



# The Center for LGBTQ Health Equity

△ Chase Brexton Health Care  
Center of Excellence 

## Supporting LGBTQ Youth in the Primary Care Setting

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June 25, 2021



# Disclosures

- No financial conflicts of interest
- I will be discussing off-label uses of medications



# Objectives

- Recognize best practices for creating a welcoming and affirming office environment for LGBTQ youth
- Understand the medical options for transgender and gender diverse youth and community resources for LGBTQ youth and families
- Recognize the health disparities and potential risks in the LGBTQ community as well as potential protective factors



# Gender JOY (Journeys of Youth) at Chase Brexton

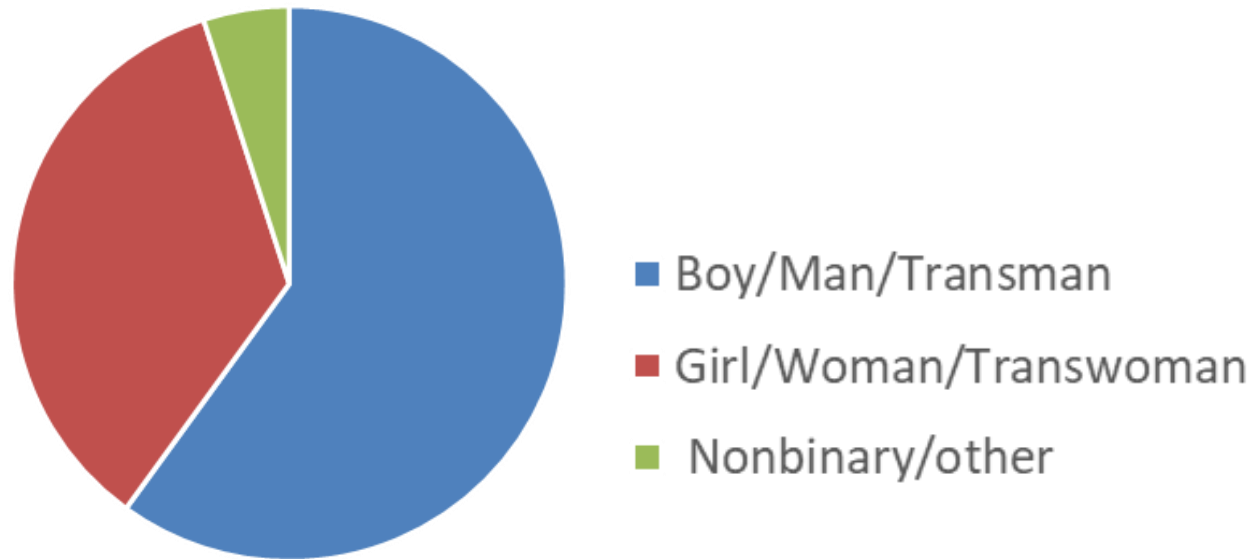
- Primary Care- Pediatrics and Family Medicine
- Behavioral health- individual, group, family therapy
- Child and Adolescent Psychiatry
- Case Management
- Pediatric Endocrinology
- The Center for LGBTQ Health Equity- resources for individuals and families, and trainings for organizations



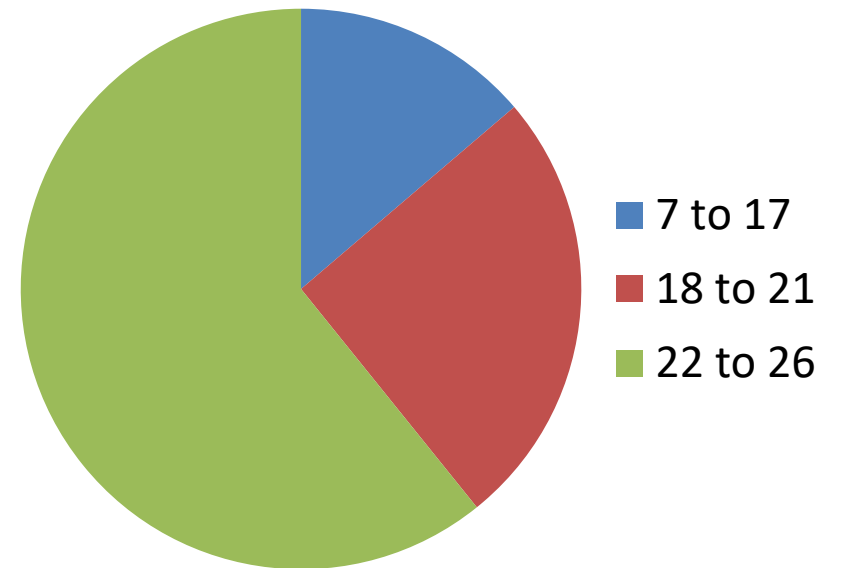
# Gender JOY (Journeys of Youth)

- 138 patients prescribed blockers
- 751 on masculinizing hormones
- 480 on feminizing hormones

**Gender Identity**



**Age**





# Making a Welcoming Office



- Use inclusive language on intake paperwork, website, when taking a sexual history
- Brochures, handouts with information for people of all sexualities and gender identities
- Posters or decals that display same-gender couples, or Pride flags.
- Ensure language and pronoun use is uniform throughout the office- front desk staff as well as physicians



# What To Say When Someone Comes Out

- “Thank you for trusting me.”
- “I respect you.”
- “Your confidence is safe with me.”
- “It takes a lot of courage to tell your truth.”
- “Have you been able to tell anyone else?”
- “Do you need help of any kind?”
- “Do you feel supported by the adults in your life?”
- “Now that you told me, how do you feel?”



## “The doctor said I didn’t look gay”: Young adults’ experiences of disclosure and non-disclosure of LGBTQ identity to healthcare providers

Kinton Rossman, Ph.D.<sup>1,2</sup>, Paul Salamanca<sup>2</sup>, and Kathryn Macapagal, Ph.D.<sup>2</sup>

- Non-disclosure- provider didn’t ask, internalized stigma, belief identity is unrelated to health
- Disclosure
  - Disbelief
  - Discrimination
  - Affirmation
  - Respect

## What **NOT** To Say When Someone Comes Out

- “I knew it!”
- “Are you sure?”
- “Whatever you choose to do is your business.”
- “You’re just confused.”
- “It’s a phase – it will pass.”
- “Shhh, don’t tell anyone else.”
- “You can’t be gay/lesbian – you’ve had relationships with members of the opposite sex!”

