

# Providing Quality Care for Sexual Minority Adolescents (Gender Health Care)

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ADVOCACY LOUISIANA

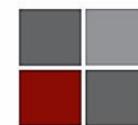
## Our Mission

Improve Adolescents' Access and  
Utilization of Comprehensive Sexual and  
Reproductive Healthcare Services  
by Enhancing Knowledge, Expanding  
Training and Growing Advocacy Capacity of  
Current and Future Clinical Partners

## PROGRAM PARTNERS

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Funding Provided by: David & Lucile Packard Foundation  
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I have no relevant financial relationships with the manufacturer(s) of any commercial product(s) and/or provider(s) of commercial services discussed in this CME activity.

I DO intend to discuss an unapproved use of a commercial product in my presentation.  
(Testosterone, Estradiol and Spironolactone)

All participants are required to complete an evaluation for this activity

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# Learning Objectives

- ❖ Develop an understanding of the process for development of Gender Identity
- ❖ Develop an understanding of the gender spectrum and how to best discuss gender identity with patients
- ❖ Describe key components of LGBTQ-friendly clinical environments and medical providers

# Case 1 Patient “R”

- ❖ R is an 8 y/o natal male
- ❖ During the visit, R’s parent expresses concern that:
  - ❖ “Most of his friends are female.”
  - ❖ “He hates sports.”
  - ❖ “I caught him wearing his older sister’s clothes and make-up last week.”
  - ❖ “He loves to paint his nails.”

# Kohlberg's Developmental Theory of Gender



## **Gender Identity or Labelling – By Age 2**

Recognizes self as Boy or Girl and able to label others. May be recognized earlier and language dependent



## **Gender Stability - By 4 years old**

Recognizes gender not variable and can express this. “Girls grow up to be women.”



## **Gender Constancy - By age 5-7**

Understands gender is unchanging. Can wear clothes or engage in play associated with another gender knows gender remains same

# Case 1 Patient “R”

- ❖ You ask R’s mother if you can speak to R in private to ask:
  - ❖ R’s feelings about their gender.
  - ❖ Does R feel more like a boy, a girl, somewhere in-between?
  - ❖ Does R have a preferred name?
  - ❖ How could R’s parents help?
  - ❖ How does R feel about parents’ concerns.

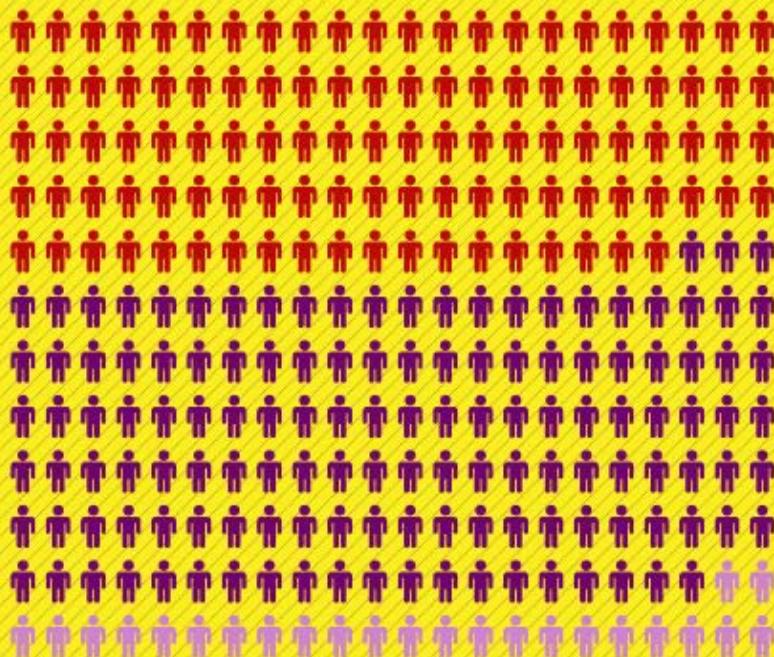
# GENDER + SEXUALITY

# Why Talk About Gender and Sexuality?

- ❖ Professional responsibility:
  - ❖ AAP, SAHM, AMA, AAMC, AAFP, ACOG, APA: All recommend training on LGBTQI health
- ❖ Gender Affirming Care is Patient-Centered Care, for all of us
- ❖ Sexual development and growth is a natural part of human development
- ❖ Healthy sexual expression is different than sexual risk
- ❖ Same-sex sexual behavior is included in the realm of healthy sexuality

# SEXUAL ORIENTATION IN U.S.

9 million Americans identified as LGBT in 2011. This equaled 3.5% of the total population of approximately 279 million.



