LBG and Especially Transgendered Youth and the Role of the Pediatrician

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Disclosure
I have no relationships with commercial companies to disclose.

Primum non nocere

Discourse

Goals
- Be able to understand the terminology
- Be able to understand what science and experience have taught us about caring for sexual minority youth
- Feel confident that you can address the issues that may present in your clinic with SMY

Goals for kids
- Navigate their childhood and teen years without significant turmoil or strife
- Discover the person they are going to be
- Have a loving and supportive family to help them through the process
Definitions 101
- **Gender Identity** – Personal sense of being male or female
- **Gender Role** - outward expression – based on societal norms
- **Gender nonconforming** – Does not follow society’s norms about how they should act according to gender roles

Definitions
- **Sexual Orientation / Identity** - Pattern of emotional and physical attraction towards others, includes emotional attraction, sexual behavior, self-identification, and cultural affiliation
- **Sexual Activity** - Pattern of physical/sexual interactions with others
- **Queer** - newer term for a “fluid” sexual identity that may change over time

GLBTQQ
- Gay
- Lesbian
- Bisexual
- Transgender
- Questioning or Queer

Sexual Minority Youth
- Any adolescent or young adult that doesn’t fit into the 100% heterosexual “norm”
Definitions 201

- MSM – men that have sex with men
- WSW – women that have sex with women
- Natal sex – chromosomal and anatomic gender
- FTM – female transitioning to male
- Affirmed male
- MTF – male transitioning to female
- Affirmed female

Game

- Pick a number from 0-6
- Ready?

Sexuality Spectrum

- 0 - Exclusively hetero, no homosexual behavior or fantasy
- 1 - Predominately hetero, only incidentally homosexual
- 2 - Predominantly heterosexual, but more than incidentally homosexual
- 3 - Equally heterosexual and homosexual
- 4 - Predominately homo, but more than incidentally hetero-
- 5 - Predominately homosexual, but incidentally heterosexual
- 6 - Exclusively homosexual, no heterosexual behavior or fantasy

Is it a Phase?

- No
- Confusion about sexual identity can be

Is it a Phase?

- Intense same-sex friendships + raging hormones + curiosity with physical changes
  - It can be normal for early adolescents to be confused about their sexuality
- One study showed 25% of 12 year olds were unsure of their sexuality
- By age 18 it was down to 5%

Coming Out

- Sensitization - early as 4 to 5 years old, usually before age 12
- Identity Confusion - stage of greatest risk!
- Identity Assumption - coping behaviors developed
- Commitment - disclosure
Case
- 18 Y/O male with a history of substance abuse, multiple sexual partners (female), and depression with suicide attempts.
- During your HEADSSS assessment when you ask if he is attracted to “boys, girls, or still trying to figure that out” he gets angry and says “why did you ask me that?”

Identity Confusion stage
- The teen or young adult knows they have a sexual identity that doesn’t fit with expectations but are not comfortable with it.
- At risk for dealing with it in maladaptive ways
  - Drinking, drugs
  - High risk sexual activity
  - Bullying, violence
  - Depression, suicidality

Heterosexual Sexual Activity
- Most gay and lesbian youth have opposite-sex sexual experiences
- Attempting to deny their homosexual feelings
- Attempting to hide their sexual orientation from others
  - 66 to 68% of gay men
  - 83 to 87% of lesbian women

Suicide
- Suicide is the leading cause of death among gay & lesbian youth
- Approximately 30% of all adolescent suicides are sexual minority youth
- School victimization correlates with suicidality
- Most attempts are during Identity Confusion stage

Trevor Project
- On-line resource to include live chat and phone counselors available
- thetrevorproject.org
- “It gets better” campaign
School Harassment

- GLSEN 2013 National School Climate Survey
  - 74.1% of LGBT Students have been verbally harassed
  - 36.2% physically harassed (16.5% assaulted)
  - 55.5% report they feel unsafe in school
  - 30.3% miss school due to safety concerns in the last month (6.7% school average)

- LGBT youth who report significant verbal abuse at school have lower GPAs and are less likely to report plans to go to college
- When students can identify supportive staff members at school, the number that plan to go to college increases significantly

GSAs in schools

- The Equal Access Act:
  - Most public secondary schools already have at least one student-led, non-curriculum club
  - The federal Equal Access Act, (20 U.S.C. §§ 4071-74), requires that such schools must allow the creation of additional clubs, even if the school board or principal disagrees with the group's purpose.
  - In 1990, the Supreme Court ruled that the Act is constitutional.

- Gay-Straight Alliance in the school resulted in fewer homophobic remarks, less victimization, less absenteeism, greater sense of belonging
- Supportive staff results in feeling safer, fewer absences, greater academic achievement

Disclosure – Self identification

- Sometimes happens when the youth is “outed” against his will / intent
- At times when a youth “comes out” it doesn’t go well
  - 50-95% of parents are rejecting
  - 50% lose friends
  - 80% are verbally abused - 40% by family members
  - 40% are physically abused - 20% by family members

Families

- Parents often do not suspect that their child is gay or lesbian, or have intentionally ignored any suspicions they have had
- Parents have often not gone through the several years of identity confusion that the youth has endured
- At the time of disclosure confusion that the youth has endured
Families

- They must deal with their own homophobic beliefs and negative stereotypes
- They must deal with the potential impact of societies' homophobia on their child
- Stages of grief
- With time, all of this can be overcome
- PFLAG and meeting their child’s new peer group can help