Courtesy of Kate Bishop





# Physicians Use of Inclusive Sexual Orientation Language During Teenage Annual Visits

Stewart C. Alexander, PhD, et al  
LGBT Health Volume 1, Number 4, 2014

## Direct, inclusive (3.3%)

- E1: “Any romantic stuff this year? Any crushes?” No. None. “Do you want to?” No.
- E2: “Have you had sex before?” Yes. “How often?” A few times. “Were these with boys, girls, or both?”
- E3: “What about pressures for dating at all?” No. “Have you had sex yet?” No. “Are you dating anyone?” Yes. “Is this a boyfriend or a girlfriend?”
- E4: “Have you ever had sex?” Yes. “Are you sexually active?” No. “Do you have a partner right now?” Mmm hmm. “And how long have you been with that partner?” About two months.

## Indirect, non-inclusive (48.6%)

- E11: “Boyfriend and girlfriend. People who have sex together. Do you have any questions about that? Have you started doing that stuff?”
- E12: “And I always tell my teens is if someone is going to have sex before marriage they should always always , always use a condom and birth control. Every single time.

## Direct, non-inclusive (48.2%)

- E5: “Do you have a boyfriend?”
- E6: “What about sex—having sex with girls and stuff like that?”
- E7: “And you are a beautiful girl and I am sure boys have approached you. Any sexual experimenting?” No. “It is all confidential here, we just want you safe, you can always ask us anything. If you become sexually active, condoms, condoms, condoms.”
- E8: “Ok, now about boys. Are you dating a boy now?”
- E9: “How many girlfriends do you have? Are you seeing any girls now?”
- E10: “Now I am going to ask you something personal. I ask all my teens this question, so don’t be upset. Do you like girls or boys?” Boys. “Okay, okay. I didn’t think you liked girls. But, I have to ask.”



# Cultivate Rapport to Grow Trust

- Ask the patient “What is the name you go by?” and add to chart
- Use the same language as the patient uses to describe gender, relationships, behavior, anatomy, and identity
- Ask clients for clarification when they say things you don’t understand.
- Non-judgmental, direct, and specific
- Discuss confidentiality and limitations

Courtesy of Kate Bishop



# FORMS Best Practice

Ready, Set, Go! Guidelines and Tips For Collecting Patient Data on Sexual Orientation and Gender Identity (SO/GI). National LGBT Health Education Center, A Program of the Fenway Institute. January 2018

## Client Registration

The information in your medical record is confidential and is protected under Massachusetts General Laws Ch. 111, Sec 70. Your written consent will be required for release of information except in the case of a court order.

Medical Record #  
(For office use only)

Name on Legal Documents* Last First Middle Initial			Name you would like us to use:
Sex on Legal Documents* <input type="checkbox"/> Female <input type="checkbox"/> Male <small>While we recognize a number of genders / sexes, many insurance companies and legal entities unfortunately do not. Please be aware that the name and sex you have listed on your insurance must be used on documents pertaining to insurance, billing and correspondence. If your name and pronouns are different from these, please let us know.</small>			What are your pronouns? <small>(e.g., he/him, she/her, they/them)</small>
Date of Birth	Month Day Year	Social Security #	State ID # or License #

Your answers to the following questions will help us reach you quickly and discreetly with important information.

Home Phone ( ) ( )	Cell Phone ( ) ( ) -	Work Phone ( ) ( )	Best number to use: <input type="checkbox"/> Home <input type="checkbox"/> Cell <input type="checkbox"/> Work
Ok to leave voicemail? Yes No -	Ok to leave voicemail? Yes No -	Ok to leave voicemail? Yes No -	
Local Address		City	State ZIP
Billing Address (if different from above)		City	State ZIP
Email address:			
Occupation	Employer/School Name	Are you covered under school or employer's insurance? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Emergency Contact's Name	Phone Number	Relationship to you	
<i>If you are under 19, the Department of Public Health requires that you provide parent/guardian contact information.</i>			
Parent/Guardian Name	Phone Number	Relationship to you	
We will send certain correspondence, such as bills, to your mailing address. How would you prefer to receive other types of written correspondence? (check one) <input type="checkbox"/> Secure Email <input type="checkbox"/> Letter <input type="checkbox"/> Other			

This information is for demographic purposes only and will not affect your care.

1.) What is your annual income? <input type="checkbox"/> No income	2.) Employment Status <input type="checkbox"/> Employed full time <input type="checkbox"/> Employed part time <input type="checkbox"/> Student full time <input type="checkbox"/> Student part time <input type="checkbox"/> Retired <input type="checkbox"/> Unemployed <input type="checkbox"/> Other _____	3.) Racial Group(s) (check all that apply) <input type="checkbox"/> African American / Black <input type="checkbox"/> Asian <input type="checkbox"/> Caucasian / White <input type="checkbox"/> Native American / Alaskan <input type="checkbox"/> Native / Inuit <input type="checkbox"/> Pacific Islander <input type="checkbox"/> Other _____	4.) Ethnicity <input type="checkbox"/> Hispanic/Latino/Latina <input type="checkbox"/> Not Hispanic/Latino/Latina
1a.) How many people (including you) does your income support? _____			5.) Country of Birth <input type="checkbox"/> USA <input type="checkbox"/> Other _____
6.) Preferred Language (choose one): <input type="checkbox"/> English <input type="checkbox"/> Español <input type="checkbox"/> Français <input type="checkbox"/> Português <input type="checkbox"/> Pyccckий <input type="checkbox"/> Other _____	7.) Do you think of yourself as (Check one): <input type="checkbox"/> Lesbian, gay, or homosexual <input type="checkbox"/> Straight or heterosexual <input type="checkbox"/> Bisexual <input type="checkbox"/> Something else <input type="checkbox"/> Don't know <input type="checkbox"/> Choose not to disclose	8.) Marital Status Married Partnered Single Divorced Other _____ 9.) Veteran Status Veteran Not a Veteran	10.) Referral Source <input type="checkbox"/> Self <input type="checkbox"/> Friend or Family Member <input type="checkbox"/> Health Provider <input type="checkbox"/> Emergency Room <input type="checkbox"/> Ad/Internet/Media/Outreach <input type="checkbox"/> Worker/School <input type="checkbox"/> Other _____

11.) What is your current gender identity? (Check one): Male Female Transgender Male/Trans Man/ Female-to-Male (FTM) Transgender Female/Trans Woman/ Male-to-Female (MTF) <input type="checkbox"/> Genderqueer, neither exclusively male nor female <input type="checkbox"/> Additional gender category, please specify: _____ <input type="checkbox"/> Choose not to disclose	12.) What sex were you assigned at birth? <input type="checkbox"/> Female <input type="checkbox"/> Male
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# Prevalence

- 13-17 year olds 2017
  - Sexual Minority Youth 11.2%
  - 1.8% transgender, 1.6% unsure- prior study estimate had been 0.7% transgender youth
- Sexual Minority Youth 15.6% 2019
- Gallup Poll adults LGBT 2012 3.5%
- Gallup Poll adults LGBT 2020 5.6%
- HRC poll showed 67% of LGB and 61% of transgender youth described not disclosing their sexual orientation or gender identity to their health care provider.