● Gay/ Lesbian ● Bi-sexual ● Transgender

Statistics courtesy of the Williams Institute of Law's April 2011 survey.



infogr.am

**Lesbian/Bisexual Women  
(3.4%) 4,007,834**

**Gay and Bisexual Men  
(3.6%) 4,030,946**

**Transgender Persons\***  
**(0.3%) 697,529**

- ❖ 0.5% to 2.7% of the population have strong feelings of being transgender
- ❖ 0.1% and 0.5% actually take steps to transition

Conron KJ, et al. "Transgender health in MA: Results from household probability sample of adults. AJPH.2012;102(1) 118-122.

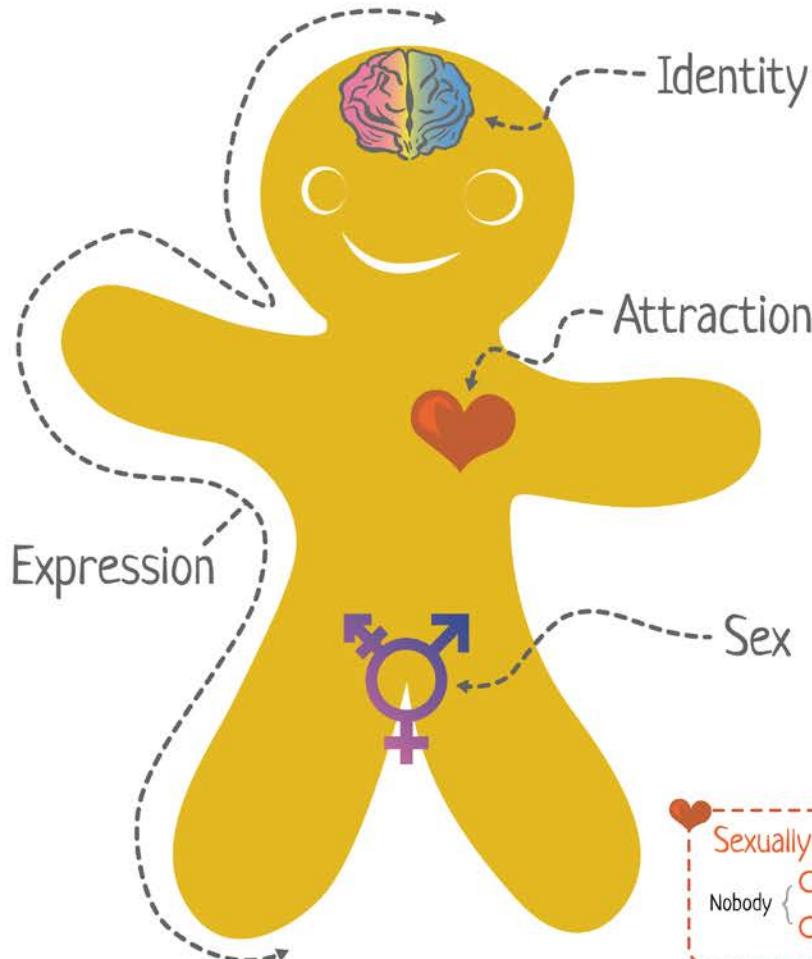
# LGB Prevalence in Youth, YRBS 2015

Sexual Identity	%	No.
Heterosexual	88.8%	12, 954
Gay/Lesbian	2%	324
Bisexual	6%	922
Not sure	3.2%	503

