Disclosures

- CVS Pharmacy – consultant
- Medications discussed in this presentation are off label
Objectives

• Review terms and concepts related to sexuality and gender identity

• Discuss risk factors and health disparities among LGBTQ youth

• Provide recommendations for affirming LGBTQ youth in a variety of environments
Ground Rules

Ask questions – get them out of your system here
Be respectful of each other
Terms & Concepts

- Trans-Woman
- Sexual Orientation
- Queer
- MTF
- Non-Binary
- Bisexual
- MSM
- FTM
- Trans Feminine
- Trans Man
- Transgender
- Gender Masculine
- Gender Identity
- Genderqueer
- Gay
- Ally
- Lesbian
- Behavior
- Straight
- Asexual
- Desire
- Gender Expression

Image courtesy R. Garofalo
WHO I AM

Gender Identity:
The way in which we intrinsically define ourselves in relation to masculinity and/or femininity. Can be fluid.

WHO I AM ATTRACTION TO

Sexual Orientation:
Intellectual, emotional and/or sexual attraction to others of the same or different gender presentation. Not defined by gender identity or relationship practices. May change over time.

GENDER

SEXUAL ORIENTATION
Key Definitions – Gender Identity

**Gender Identity** - One’s internal sense of being male, female, a combination of both, neither, or another gender; how individuals perceive themselves and what they call themselves

**Gender Expression** - External appearance of one's gender identity, usually expressed through behavior, clothing, haircut or voice, and which may or may not conform to socially defined behaviors and characteristics

**Sex Assigned at Birth** - The assignment and classification of people as male, female, intersex, or another sex based on a combination of anatomy, hormones, chromosomes. AFAB/AMAB.

**Legal Sex** - The sex listed on a person’s legal documents and/or health insurance policy. Also know as a gender marker (M, F, X). This may or may not be aligned with gender identity
Key Definitions – Gender Identity

**Transgender** - One whose gender identity is different from their sex assigned at birth.

**Non-binary** - One whose gender identity lies on somewhere other than distinctly male or female; may be on a spectrum between male and female

**Cisgender** - One whose gender identity is the same as their sex assigned at birth

**Intersex/DSD** - A variety of conditions in which a person is born with a reproductive or sexual anatomy that doesn’t seem to fit the typical definitions of female or male
The Gender Unicorn

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

Gender Expression
- 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
Key Definitions – Sexual Orientation

- **Gay or Lesbian** - attracted to the same gender
- **Bisexual, pansexual** – attracted to both or all genders
- **Straight, heterosexual** – attracted to the opposite gender
- **Asexual** – not being attracted to anyone
- **Queer** – An umbrella term for someone who is not heterosexual – historically offensive, but has been reclaimed by the LGBTQ community
Language to Avoid

- MTF / FTM
- Transsexual, transvestite, etc.
- Hermaphrodite, pseudohermaphrodite
- Biological sex
- Male-bodied, female-bodied, etc.
- Gender identity disorder

Image from [https://yourteenmag.com/health/teen-sexuality/when-your-child-is-transgender](https://yourteenmag.com/health/teen-sexuality/when-your-child-is-transgender)
Pronouns

my pronouns are: they / them

my pronouns are: she / her

my pronouns are: he / him

ask me about my pronouns
Gender Dysphoria

- Marked incongruence between one’s experienced/expressed gender and assigned gender
- For at least 6 months
- The condition is associated with clinically significant distress or impairment in functioning (social, occupational, other)
- Depathologizes the state of being transgender

DSM-V; Photo: https://digest.bps.org.uk/
Development of sexual and gender identity

18-24 months
Ability to label gender

2-4 years
Recognize gendered differences, use pronouns appropriately

5-6 years
Declare a gender identity (for most)

8-13 years
Puberty begins, romantic attractions begin to develop, trans identity may emerge

Adolescence and young adulthood
Continued understanding and solidification of identity

Healthychildren.org, 2018; Martins and Ruble, 2010
Among Youth...

- 2% of high schoolers identify as gay or lesbian
- 6% of high schoolers identify as bisexual
- 1.8% of high schoolers identify as transgender
- 15-30% of youth in child welfare system identify as LGB

Health Disparities and Risks among LGBTQ youth
About the Study

In 2017, the Human Rights Campaign Foundation partnered with researchers at the University of Connecticut to deploy a comprehensive survey capturing the experiences of LGBTQ youth in their family settings, schools, social circles and communities. Over 12,000 youth aged 13-17 participated in the survey, with representation from all 50 states and the District of Columbia. More information about the survey process, materials and respondent profiles can be found in the methodology on page 22.
Family Rejection

48% of LGBTQ youth out to their parents say that their families make them feel bad for being LGBTQ.