# Discrimination Compromises Health

- LGB respondents in states without protective policies were **5X** more likely than those in other states to have 2 or more mental health disorders.
- LGB people who had experienced “prejudice-related major life events” were **3x** more likely to have suffered a serious physical health problem over the next year.
- LGB people who live in communities with high levels of anti-gay prejudice **DIE 12 years** earlier than their peers in other communities.

Slide credit: National LGBT Cancer Network



# Transgender Health

**41%**

experienced serious psychological distress in the month before completing the survey.

IN THE PAST YEAR...

**30%**

of those who saw a healthcare provider reported having at least one negative experience related to being transgender.

- **verbally harassed**
- **refused treatment**
- **physically or sexually assaulted**
- **had to teach the provider about transgender people to get appropriate care**

**22%**

did not see a doctor when they needed due to fear of being mistreated.

**38%**

did not see a doctor when needed because they could not afford it.



# SCHOOLS ARE **UNSAFE** AND UNWELCOMING FOR THE MAJORITY OF LGBT STUDENTS.



Heard homophobic remarks frequently or often

65%

heard homophobic remarks like “fag” or “dyke” frequently or often



Missed at least one day of school

30%

missed at least one day of school in the past month because they felt unsafe or uncomfortable



Verbally harassed at school in the past year

85%

were verbally harassed in the past year

LEARN MORE IN GLSEN'S LATEST NATIONAL SCHOOL CLIMATE SURVEY AT [GLSEN.ORG/NSCS](https://www.glsen.org/nscs)

**GLSEN**<sup>®</sup>

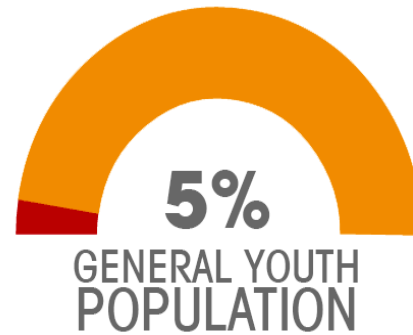


# Emphasize Harm Reduction

- Meets people where they are
  - Non-judgmental and reality-based
  - Moves client towards wellness
  - Client-centered
  - Honors autonomy and supports self-efficacy
  - Recognizes intermediate steps to change
- Uses motivational interviewing to explore the client's dilemma in changing behavior.
  - Gives clients space to identify *their own reasons* for wanting to change.

Side Credit : Kate Bishop May 1, 2013





■ GAY, LESBIAN, BISEXUAL, TRANSGENDER  
■ STRAIGHT

**40** to **NE**  
project  
[www.FortytoNone.org](http://www.FortytoNone.org)



# Encourage Social Networks

- Peer-primacy is part of adolescent development
- Offer a buffer around identity-related distress
- Help to build scaffold of resilience
- Established support for when things go wrong
- Possibility models: positive reflection creates hope
  - Especially crucial for LGBTQ/SGL youth of color facing both internalized racism and homophobia

Slide Credit: Kate Bishop



# Resilience

- Research has indicated that LGBTQ youth employ a variety of effective coping strategies.
  - Acceptance and Resistance of Stereotypes
  - Connections with Supportive Others
  - Self-care Behaviors
  - Social Activism
  - Cognitive and Behavioral Flexibility
    - meta-cognitive executive skills of “noticing, planning, monitoring, evaluating, reflecting, sharing with others, enlisting help, and engaging in behaviors that contribute to their acceptance and self-care.
- Harper et al., 2012; Toro-Alfonso et al. 2006; Meichenbaum, 2013



# Age of Gender Identity and Disclosure (USTS 2015)

Most common age –

- Child “felt different”: under 5 years
- Child thought “I am transgender”: 11-15 years
- Child disclosed to others: 16-20 years

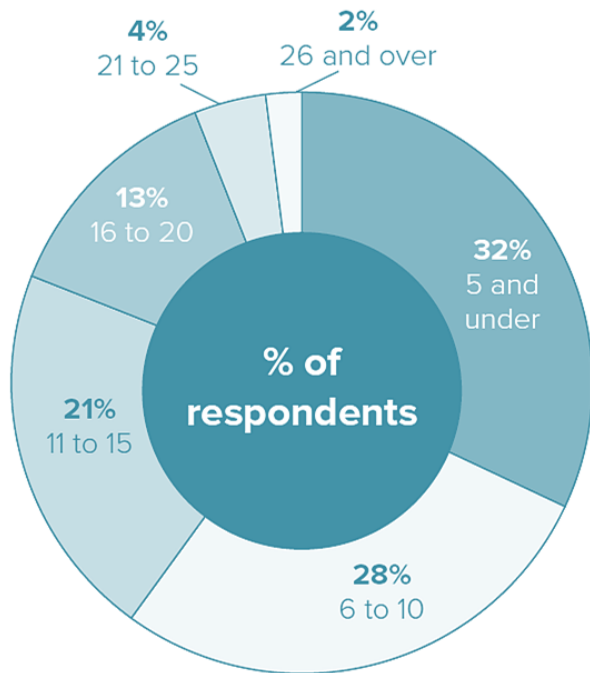


Figure 4.3: Age they began to feel gender was different from the one on their original birth certificate