# Gender, Identity, Sex, Expression, Orientation

## The Genderbread Person v3.3

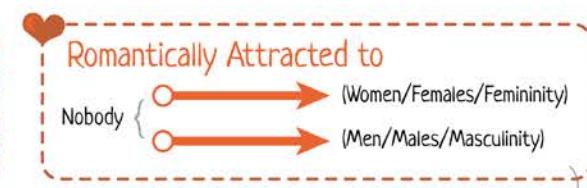
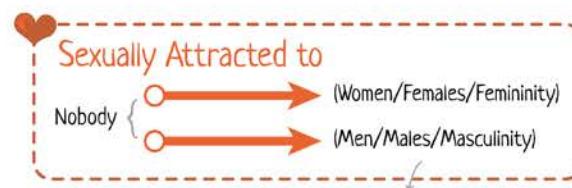
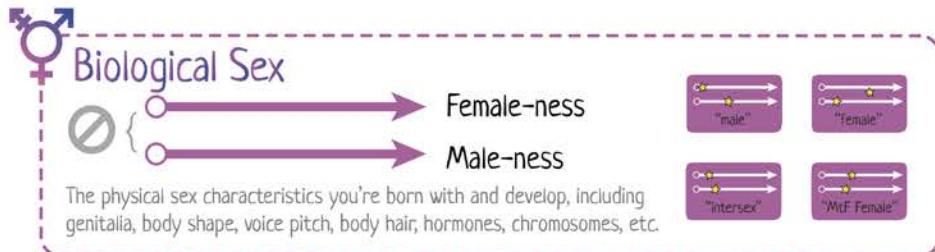
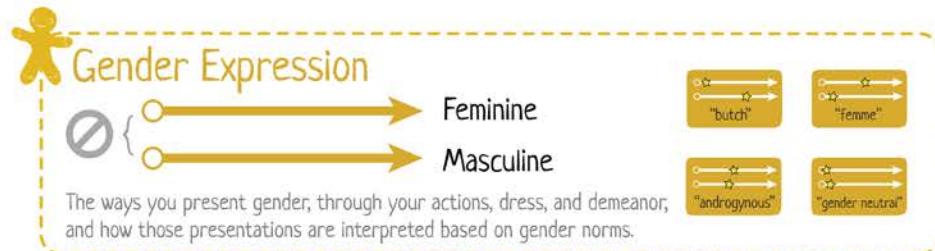
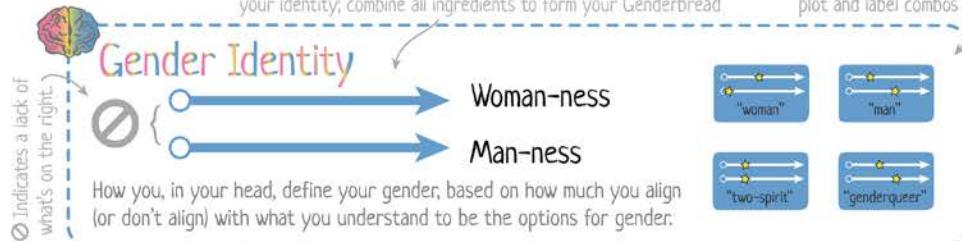
Gender is one of those things everyone thinks they understand, but most people don't. Like *Inception*. Gender isn't binary. It's not either/or. In many cases it's both/and. A bit of this, a dash of that. This tasty little guide is meant to be an appetizer for gender understanding. It's okay if you're hungry for more. In fact, that's the idea.



by its pronounced METROsexual.com

Plot a point on both continua in each category to represent your identity; combine all ingredients to form your Genderbread

4 (of infinite) possible plot and label combos



In each grouping, circle all that apply to you and plot a point, depicting the aspects of gender toward which you experience attraction.

# 3 Components of Gender



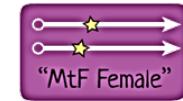
## Biological Sex



Female-ness

Male-ness

The physical sex characteristics you're born with and develop, including genitalia, body shape, voice pitch, body hair, hormones, chromosomes, etc.



## Gender Identity



Woman-ness

Man-ness



How you, in your head, define your gender, based on how much you align (or don't align) with what you understand to be the options for gender.



## Gender Expression



Feminine

Masculine

The ways you present gender, through your actions, dress, and demeanor, and how those presentations are interpreted based on gender norms.



# Sexual Orientation/Identity\*:

Concept of one's self that is based on feelings, attractions, and desires

L	G	B	T	T	Q	Q	I	A	A	P
<b>Lesbian</b> A woman who is primarily attracted to women.	<b>Gay</b> A man who is primarily attracted to men; sometimes a broad term for individuals primarily attracted to the same sex.	<b>Bisexual</b> An individual attracted to people of their own and opposite gender.	<b>Transgender</b> A person whose gender identity differs from their assigned sex at birth.	<b>Transsexual</b> An outdated term that originated in the medical and psychological communities for people who have permanently changed their gender identity through surgery and hormones.	<b>Queer</b> An umbrella term to be more inclusive of the many identities and variations that make up the LGBTQ+ community.	<b>Questioning</b> The process of exploring and discovering one's own sexual orientation, gender identity and/or gender expression.	<b>Intersex</b> An individual whose sexual anatomy or chromosomes do not fit with the traditional markers of "female" and "male."	<b>Ally</b> Typically a non-queer person who supports and advocates for the queer community; an individual within the LGBTQ+ community can be an ally for another member that identifies differently than them.	<b>Asexual</b> An individual who generally does not feel sexual desire or attraction to any group of people. It is not the same as celibacy and has many subgroups.	<b>Pansexual</b> A person who experiences sexual, romantic, physical and/or spiritual attraction to members of all gender identities/expressions, not just people who fit into the standard gender binary.