Trans youth are over 2x more likely to be taunted or mocked by family for their LGBTQ identity than cisgender LGBTQ youth.

LGBTQ youth of color report hearing family express negativity about LGBTQ people more frequently than their white peers.

Human Rights Commission, 2018
11% of LGBTQ youth report that they have been sexually attacked or raped because of their actual or assumed LGBTQ identity. 

77% of LGBTQ youth report receiving unwanted sexual comments, jokes and gestures in the past year.

20% of LGBTQ youth report that they were forced to do sexual things they did not want to do in the past year.

Sexual Violence

- Increased rates of STIs, HIV, 
- Earlier sexual debut, multiple sexual partners 
- Increased involvement in transactional sex

Haas, 2014; Garofalo, 2006; HRC 2018; Jin 2019
Bullying

LGBTQ youth continue to experience bullying because of their actual or perceived LGBTQ identity

73% of LGBTQ youth have experienced verbal threats because of their actual or perceived LGBTQ identity. 18% were bullied because someone thought they were LGBTQ. 3 in 10 have received physical threats due to their LGBTQ identity. 50% of transgender girls have been physically threatened.

70% have been bullied at school because of their sexual orientation. 43% have been bullied on school property in the past 12 months.

Human Rights Commission, 2018
Lack of affirming school environments

51% of trans youth can never use the restrooms or locker rooms that match their gender identity\(^{38}\)

- Only 31% can express themselves in a way that completely reflects their gender identity in school\(^{39}\)
- Only 1 in 3 are always called by their true name in school\(^{40}\)
- Only 1 in 5 are always called by their pronouns in school\(^{41}\)

Human Rights Commission, 2018
Mental Health

39% of LGBTQ respondents seriously considered attempting suicide in the past twelve months. More than half of transgender and non-binary youth have seriously considered suicide.

2 in 3 youth in our study reported that someone tried to convince them to change their sexual orientation or gender identity.

Increased rates of depression, substance use, eating disorders

Connolly, 2016
Healthcare Experiences

Table 2: Health care professionals refused to touch me or used excessive precautions

Table 4: Health care professionals blamed me for my health status

Table 3: Health care professionals used harsh or abusive language

Table 5: Health care professionals were physically rough or abusive
<table>
<thead>
<tr>
<th>Fear or Concern</th>
<th>LGB</th>
<th>Transgender</th>
<th>Living with HIV</th>
</tr>
</thead>
<tbody>
<tr>
<td>I will be refused medical service because I am...</td>
<td>9.1%</td>
<td>51.9%</td>
<td>20.0%</td>
</tr>
<tr>
<td>Medical personnel will treat me differently because I am...</td>
<td>28.5%</td>
<td>35.5%</td>
<td>31.0%</td>
</tr>
<tr>
<td>Not enough health professionals adequately trained to care for people who are...</td>
<td>49.0%</td>
<td>48.0%</td>
<td>58.8%</td>
</tr>
<tr>
<td>Not enough support groups for people who are...</td>
<td>24.3%</td>
<td>31.0%</td>
<td>31.1%</td>
</tr>
<tr>
<td>Not enough substance abuse treatment for people who are...</td>
<td>28.8%</td>
<td>31.1%</td>
<td>52.4%</td>
</tr>
<tr>
<td>Community fear/dislike of people who are... is a problem</td>
<td>85.7%</td>
<td>66.1%</td>
<td></td>
</tr>
</tbody>
</table>

Table 6: Fears and concerns about accessing health care

Lamda Legal, 2010
Youth Living Out of the Home

- LGBT youth overrepresented, esp youth of color
- LGB youth have higher rates of placement instability – being moved at the request of their caregiver (19.6% compared with 8.6% of heterosexual youth)
- Higher rates of being stepped up and lower rates of stepping down in care
- Youth aging out of foster care more likely to experience economic hardship

Martin 2016, Dworkin 2013
Youth Living Out of the Home

- Rejection and instability may lead to worse health outcomes
- Youth in out-of-home living situations report higher rates of mental health problems, substance use, poor school function, fights in school, and victimization

Data from California Healthy Kids Survey, 2013-2015
Baams L, Wilson B, Russell S, Pediatrics 2019
Gambon 2020
Why are LGBTQ youth overrepresented among unstably housed youth?