Lead with Love

- www.leadwithlovefilm.com/
- Piloting lead with love: a film-based intervention to improve parents’ responses to their lesbian, gay, and bisexual children.
- Reached parents in distress, had positive benefits

Resources

- Parents, Family and Friends of Lesbians and Gays
- San Antonio Chapter
- Website: www.PFLAG.org

More Normal than Not

- 2005 study of LGBT students that reported support from family and friends in their coming out process
- Showed their lives were same as their heterosexual peers, with similar rates of risk behaviors

Youth Support Groups

- San Antonio
- Fiesta Youth
  - Support and social group for LGBTQ teens 12-18
  - fiesta-youth.org
- Fiesta U
  - Support group for young adults 18-24
  - Parents group

Counseling

- There is no evidence that sexual orientation is amenable to change from any type of interventions
Counseling

- There is evidence that "conversion" therapies can be harmful
- American Academy of Pediatrics
  - "Therapy directed specifically at changing sexual orientation is contraindicated, since it can provoke guilt and anxiety while having little or no potential for achieving changes in orientation."
- AMA, APA – most all professional medical organizations are opposed to these "therapies"

Counseling

- Counseling from a nonjudgmental therapist to help the adolescent deal with issues related to societal stigmatization and internalized homophobia can be helpful
- Family therapy to deal with the stress caused by the disclosure is sometimes needed as well

Perspective

- Left-handed people

Transgendered Youth

- Sensitization occurs at a young age
- Gender non-conforming
- But it’s more than that

Transgendered Youth

- Studies of gender nonconforming prepubertal boys have shown that only 2% to 12% continue to have a persistent desire to live as the opposite sex as they become adolescents
- 80-90% identify as gay or bisexual by age 19
**Transgendered Youth**

- There is some evidence that children with more body aversion symptoms as opposed to gender behavior issues are more likely to continue to meet criteria as adolescents.

**Gender Dysphoria**

- A marked incongruence between one’s experienced/expressed gender and assigned gender, of at least 6 months duration, as manifested by 2* or more of the following indicators:
  1. A marked incongruence between one’s experienced/expressed gender and primary and/or secondary sex characteristics (or, in young adolescents, the anticipated secondary sex characteristics)
  2. A strong desire to be rid of one’s primary and/or secondary sex characteristics because of a marked incongruence with one’s experienced/expressed gender (or, in young adolescents, a desire to prevent the development of the anticipated secondary sex characteristics)

**Counseling**

- For prepubertal gender nonconforming youth
  - Helping them understand how other children or adults may be responding to them without pathologizing important people in their life
  - Helping the family deal with their feelings about the issue

**Social Transition study**

- Prepubertal (ages 3-12) transgender youth that have family support for their social transition do well
  - No significant depression issues compared to age-matched control
  - Still with slight increase in anxiety
  - Self-select group with more persistent GD issues

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Evaluation

- After Tanner / SMR 2 is achieved, an experienced psychologist can make the determination if they still meet the criteria for Gender Dysphoria and decide if it would be appropriate to begin treatment
  - (2%-12% based on studies)
  - Includes an evaluation for other psychiatric diagnosis that may complicate the decision

Treatment

- After they get a letter of support from the psychologist
- Pubertal blockade with GnRH analogues is considered a medical standard of care
  - Reversible
  - Stops pubertal progression
- **YOUR ROLE**: refer them to an endocrinologist with experience with this process
- **Not all transgender youth are interested in treatment**

Treatment

- They then start / continue living in the role of their intended sex for a period of time (3-12+ months)
- After that – or around age 16 can consider initiation of cross-gender hormone therapy
  - Non-reversible changes
- **YOUR ROLE**: Ask them what name they would like to be called
  - Make sure your office staff is also aware

San Antonio Gender Association (SAGA)

- Sagender.com
- Local Resources link
  - Counselors
  - Hormone therapy

Normal life

- Many transgender people are not interested in being the “standard bearer” for the cause
- They just want a normal life like everyone else
Conclusion - Your role

- Recognize that LGBT youth without appropriate support mechanisms can have increased risk behaviors and depression problems
- LGBT youth without support are at high risk for suicidal ideation, attempts, and completions
- The time of highest risk is the Identity Confusion stage - before they are comfortable talking about the issue

Your role

- Know how to answer parents questions about gender non-conforming kids
- With teens, ask the questions
  - Are you attracted to boys, girls, or still trying to work that one out?
  - Do you have any concerns about your body or the changes that are happening with puberty?
  - Reassure them that you are willing to answer any questions or concerns they may have

Your role

- If they disclose to you that they are sexual minority youth
- Assess for supportive family members
- Assess for supportive friends
- Remember “More Normal than Not”
- Don’t be surprised if they don’t want a label!
- Sexual identity
- Gender / gender role

Your role – Transgender Youth

- Even greater issues with depression, bullying, physical and mental abuse
- Not all (or even most) gender nonconforming children will have gender dysphoria after puberty
- Referral to an appropriate counselor
- If needed, referral to an experienced endocrinologist

Pediatricians should not be transgender children’s first bully

- Berend P. Dreyer, M.D., FAAP, President, American Academy of Pediatrics
- Letter from the President: AAP News, August 2016
GLSEN Safe Space

www.glsen.org/safespace

Summary – your goal

- Navigate their childhood and teen years without significant turmoil or strife
- Discover the person they are going to be
- Have a loving and supportive family to help them through the process