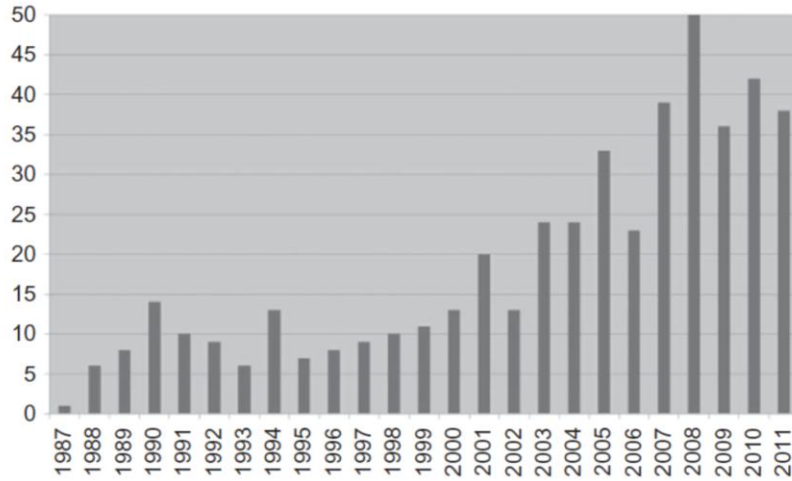
- Reversible (social/non-medical) - clothes, hair, shoes, toys, name, pronouns
- Reversible (medical) - puberty blockers
- Partially reversible - cross sex hormone replacement therapy
- Irreversible - sexual reassignment surgery (SRS)

# History of Early Treatment



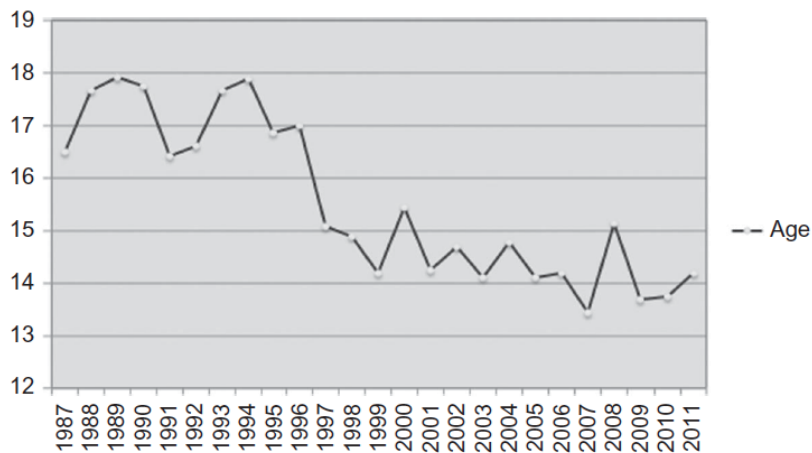
**FIGURE 1** Referred children, Dutch Gender Identity Clinic, 1987–2011.

Annelou L. C. de Vries MD, PhD & Peggy T. Cohen-Kettenis PhD (2012): Clinical Management of Gender Dysphoria in Children and Adolescents: The Dutch Approach, *Journal of Homosexuality*, 59:3, 301-320



**FIGURE 2** Referred adolescents, Dutch Gender Identity Clinic, 1987–2011.

Annelou L. C. de Vries MD, PhD & Peggy T. Cohen-Kettenis PhD (2012): Clinical Management of Gender Dysphoria in Children and Adolescents: The Dutch Approach, *Journal of Homosexuality*, 59:3, 301-320



**FIGURE 3** Mean age of referred adolescents, 1987–2011.

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## Transgender vs. Gender Dysphoric

- Gender dysphoria is the persistent distress an individual experiences related to the incongruence between assigned gender at birth and gender identity
- A disorder is a description of something with which a person might struggle, not a description of the person or the person's identity. – WPATH SOC 7

## Endocrine Treatment of Transsexual Persons -2009



## When to start GnRH analogues?

Individual approach – no cookie cutter protocol

- Persistent and prolonged asserted gender identity that is not aligned with physical body
- Dysphoria at initiation of mismatched puberty
- Social support system in place to facilitate appropriate follow up care
- Absence of psychiatric disorder that would potentially confound the diagnosis of gender dysphoria

## GnRH analogue treatment

- GnRHa effects are fully reversible
- “Buy time” and avoid reactive depression at the same time
- Prevention of unwanted secondary sex characteristics
- Psychotherapy is facilitated when distress is eased

## Types of GnRH analogues-US

- Histrelin (SupprelinLA) is an implant, a small rod, placed in the underside of the arm that is effective for one year
- Leuprolide acetate is an injection that is effective for either one or three months
- Neither of these medications are FDA approved for this purpose

## Barriers to care



OR...