Based on reports from homeless youth providers:

1. Family rejection because of sexual orientation or gender identity
2. Forced out by parents because of sexual orientation or gender identity
3. Physical, emotional, or sexual abuse at home
4. Aged out of foster care system
5. Financial or emotional neglect from family

Supporting LGBTQ Youth
Illinois Statutes

• Foster youth bill of rights
• DCFS Procedures 302, App K

• These provide:
  – Non-discrimination
  – Support and confidentiality when gender identity or sexuality are disclosed
  – Use of affirmed name and pronouns
  – Respect of the youth’s clothing and activities of the youth’s choice
  – Housing placement according to gender identity
  – Caregiver training requirements
  – Access to gender affirming health care
  – Access to changing name and gender marker legally
What can you do?

• Create spaces for conversation
• Affirm LGBTQ youth’s identity and serve as a supportive adult
  – Use of affirmed name and pronouns linked to less depression and SI
• Support coming out and/or social transition
  – Youth allowed to socially transition have rates of depression and anxiety similar to cisgender peers
• Provide supportive spaces
  – Social outlets (support groups, GSA) – genderspectrum.org
  – Housing
    • Youth in supportive families have
  – School (gender support plan, Inclusive sex ed)
  – PCP, Gender Care, Mental health care

Russell 2018, Olson 2016
Allow space to discuss and explore identity

- Avoid assumptions
- Avoid language that is exclusive (are you attracted to men, women, or both?)
- Offer your pronouns
- Explore sexuality AND gender identity
- Ensure confidentiality
- React supportively
- Don’t rush the process
- Provide resources
What is Social Transition?

- May include any of the following, if they assist in alleviating gender dysphoria:
  - Coming out and sharing trans identity with others
  - Change in style of dress, hair, makeup, mannerisms, vocal communication
    - May include binding, tucking, or shape wear
  - Change in name and/or pronouns (either in personal use or on legal documents)
  - Change in lived gender role (ie sports teams, bathrooms or locker rooms used)

There is no one way to be trans and no one way to transition
Value of an affirming family environment

Table 1. Family Acceptance as Predictors of Health Outcomes

<table>
<thead>
<tr>
<th>Outcome variable</th>
<th>Family acceptance categories</th>
<th>Between-group difference</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Low acceptance</td>
<td>Moderate acceptance</td>
</tr>
<tr>
<td>Self-esteem</td>
<td>2.62</td>
<td>2.83</td>
</tr>
<tr>
<td>Social support</td>
<td>3.26</td>
<td>3.78</td>
</tr>
<tr>
<td>General health</td>
<td>3.35</td>
<td>3.55</td>
</tr>
<tr>
<td>Depression (CES-D)</td>
<td>20.10</td>
<td>16.48</td>
</tr>
<tr>
<td>Substance abuse (past 5 years)</td>
<td>1.46</td>
<td>1.10</td>
</tr>
<tr>
<td>Sexual behavior risk (past 6 months)</td>
<td>35.8%</td>
<td>37.4%</td>
</tr>
<tr>
<td>Suicidal thoughts (past 6 mos.)</td>
<td>38.3%</td>
<td>22.9%</td>
</tr>
<tr>
<td>Suicide attempts (lifetime)</td>
<td>56.8%</td>
<td>36.1%</td>
</tr>
</tbody>
</table>

*p < .05; **p < .01; ***p < .001.
The Gender Support Plan is a detailed form to help you create a shared understanding among school staff, parents and a student about the ways in which the student’s authentic gender will be accounted for and supported at school.
Gender-Affirming Healthcare
Providing affirming healthcare

Provide affirming healthcare environments

Allowing space to discuss and explore identity

Providing services for reducing risk and promoting health

Supporting transition
Affirming Healthcare Environments
Clinical Language

• Body Parts
  – Instead of: “since you are biologically female…”
  – Use: “since your body has ovaries and uterus…”

• Hormones
  – Instead of “when you go through female puberty…”
  – Use: “when you go through puberty caused by estrogen…”
Reducing Risk and Promoting Health

- Mental Health Care
  - Gender affirming
  - Exploring readiness and decisions for transition
  - Navigating context and coping with transphobia
  - Trauma focus if needed

- Sexual and reproductive health
  - STI testing and treatment
  - Prevention (PrEP, condoms, abstinence)
  - Support for transactional sex involvement
  - Contraception and/or pregnancy management