\* may or may not match up with sexual behaviors (i.e. MSM, MSW, etc.)

# PROVIDER-RELATED BARRIERS TO LGBTQ CARE

# Barriers to Care: Provider Attitude

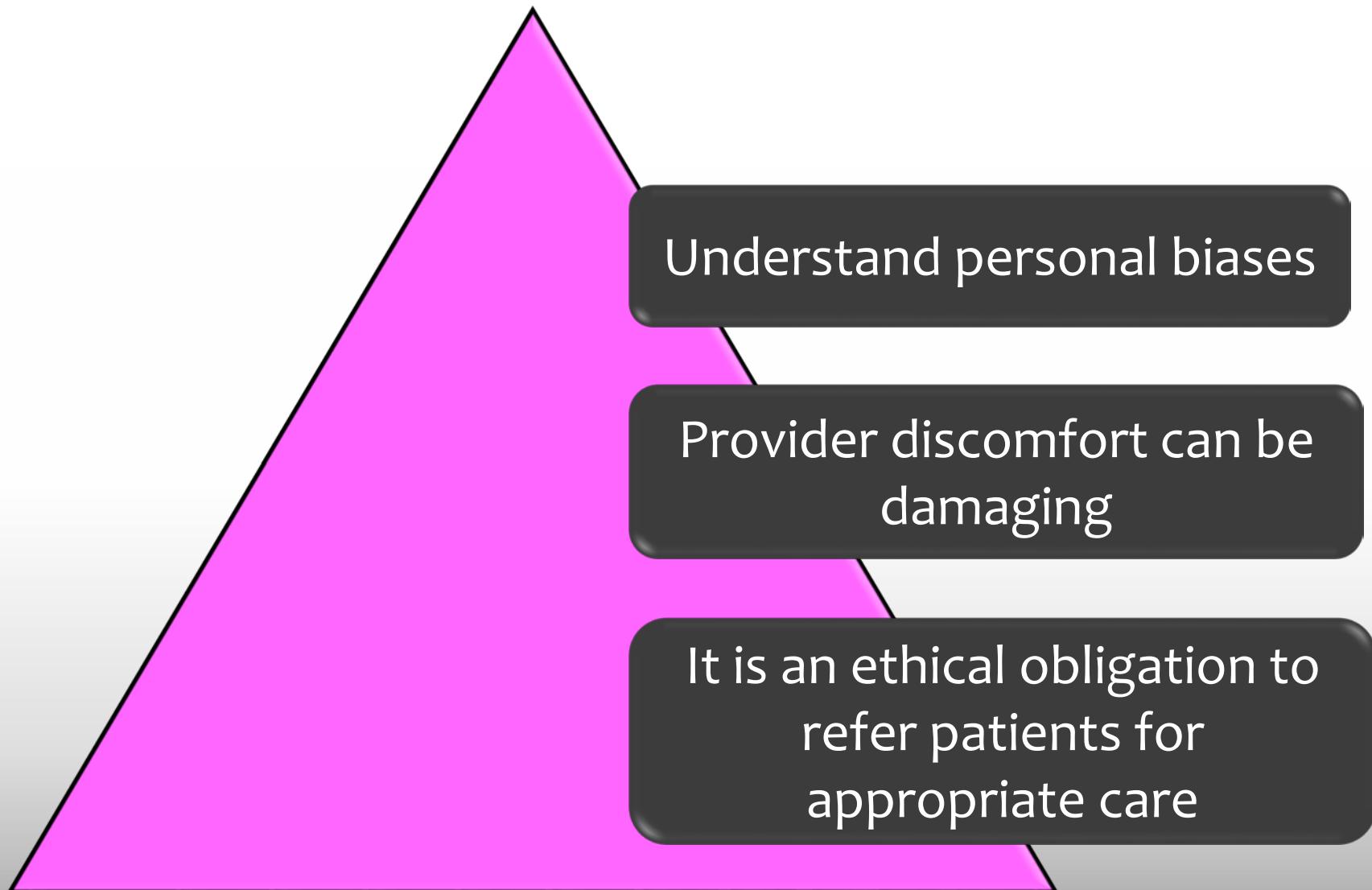
- ❖ Lambda Legal survey (4,916 LGB respondents, 2009)
  - ❖ ~8% of LGB and 27% of trans/gender-nonconforming reported denied care because of gender-identity/orientation
  - ❖ 11% reported provider refused to touch them/used precautions
  - ❖ Trans/gender-nonconforming respondents reported barriers to care and discrimination 2-3 x more often than LGB respondents
- ❖ How Homophobia is a Barrier to Care
  - ❖ Perceived lack of confidentiality
  - ❖ Fear of health care provider reaction upon disclosure
  - ❖ Provider's assumption of heterosexuality
  - ❖ Internalized shame and/or guilt