## Adolescent Presentation

- Onset of puberty may cause severe distress
- Behavior problems, depression, suicidal ideation can be initial presentation of gender incongruence
- Previously suppressed cross-sex behaviors may start emerging which may lead to victimization
- Many youth come out as gay
- Many have negative experiences with authority figures (including physicians and therapists)

## Onset of Puberty



- Depression
- Anxiety
- Suicidality
- Social isolation
- Self-harm
- High-risk sexual behavior
- Maladaptive coping

## Moving Forward – Cross sex hormones

- Goals
  - Masculinize or feminize the body
  - Improve quality of life
  - Improve body esteem
  - Decrease gender dysphoria
  - Diminish anxiety, depression
  - Decrease high risk behaviors

## Benefits of early treatment

- Improve family functioning, school performance
- Prevent suffering and risk taking
- Leads to social change and improves quality of life
- Spares surgical interventions
- Affords a gender concordant puberty



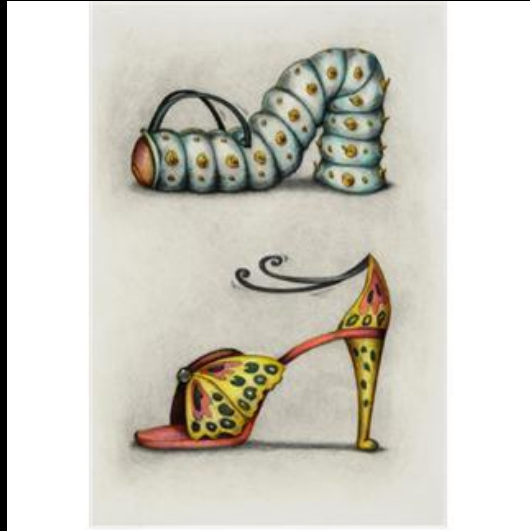
## Early Treatment



## Un-monitored hormone use

- “Black market” - street hormones
- Friends
- Mexico
- Internet
- Local pharmacy

## Hormonal Intervention - Transwomen



Lydia Kullick

## Effects of Feminizing Hormones

- Development of breast tissue
- Decreased body hair
- Softer skin
- Fat redistribution
- Decreased muscle mass
- Genital changes
- Infertility

## Feminizing Hormones **DO NOT**

- Cause the voice to increase in pitch  
Dramatically reduce facial hair growth
- Change the shape or size of bone structure

## Risks Related to Estrogen

- Thrombosis
- Increased prolactin/prolactinoma
- Breast cancer – very few case reports
- Fluid retention
- Hypertension
- Gallstones
- Liver disease
- Weight gain
- Mood swings

## Risks of Feminizing Hormones

- Complete risks in transwomen are unknown
  - Most studies are performed in biological women
  - Limited research
  - All administration is thus “off-label”
  - Mortality not necessarily increased

## Effects of Anti-Androgens

- Reduces testosterone effects
- Reduces male pattern hair GROWTH
- Reduces erections

## Risks of Spironolactone

Hyperkalemia (high potassium levels)

Hypotension

## Feminizing Hormones

- Effects vary from patient to patient—familial, genetic tendencies
- Younger patients generally obtain better and more rapid results
- Noticeable changes within 2-3 months
- Irreversible effects within 6 months
- Feminization continues at a decreasing rate for two years or more

## Reversible changes of testosterone

- Increased libido
- Redistribution of body fat
- Cessation of ovulation and menstruation
- Further muscle development
- Increased sweat and changes in body odor
- Prominence of veins and coarser skin
- Acne
- Alterations in blood lipids
- Increased red blood cell count

## Irreversible changes of testosterone

- Deepening of the voice
- Growth of facial and body hair
- Male pattern baldness
- Clitoral enlargement
- Possible shrinking/softening of breast tissue

## Risks of Testosterone

- Weight ↑
- Aggressive/mood changes
- Liver dysfunction
- TG ↑ HDL ↓ LDL ↑
- Insulin resistance
- Polycythemia
- Male pattern baldness
- Pelvic pain ?