- Substance use screening and intervention

- Ensuring safety in contexts, extending beyond the clinic
Medical Transition

- May include any of the following, if they assist in alleviating gender dysphoria:
  - Pubertal Suppression
  - Menstrual Suppression
  - Gender-affirming hormones (estrogen and testosterone)
  - Hair removal
  - Chest surgery
  - Genital surgery and/or hysterectomy
  - Facial Feminization Surgery

There is no one way to be trans and no one way to transition
Gender-affirming Hormones

- Age depends on the patient’s identity development, experience of dysphoria, maturity and understanding of permanent effects
- Peer-congruent (when possible) induction of puberty
- Estradiol given in conjunction with medication to suppress androgen production (GnRHa, spironolactone)
  - +/- bioidentical progesterone
- Typically testosterone suppresses estrogen sufficiently to be used alone
- Unclear impact on future fertility – part of the evaluation and decision-making before starting (and ongoing)
Benefits of Medical Transition

- In the Netherlands, patients who underwent transition with GnRHa, hormones, and surgery had lower GD and improved psychological functioning.
- In short term study of youth, hormone initiation associated with improved psychological well-being.
- In adults, gender affirming hormone use associated with decreased anxiety, depression, psychological symptoms and functional impairment.
- Surgical interventions for chest dysphoria lead to decrease in symptoms for young trans men.
- Retrospectively, pubertal suppression associated with decreased suicidal ideation.

deVries, 2014; Allen 2019; Colizzi, 2014; Olson-Kennedy, 2018; Turban, 2020
AS PARENTS, YOUTH-SERVING PROFESSIONALS AND ALLIES, WE ALL HAVE A RESPONSIBILITY TO CREATE SAFE AND AFFIRMING SPACES SO EVERY LGBTQ YOUTH CAN BE OUT, PROUD AND ABLE TO THRIVE.
<table>
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<th>Online Resource</th>
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<tr>
<td><strong>Resources for Youth</strong></td>
<td>• Gender Spectrum (genderspectrum.org)</td>
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<td></td>
<td>• The Trevor Project (thetrevorproject.org)</td>
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<tr>
<td></td>
<td>• Transgender Law Center (transgenderlawcenter.org)</td>
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<tr>
<td></td>
<td>• TransAthlete (transathlete.com)</td>
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<tr>
<td></td>
<td>• TransLifeline (translifeline.org)</td>
</tr>
<tr>
<td><strong>Resources for Families and Caregivers</strong></td>
<td>• PFLAG/PTI (pflag.org)</td>
</tr>
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<td></td>
<td>• Family Acceptance Project (familyproject.sfsu.edu)</td>
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<td></td>
<td>• Gender spectrum (genderspectrum.org)</td>
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<td></td>
<td>• National Center for Transgender Equality (transequality.org)</td>
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<td></td>
<td>• Trans Youth Family Allies (imatyfa.org)</td>
</tr>
<tr>
<td><strong>Resources for Providers</strong></td>
<td>• World Professional Association for Transgender Health Standards of Care (wpath.org)</td>
</tr>
<tr>
<td></td>
<td>• Endocrine Society Gender Dysphoria/Gender Incongruence Practice Guidelines (<a href="http://www.endocrine.org">www.endocrine.org</a>)</td>
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<td></td>
<td>• UCSF Transgender Center for Excellence (transcare.ucsf.edu/guidelines)</td>
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<td></td>
<td>• National LGBTQIA+ Health Education Center (lgbtqiahealtheducation.org)</td>
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References

• The Gender Unicorn. Transstudent.org/what-we-do/graphics/gender-unicorn/
• American Psychological Association, Diagnostic and Statistical Manual of Mental Disorders (DSM-5), APA 2013.
• Chicago Sun Times, “Illinois approves nonbinary state ID documents, but gender-neutral option might not be available for years.” 8/25/19.
• Jack Drescher and William Byne. Gender dysphoric/gender variant children and adolescents: Summarizing what we know and what we have yet to learn, journal of homosexuality, 2012;59:3, 501-510.
• Haas AP, Rodgers PL, Herman JL, Suicide attempts among transgender and gender non-conforming adults: Findings of the National Transgender Discrimination Survey. The Williams Institute, 2014.
References


- Avila J, and Aye T. (2018). Care of the Transgender Adolescent with Type 1 Diabetes. *Diabetes.* [https://doi.org/10.2337/db18-2337-pub](https://doi.org/10.2337/db18-2337-pub)


- Amy Dworkin, The Economic Well-Being of Lesbian, Gay, and Bisexual Youth Transitioning Out of Foster Care, Mathematica Policy Research (Jan. 2013)

References