# Barriers to Care: Medical Training

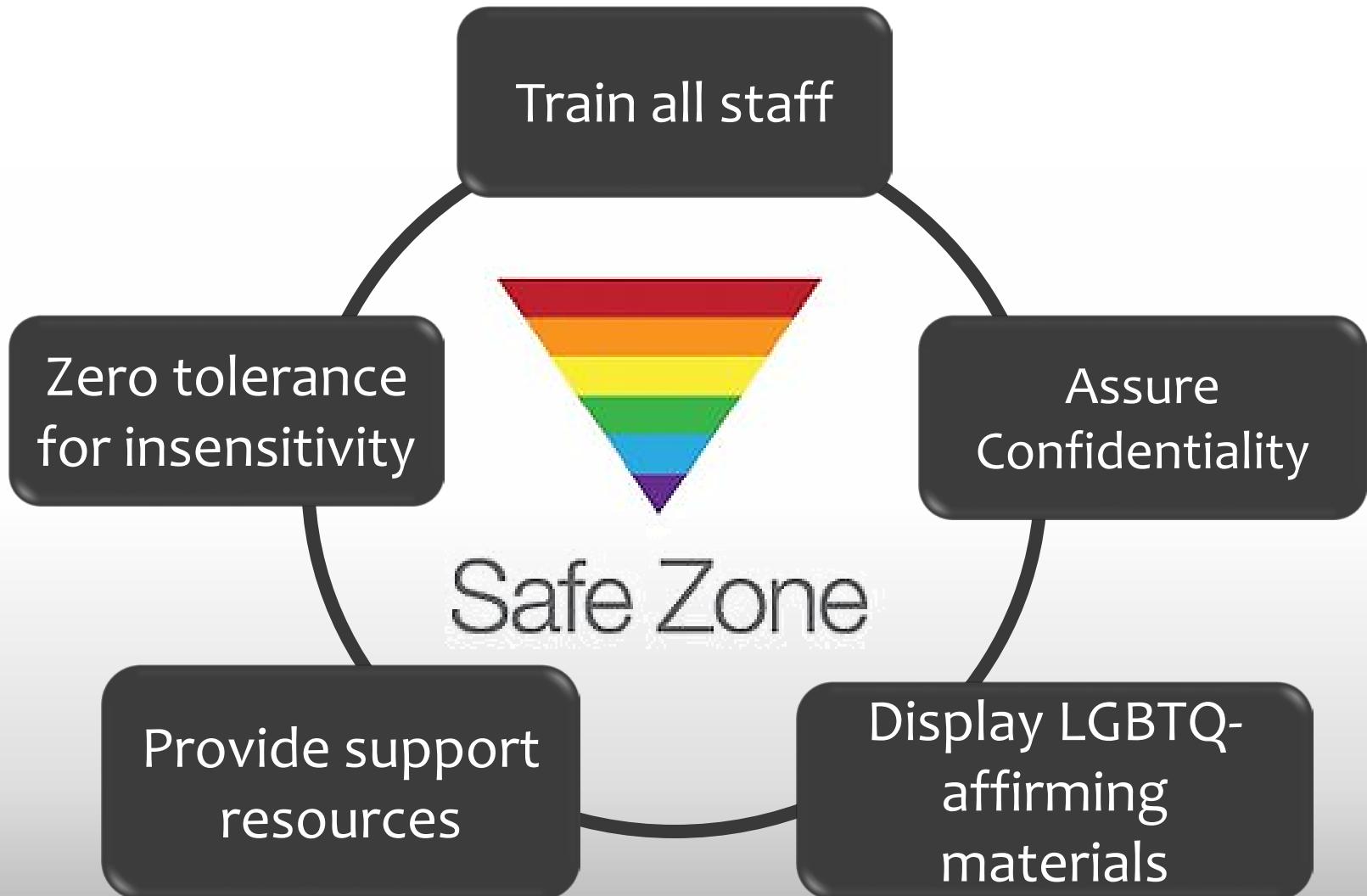
- ❖ Most medical schools have not specifically taught on LGBT issues
- ❖ One study found most medical schools devoted 5 hours or less to teaching anything beyond asking, “What is the gender of your sexual partner?
- ❖ 1/3 of med. schools assigned no time to LGBT care