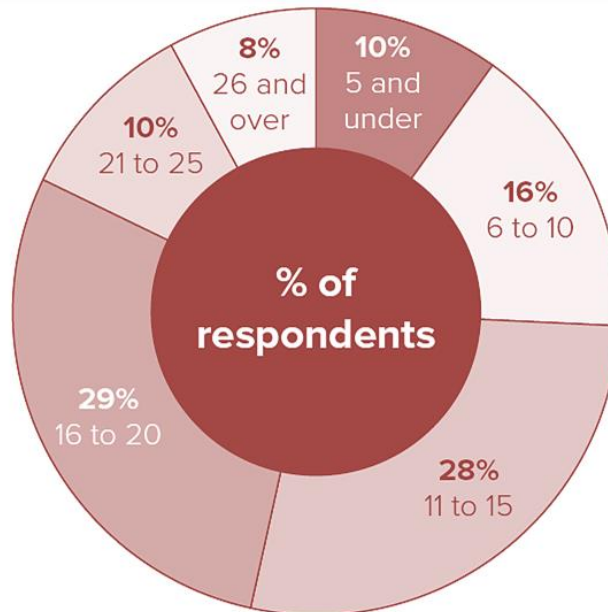


Figure 4.4: Age they started to think they were transgender

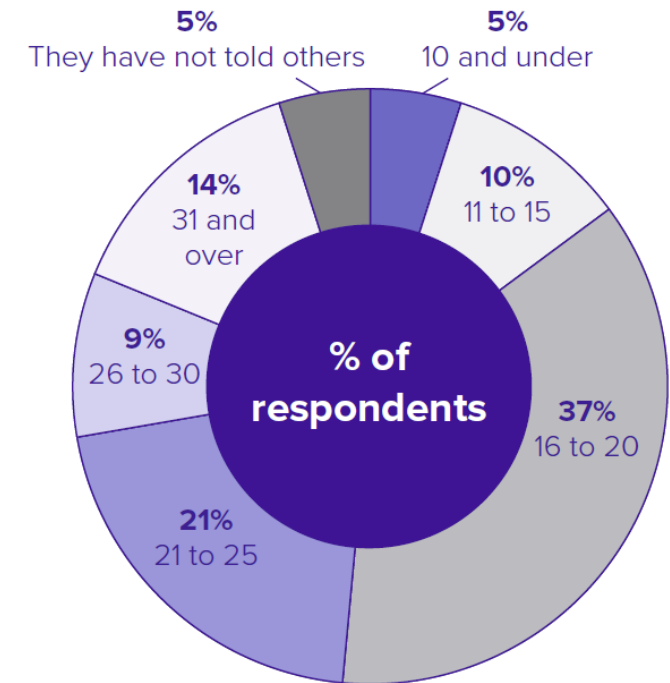


Figure 4.5: Age they started to tell others that they were transgender



# Affirmative Intervention for Families with Gender Variant Children

- Treatment focused on parents (Hill, Menvielle, et.al 2010)
  - Acceptance and unconditional love are central to a healthy gender-variant child/adolescent
  - Helping parents understand and support their child's declared gender, and to encourage the child to have a safe cross-gender exploratory experience, helping parents cope with antipathy about gender variance
  - Therapists focus intervention on sensitivity training in schools, violence prevention, and developing skills to deal with unsupportive peers/family/schools
- Family acceptance in adolescence is associated with young adult positive health outcomes (self esteem, social support, and general health) and is protective for negative health outcomes (depression, substance abuse, and suicidal ideation and attempts). (Ryan-2010)



# Family Matters

- Families of gender variant children may experience loss, grief, shame.
- Parents may struggle between acceptance for the well-being of their child vs. worries about their child's safety and stigma
- When a child is struggling, the family may experience additional stress while watching their child struggle
- Families may struggle with the balance of guiding children towards gender norms vs. celebrating uniqueness
- Families may be worried about facing social judgment of parenting decisions
- Stress may be worsened by uninformed professionals

Families in Transition: A Literature Review, Dierckx (2016)



# AAP Statement and Resources



SUPPORTING & CARING FOR  
**TRANSGENDER  
CHILDREN**

AAP Statement in Support of  
Transgender Children, Adolescents and  
Young Adults

7/27/2017

POLICY STATEMENT

Office-Based Care for Lesbian, Gay, Bisexual,  
Transgender, and Questioning Youth



HUMAN  
RIGHTS  
CAMPAIGN  
FOUNDATION



American College of  
Osteopathic Pediatricians  
CARING FOR AMERICA'S CHILDREN

American Academy of Pediatrics  
DEDICATED TO THE HEALTH OF ALL CHILDREN®





# Why Support for Trans Youth Matters

Based on a 2012 study of 433 individuals



Trans Youth with Supportive Parents

Trans Youth with Unsupportive Parents

Infographic Design by Lindyn Pan

Illustrations by Ethan Lopez



Reported Life Satisfaction

72%

33%

Reported High Self-Esteem



64%

13%



Described Mental Health As "Very Good" or "Excellent"

70%

15%

Faced Housing Problems



0%

55%

Suffered Depression



23%

75%



Attempted Suicide

4%

57%



# Social Transition for Pre-pubertal Children

- Social transition prior to puberty is a personal and individual decision for families- early social transition vs. “wait and see” approach
- Mental Health professionals’ task is to listen and learn what youth is experiencing and feeling about gender, allowing safe space to explore gender identity and gender expression
- Medical needs: supportive primary care who will learn about gender care and guide the family to appropriate resources



# Mental Health of Transgender Children Who Are Supported in Their Identities

- Study by Kristina Olson (Pediatrics, 2016) looked at pre-pubertal transgender children ages 3-12, who socially transitioned
- Mental health was compared between transgender children and their cisgender siblings or peers
- The transgender children had similar rates of depression and only slightly higher rates of anxiety
- Mental health struggles are not necessarily inevitable for transgender youth



# Chosen Name Use and Mental Health



JOURNAL OF  
ADOLESCENT  
HEALTH

[www.jahonline.org](http://www.jahonline.org)

Adolescent health brief

## Chosen Name Use Is Linked to Reduced Depressive Symptoms, Suicidal Ideation, and Suicidal Behavior Among Transgender Youth



Stephen T. Russell, Ph.D. <sup>a,\*</sup>, Amanda M. Pollitt, Ph.D. <sup>a</sup>, Gu Li, Ph.D. <sup>b</sup>, and Arnold H. Grossman, Ph.D. <sup>c</sup>

<sup>a</sup> *University of Texas at Austin, Austin, Texas*

<sup>b</sup> *University of British Columbia, Vancouver, British Columbia, Canada*

<sup>c</sup> *New York University, New York, New York*

*Article history:* Received November 17, 2017; Accepted February 1, 2018

*Keywords:* Transgender; Youth; Depression; Suicidality




# Chosen Name Use and Mental Health

- This study asked in which contexts youth were being called by their chosen name- home, school, work, and with friends.
- Baseline characteristics were similar (mental health, SI, suicidal behavior by age, sexual identity, gender identity, race/ethnicity, access to free lunch, geographic location)
- Those who were using their chosen name in multiple contexts:
  - 5.37 unit decrease in depression
  - 29% decrease in suicidal ideation
  - 56% decrease in suicidal behavior
- **Using a chosen name is life-saving!**



**“They are too young  
to know their gender!”**



**... said no one ever to  
cisgender kids who express  
their gender.**



# Diagnosis- Medical Approach



# DSM V- Gender Dysphoria

## In Children

- Marked incongruence between expressed/experienced and assigned gender, lasting more than 6 months in several categories
  - **Belief that one *is* the expressed gender**
  - Preference for gender non-conforming attire, playmate, pretend play; rejection of gender typical play and attire
  - Dislike of anatomy, desire for expressed gender's sex characteristic
- Causes distress/impairment in school/relationships