## The Role of the Mental Health Professional

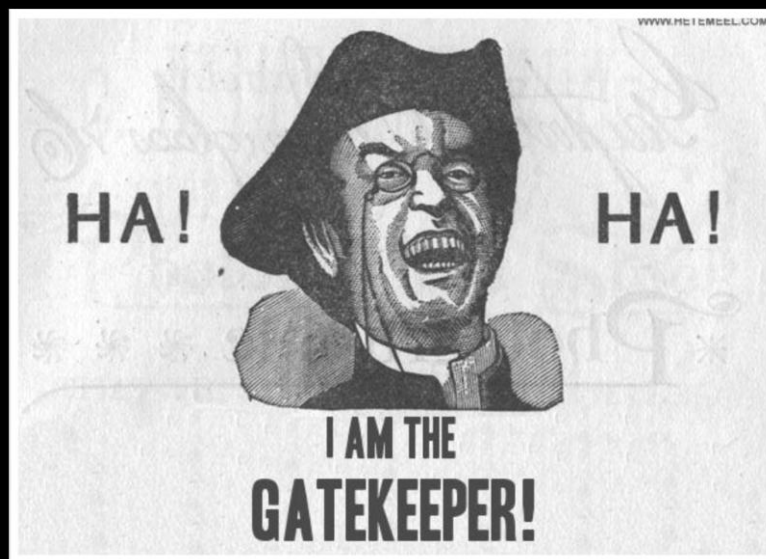
Not a gatekeeper

Resiliency toolbox builder

Addressing the inevitable

Role playing

Diminishing fear of the unexpected with preparation



- The medical establishment does not serve as a "gatekeeper" which disallows self-determination of what happens to my body.



Therapy for trans people is a process of preparing for a world that is not prepared for them.

The gatekeeper model can be counterintuitive to this therapeutic goal.

*We ask youth who have least to do most.*

*The most obvious and important realities are often the ones that are hardest to see and talk about.*

## Potential Consequences to Gatekeeping

Three things that are often under talked about in therapy

1. Extent of past trauma/abuse

Fear of trauma being used to invalidate gender identity

2. Extent of ambivalence of transition

Fear of needles, surgery, transition outcomes. Etc.

Fixed, stereotypical ideas about how a transgender person should present for assistance and as a result, clients may alter their gender narratives to fit the medical model

Puts the mental health provider in a conflicting role of both healer and evaluator, which can negatively impact rapport.

## Barriers to service

Lack of understanding

- Cisgender, heteronormative privilege/paradigm

Untrained/undertrained mental health providers

Poor or no access to comprehensive medical/mental health care

Age of consent barriers

- Unsupportive parents/caretakers/Social Workers

Financial barriers

- Under/uninsured
- Un/under-employed

Pre-existing mental illness

- Disclosed or undisclosed
  - Community/Identity
  - Pictures
  - Name
  - Relationships
- Having a “secret” can be a burden and may be experienced as a new form of an old secret
  - Trans youth may be additionally burdened with past trauma secrets

- When an individuals’ identity is continually questioned or not witnessed, emotional, spiritual, psychological development of self may be more difficult
- If this occurs on a regular basis, there may be an arrested development of ones emotional self

- Therapy needs to include conversations about bodies, sex and sexuality.
  - Including fertility
  - Safe sex
  - Dating
  - Relationships/disclosure
- Dysphoria
  - Explore what the client does with their body that feels good
    - Dancing
    - Exercise

- Encourage exploration of how to awaken vitality
- Front loading mental health care
  - Lends itself to the gatekeeper model
  - Carrot model of care
    - “When you start doing better in school then you can transition”
  - May miss the real need of post transition mental health care

## Self-esteem/Adaptation/Integration

TG-AIM (transgender adaptation and integration model)

Gender-Related Fears - concerns related to discrimination

Psychosocial Impact of Gender Status - focuses on the effect of gender incongruence on mental health, quality of life and interpersonal relationships

Coping and Gender Reorientation Efforts - focus on efforts toward the integration of internal gender identity and assigned sex and anatomy

Rosenberg self-esteem scale

Those scoring between 15-25 are considered to be within the normal range for self-esteem. Scores below 15 indicate poor self-esteem.

## Self-esteem/Adaptation/Integration

$N = 239$

67% were assigned female, and 31% were assigned male

Mean age 34

80% White/Caucasian

85% of respondents lived in the United States

Minimum age of identifying was 3, max 65, mean age 13

Minimum age of disclosure was 3, max 66, mean age 27

Those who were three years or more post medical transition reported having decreased Gender-Related Fears, Psychosocial Impact on Gender Status and higher Coping and Gender Reorientation skills than those who more recently transitioned.

The total TG-AIM score was also significantly higher for this group. Their mean total score was 27.8 as compared with 19.5 for those who more recently transitioned.

Overall self-esteem scores were also found to be higher for those who were more than three years post medical transition with a mean score of 20.5, as compared with 17.5 for those who had transitioned within the last three years.

It is important to note that youth who transition at a younger age arrived at the three-year post transition mark at an earlier age than older individuals.

As a result they may have experienced better self-esteem and adjustment over the life span.

Those who were within the first two years of medical transition reported lower levels of self-esteem and this indicated a greater struggle with adjustment.

This information can be used to better understand the importance of medical, mental health, family and peer support during this fragile time of identity development.

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