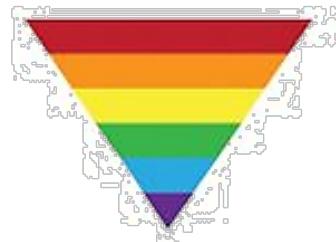
# PATIENT-CENTERED LGBTQ CARE

# Step 1. Confronting Personal Biases



# Step 2. Creating a Safe Space





Safe Zone

# Create a LGBTQ-Friendly Environment

- ❖ Visible nondiscrimination policy
- ❖ Staff training, openness
- ❖ Use preferred pronoun and name
- ❖ Transgender-inclusive materials
- ❖ Unisex/individual bathrooms
- ❖ Respect confidentiality, don't “out”

# Example: Front-Office Procedures

- ❖ Forms contain gender-neutral language
- ❖ EMR prompts for Alternate Names and Gender
- ❖ “Parent” versus “mother/father”

# Step 3. Regularly Discuss Sexuality

- ❖ Due to discrimination and fear, many LGBTQ individuals have difficulty accessing health care
- ❖ Asking normalizes notion that there is a range of sexual orientations and gender identities
- ❖ How can you respectfully ask about sexual orientation ?

*Are you sexually attracted to guys, girls, or both?*

*When you think of yourself in a relationship is it with a guy, a girl, or both?*

*If you had a crush on someone, would it be a boy, girl, neither or both?*

*Do you think of yourself as male, female, both, neither?*

# Step 4. Ask About Sexual Behaviors

- ❖ Need to be Sensitive AND Specific
- ❖ Older teens
  - ✓ Have you ever had: oral sex, vaginal sex, anal sex? (Define each as needed)
  - ✓ What parts went where?
  - ✓ Did you put your penis in his/her vagina, butt, or mouth?
  - ✓ Did you take his/her penis in your vagina, butt, or mouth?

# CASE STUDY: PATIENT ‘K’

# Case 2: Patient “K”



13 y/o natal female with male gender identify & expression, distressed by onset of puberty

K is interested in not having periods, looking as male as possible & has done some preliminary investigation of transgender

What do you do next?

# Approaching Gender Identity with Patients

Ask:

*When you think of yourself as a person, do you think of yourself as: male, female, somewhere in between, or another gender?*

# Case 2: Patient “K”

- ❖ Engage parent(s) to support their child
  - ❖ Explore parent’s concerns and priorities
  - ❖ Assess parental support and knowledge
  - ❖ Facilitate discussion and negotiations
- ❖ Establish expectations for all stakeholders
  - ❖ Incorporate: patient goals, parental expectations, management options
- ❖ Transgender Care is Primary Care!

# Remind Patient/Youth and Parents... What Is Healthy?

**Gender and sexual development are natural parts of human development**

**Gender and sexual expression vary**

**Gender and sexual diversity are different than risk**

**Open, honest communication is critical to healthy decision-making, behaviors, support, and access to care**

# Referrals and Seeking Specialized Care

- ❖ Many mental health and medical providers will not have expertise in transgender care
- ❖ Transgender health “specialists”
  - ❖ Variety of providers with experience and/or training in caring for transgender patients
  - ❖ Wide variety of disciplines, degrees, specialties
  - ❖ Transgender Care is Primary Care!

Progress....  
But we still have  
work to do

# Case 2: Patient “K”

## Mental health provider

Assess/treat other mental health concerns (if any) besides Dysphoria

## Medical provider

Assess and consent for hormonal Management for Gender Dysphoria

## Both Providers

Consider appropriate referrals to providers with experience in transgender care or develop it

- ❖ Assess gender nonconformity
- ❖ Assess readiness for transition



# Case 2: Patient “K”

- ❖ Medical and mental providers confirm:
  - ❖ Gender identity and gender needs
  - ❖ Gender dysphoria
  - ❖ Benefit from delaying puberty and/or hormones
- ❖ K’s mother is supportive

Are these recommendations in line with national consensus and/or guidelines?