## In Adolescents/Adults

- Marked incongruence between expressed/experienced and assigned gender, lasting more than 6 months, in at least 2 categories
  - **Belief that one *is* the expressed gender** and has typical feelings/reactions of expressed gender
  - Strong desire to be treated as expressed gender
  - Dislike of one's pubertal development or anticipated pubertal development and desire for expressed gender's sex characteristics
- Causes distress/impairment in personal or occupational function

With or without a disorder of sexual differentiation (an intersex condition)



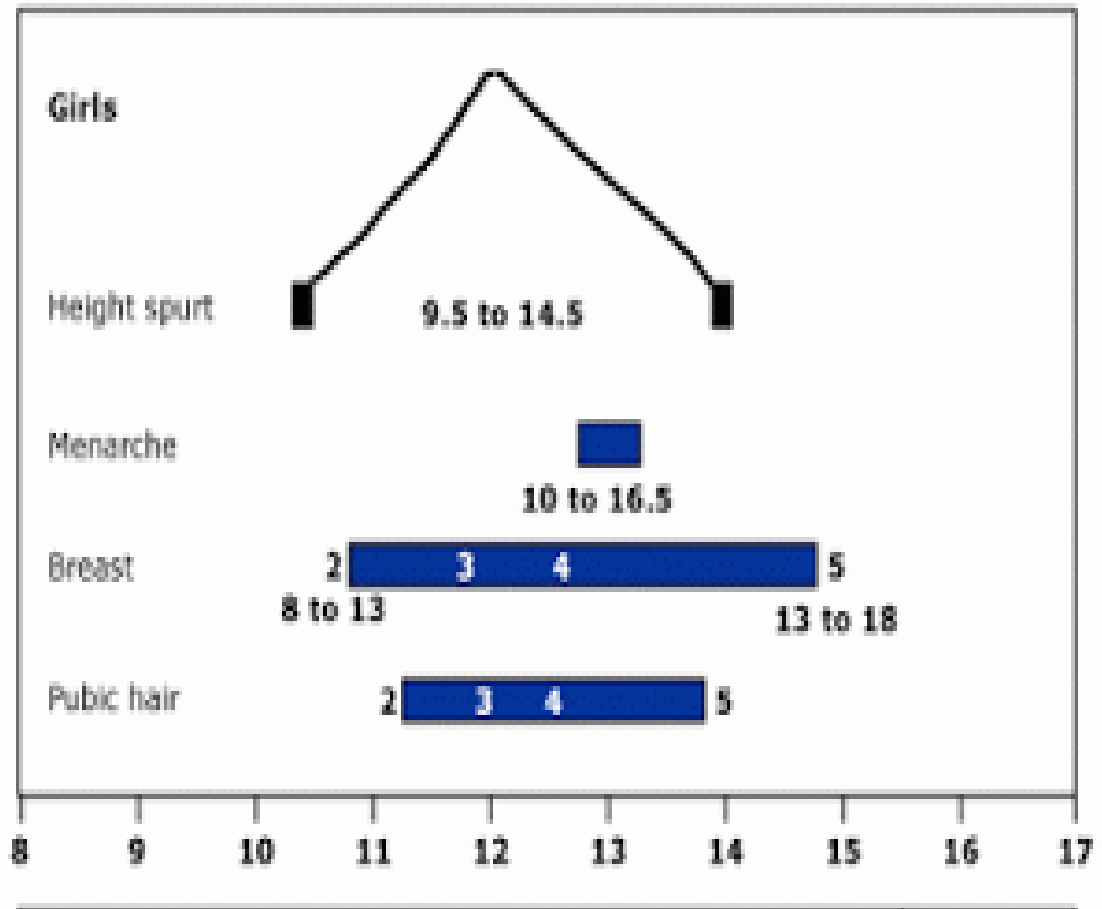
# Physical Interventions for Adolescents

- 1. Fully reversible interventions.
  - GnRH agonists “puberty blockers”
  - Spironolactone to decrease testosterone
  - Oral contraceptives or Progestin to suppress menses
- 2. Partially reversible interventions.
  - Hormone therapy
- 3. Irreversible interventions.
  - Surgical procedures.

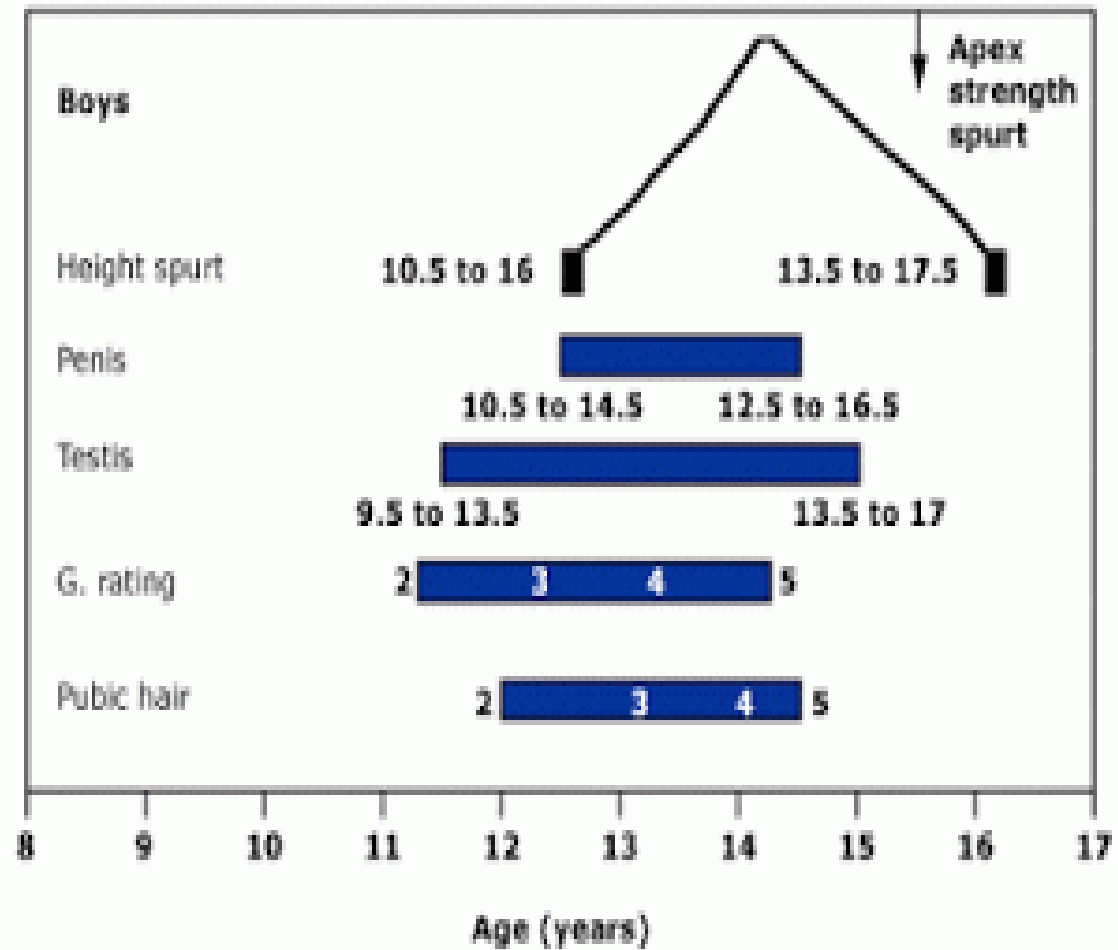
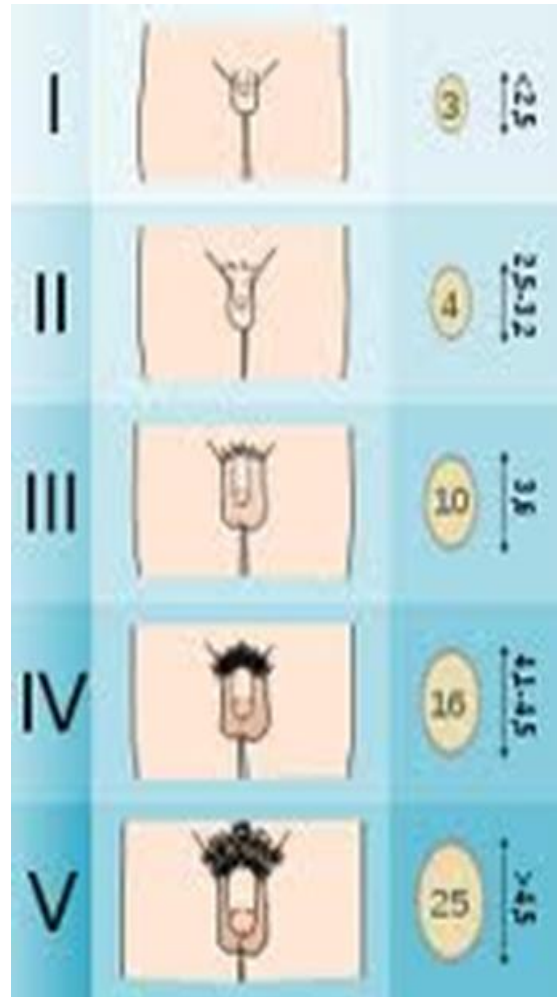




# Female Pubertal Development

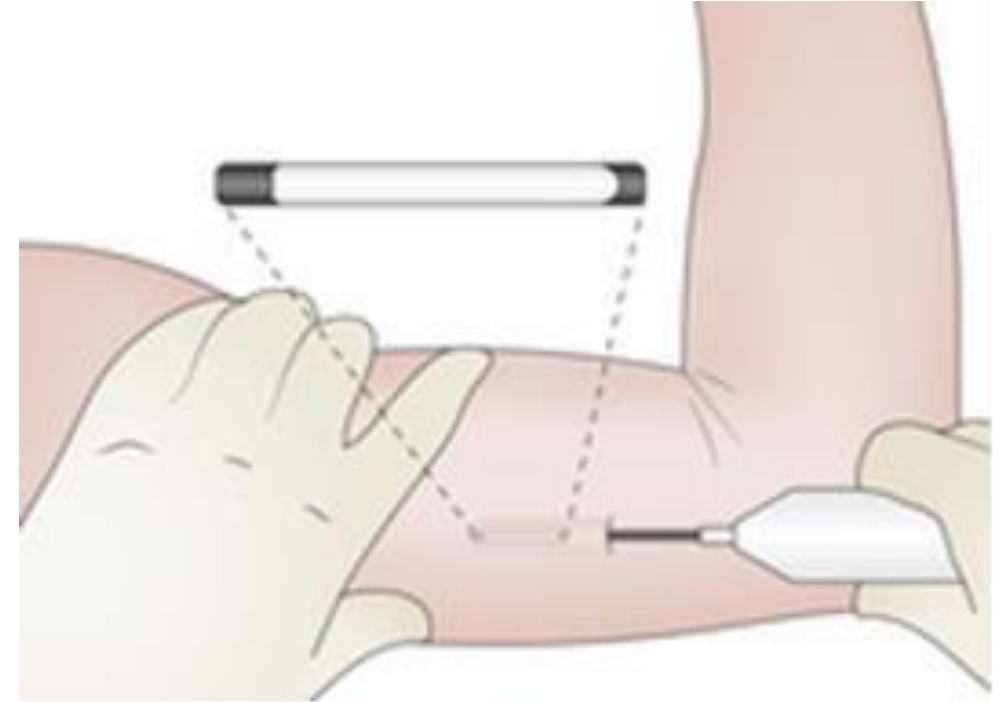


# Male Pubertal Development



# GnRH agonists

- Leuprolide(IM injection) or Histrelin (implant) used successfully for central precocious puberty
- Not FDA approved for puberty suppression in transgender children.





# Reversible Interventions

- Puberty blockers (GnRH agonists) stop estrogen/progesterone or testosterone production temporarily and will stop the IRREVERSIBLE pubertal development of adolescence- allowing for more time to explore gender
- This can cause lower bone mineral density, slower growth, and possibly the lack of fertility development
- Other options include continuous OCP or Progesterone options (oral, injectable, implant, IUD), or androgen blockers (spironolactone, finasteride, bicalutamide)



# Gender Affirming Hormone Therapy



- What age to start?
  - Peer concordance vs. time to mature
- Benefits in appearance, psychological
- Concerns about consent, irreversibility, fertility





# Feminizing Hormone Therapy

## Risks

- Increase breast size- 2-3 years to maximum
- Change fat distribution to hips/buttocks/thighs
- Decrease muscle mass and upper body strength
- Decrease facial and body hair growth
- Softer skin
- Decreased sexual function, testicular volume, libido, +/- sperm development

Smith, 2014, Weinand, 2015, Wierckx, 2012

## Effects

- Increased risk of blood clots, similar to cisgender pregnant women, or women taking birth control
- Prolactin levels may increase
- Bone density may be lower (similar to women in family)
- Spironolactone can cause electrolyte balance- uncommon with normal kidney function
- Risk of breast cancer may increase, but not as high as in natal women
- Emotional changes
- Elevated morbidity and mortality in transgender women NOT related to hormones- suicide, HIV infection, drug abuse