# Case 2: Patient “K”

Are these recommendations  
in line with national  
consensus and/or guidelines?

YES!!!

- ❖ Gender identity and gender needs
  - ❖ Gender dysphoria
- ❖ Benefit from delaying puberty and/or hormones
- ❖ Supportive family/environment

# TRANSITIONING

# Treatment Goals

Improve quality of life by:

- ❖ Facilitating transition to physical state that more closely represents the individual's sense of self
- ❖ Experiencing puberty congruent with gender
- ❖ Preventing unwanted secondary sex characteristics
  - ❖ Reduce need for future medical, surgical interventions
- ❖ Avoiding depression, risk-taking
- ❖ Establishing early, strong social support

# Views on Treatment of Gender Dysphoria in Adolescents

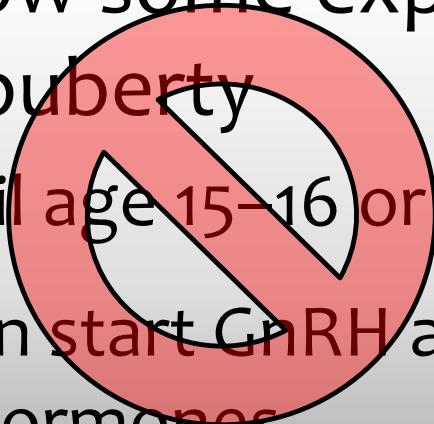
No treatment until 18  
(Full pubertal experience)



Allow some experience of puberty

Until age 15–16 or Tanner 4

Then start GnRH analogues or hormones



Gender identity stable, gender dysphoria DSM criteria met

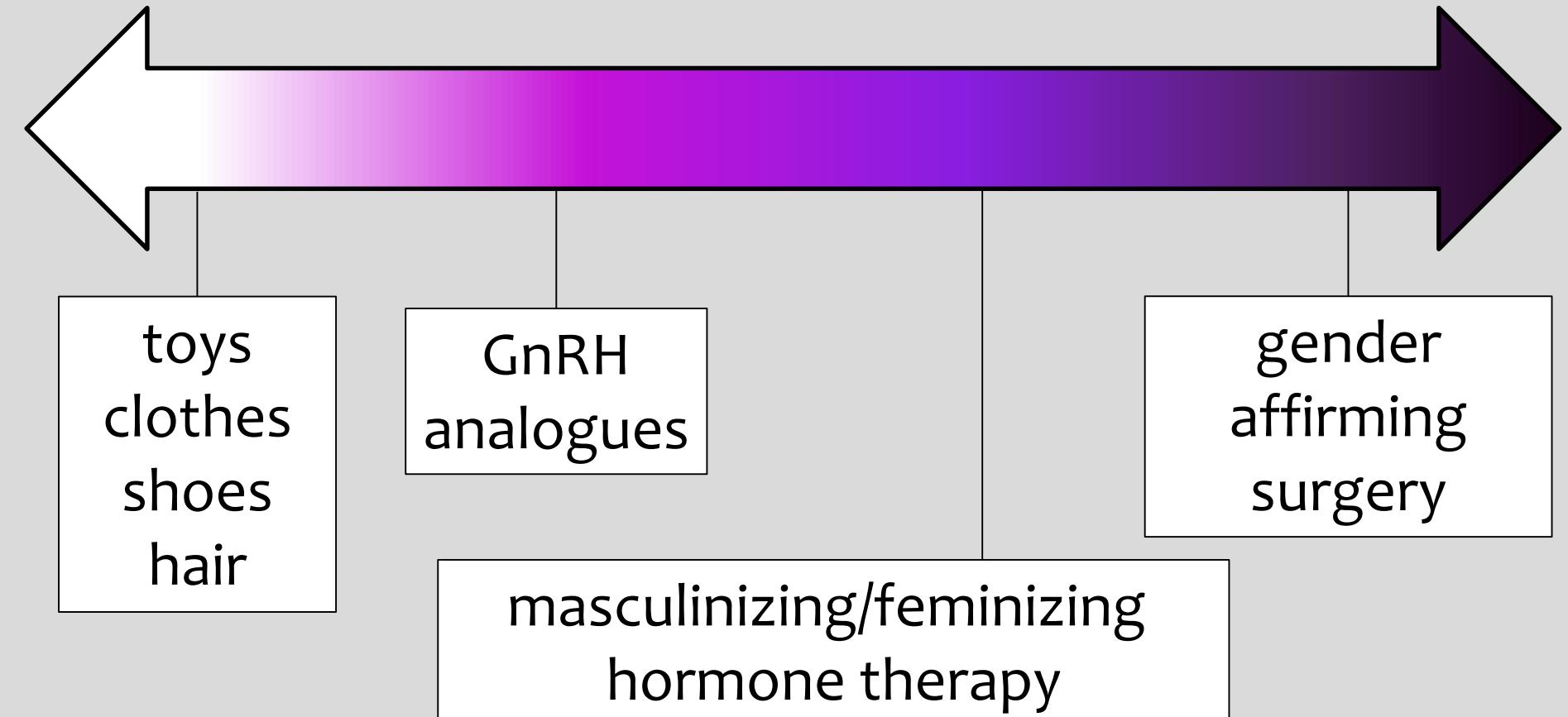
- ✓ Start GnRH analogues Tanner 2 (age 12–13)
- ✓ Initiate hormones later more in line with typical pubertal development