# Masculinizing Hormone Therapy

## Risks

- Higher risk of heart disease and cholesterol pattern similar to men in family
- Polycythemia- uncommon with typical doses of testosterone used
- Acne can be severe
- Insulin resistance as fat redistributes in male pattern- higher baseline glucose also observed in transgender males
- Emotional changes
- Cancer risks: screening still needed- Pap at 21

## Effects

- Increased body and facial hair
- Deeper voice
- Increased upper body strength and musculature, redistribution of fat
- May cause acne, hair loss when older
- Decrease/stop menses +/- ovulation
- Clitoral growth/vaginal dryness

Smith, 2014, Weinand, 2015, Wierckx, 2012





# Cross-Sex Hormones and Metabolic Parameters in Adolescents With Gender Dysphoria

Jason Jarin, MD,<sup>a</sup> Elyse Pine-Twaddell, MD,<sup>b,c</sup> Glynthia Trotman, MD,<sup>d</sup> Jaime Stevens, MD,<sup>b</sup>  
Lee Ann Conard, DO,<sup>d</sup> Eshetu Tefera, MS,<sup>e</sup> Veronica Gomez-Lobo, MD<sup>f</sup>

PEDIATRICS Volume 139, number 5,  
May 2017:e20163173



# Effects of Gender Affirming Hormone Therapy on Adolescents with Gender Dysphoria

- 2008-2014 from 4 clinical sites retrospectively analyzed
- 72 affirmed male (average age 16), 44 affirmed female (average age 18)
- Baseline BP, BMI, testosterone, estradiol, prolactin, lipids, electrolytes, LFT, H/H, HbA1c compared with levels at:
  - 1-3 months
  - 4-6 months
  - Beyond 6 months for patients taking hormones at 6-36 months
- Repeated measures analysis of variance models used to evaluate changes over time



# Effects of Gender Affirming Hormone Therapy on Adolescents with Gender Dysphoria

- Hemoglobin and Hematocrit increased significantly, then plateaued in affirmed males, and HDL decreased significantly.
- No statistically significant changes in AST/ALT, BUN/Cr, estradiol, prolactin, triglycerides, HgbA1c and TG/HDL ratio
- In affirmed females, increase in prolactin (to typical female range), decrease in testosterone, no significant change in H/H, AST/ALT, BUN/Cr, lipids, BP



Nicole and Jonas Maines, 18 years old



# Risks of Non-Prescribed Medications and Treatments



- Hormones obtained from the internet or friends may be of dubious quality and unknown doses
- Injectable hormones have risks of shared vials or shared needles
- There are higher risks of certain types of estrogen
- Silicone injections can cause infections, be disfiguring, or trigger a life-threatening reaction in the body





# Psychological Outcome after Puberty Suppression and Gender Reassignment

- 55 young transgender adults were assessed before blockers, before hormones, and after surgery
- After gender reassignment gender dysphoria steadily improved.
- Well-being was similar to or better than same-age young adults from general population.
- “A clinical protocol of a multi-disciplinary team ...including puberty suppression followed by cross-sex hormones and gender reassignment surgery, provides... the opportunity to develop into well-functioning young adults.”

DeVries, A. et.al. “Young Adult Psychological Outcome After Puberty Suppression and Gender Reassignment” *Pediatrics* (2014) 134(4).

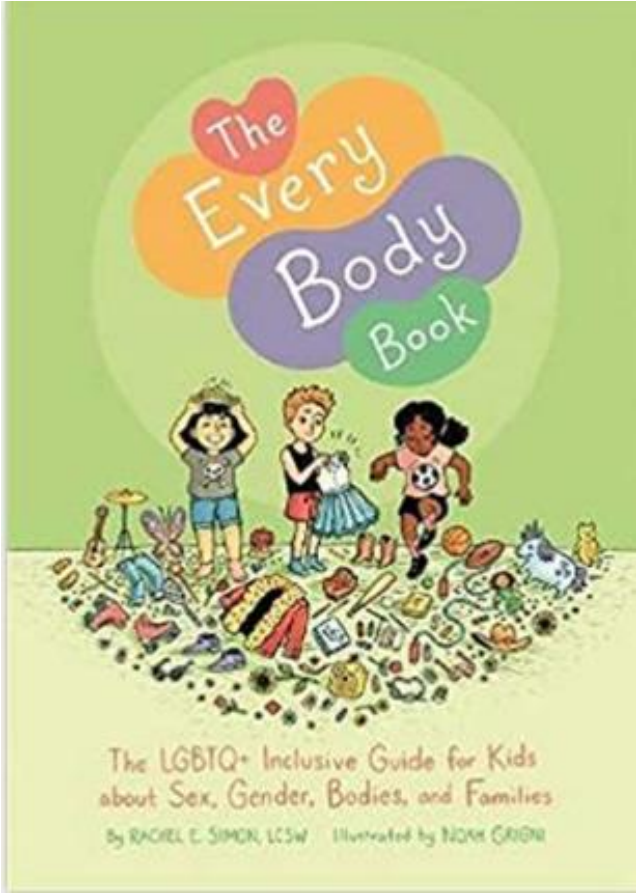
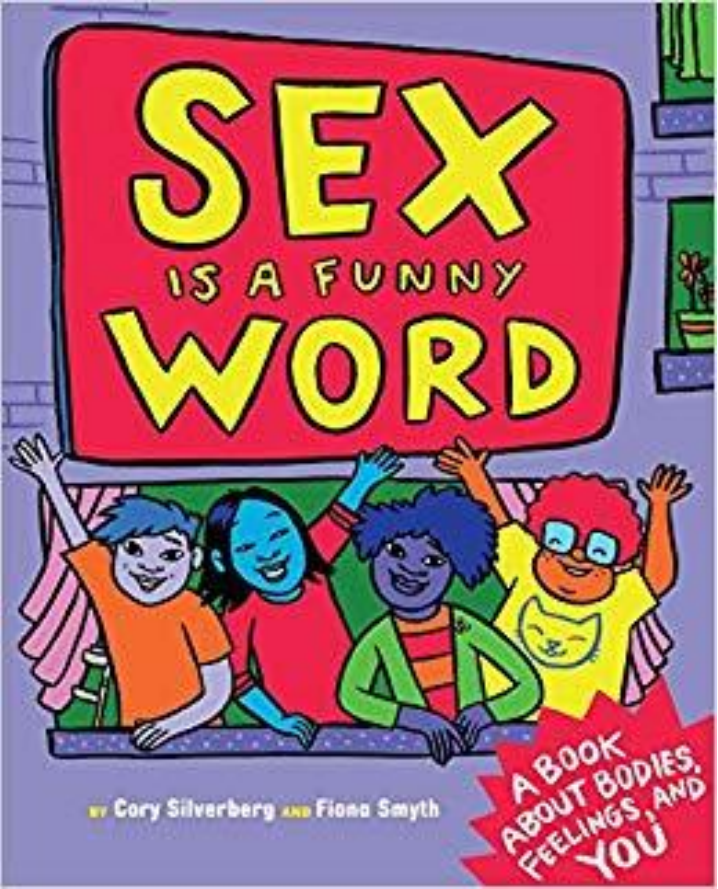