# Phases of Transitioning

**Reversible**

**Partially Reversible**

**Irreversible**



# Beginning Hormonal Treatment

- ❖ Assess readiness for transition
  - ❖ Physical (Tanner stage)
  - ❖ Psychological
  - ❖ Social
- ❖ Review risks and benefits of hormone therapy
  - ❖ Differentiate between reversible and irreversible physical changes
  - ❖ Establish next steps for “real life” experience

# Planning for Hormonal Treatment

Prescribing provider  
will establish:

- ❖ Reasonable goals, expectations
- ❖ Baseline screening labs
- ❖ Set up referrals and/or follow up
- ❖ Informed consent – process/review

Provider and patient  
should establish:

- ❖ Sources of social support
- ❖ Impact on school, work
- ❖ Disclosure when patient is ready

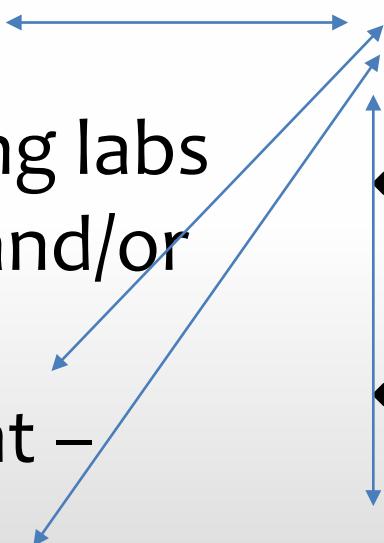
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patient is ready



# Health Care Maintenance for FTMs

- ❖ Emotional Well-being
- ❖ STIs
  - CDC- Screen all Exposed sites
  - Discuss Prevention
- ❖ PCOS
  - Glucose testing
- ❖ Fertility
  - Contraception

- ❖ Breast cancer screening
  - Instructions in self breast exam?
  - Mammography
- ❖ Pap cancer screening
  - Atrophy looks like dysplasia
- ❖ Dexa scans
  - ❖ Testosterone > 5 yrs
  - ❖ Age > 50

# What if K was MTF Transgender?

- ❖ Mental health provider
  - ❖ Assess/treat other mental health concerns if any
- ❖ Medical provider
  - ❖ Assess and consent for hormonal management
- ❖ Consider appropriate referrals to providers with experience in transgender care
  - ❖ Assess gender nonconformity
  - ❖ Assess readiness for transition



# Benefits of Early Treatment

- If transgender identified pre/early puberty consider “blocking” puberty
  - Effects fully reversible
  - “Buys time” and avoid reactive depression
  - Psychotherapy facilitated when distress eased
  - Prevent unwanted secondary sex characteristics
    - Reduces needs for future medical interventions
  - SAME General Path except hormones somewhat more complex and behavioral risk-factors may be greater

# Health Care Maintenance for MTFs

## ❖ Emotional Wellbeing

## ❖ STIs

CDC- Screen all Exposed sites

Discuss Prevention

## ❖ Fertility?

Sperm/embryo banking

❖ 40% want Children

## ❖ Contraception

## ❖ Breast cancer screening

Self breast exam

Mammography 10+ years  
Estrogen or 50yo

## ❖ Additional screenings

limited evidence

Prostate screening for older patients?

Pap if neo cervix created?

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Children's Hospital and  
Kids First Tiger Care  
Adolescent Medicine Clinics

Adolescent Health &  
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# Thank You!

- Packard Foundation
- Physicians for  
Reproductive Health
- Children's Hospital
- LSU Pediatrics