# Medical Options For Non-binary Individuals

- GnRH agonists can lower hormones- but not indefinitely
- Low dose testosterone
- Estradiol used without male hormone blocker
- Intrauterine Device or implanted progesterone to stop periods
- Surgery without hormones



# Dating, Mating, Relating Issues





# Fertility

- If puberty blockers are used, then one cannot just collect sperm or eggs because they will be immature- other options to discuss
- Discussion around fertility must be developmentally appropriate
- There are options to preserve fertility for pubertal adolescents
  - Must be physically late in puberty
    - Sperm production occurs, on average, at age 13-14, with Tanner III-IV testes and II-III pubic hair
    - Egg maturation occurs, on average at age 12-13, with Tanner IV breasts and pubic hair
  - In order to harvest eggs; must take medications, invasive, expensive, and unclear feasibility
  - Sperm preservation relatively less expensive and simpler
- There is low utilization of fertility preservation among transgender youth- 2 out of 72 adolescents counseled about fertility attempted FP in one study (Nahata, 2017)



# Can Eggs/Sperm Be Saved From a Pre-pubertal Child/ Early Adolescent??

- Cancer treatments can cause infertility- and so children with cancer are sometimes offered fertility preservation before cancer treatment
- Some procedures are experimental, others becoming standard for cancer patients

Ovarian Tissue Cryopreservation		Immature Testicular Tissue Cryopreservation	
Removing outer layer of ovary with immature eggs, outpatient surgery		Surgical biopsy of testis and freezing of testicular tissue	
Cortex frozen- can later be thawed and transplanted	20 live births reported from this method	Biopsy frozen- can later be thawed and transplanted	
Or, can try to mature eggs <i>in vitro</i>	Has not been successful in humans, YET	Or, can try to mature sperm <i>in vitro</i>	Has been done in mice, not successful in humans, YET



MYTH:  
If you take  
hormones  
you will be  
infertile...

It may still be possible for trans people  
to become pregnant or get someone  
pregnant while on hormones.



Remember to practice safe sex!

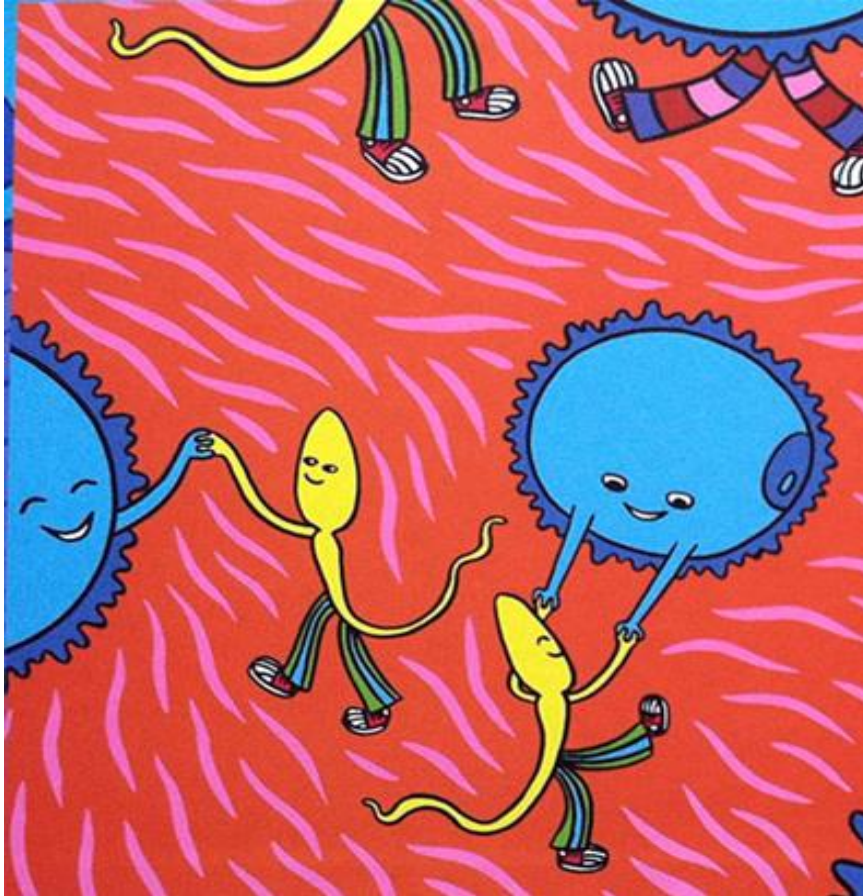
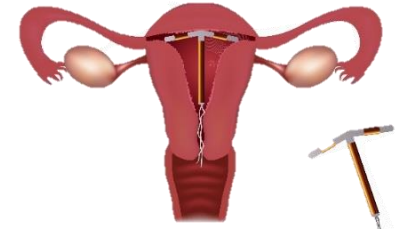
*Sophia*

**TSER**  
Trans Student Educational Resources





# The Importance of Contraception



- If conception occurs while one or both people are taking hormones, there is a higher risk of birth defects and preterm death
- Since trans men taking testosterone may have lack of monthly periods, there may be an assumption of infertility- but accidents happen! (1/3 of pregnancies carried by transgender men were UNINTENTIONAL (Light, 2014)
  - Barrier methods- condoms
  - IUD, LARC
- Trans women may assume that sperm are not being made, but pregnancies can still happen if sperm and egg meet!
- Study from Canadian Transgender Youth Survey, 2014:
  - 5% of sexually active transgender youth (14-25) had been involved in a pregnancy
  - Similar to national average of cisgender youth



# Sexual and Romantic Experiences of Transgender Youth Before Gender-Affirmative Treatment

Sara L. Bungener, MD,<sup>a</sup> Thomas D. Steensma, PhD,<sup>b</sup> Peggy T. Cohen-Kettenis, PhD,<sup>b</sup> Annelou L.C. de Vries, MD, PhD<sup>a</sup>

PEDIATRICS Volume 139, number 3, March 2017:e20162283

Authors hypothesized that transgender youth would have fewer sexual experiences due to gender dysphoria and fewer romantic experiences due to social difficulties. Survey given to 183 youth ages 11-17.





# Results/Discussion

- Transgender adolescents were generally less experienced than cisgender peers, romantically and sexually.
- **BUT**, authors were surprised that transgender youth had significantly more experience than they had expected, falling in love, romantic, and sexual experience.
- The questions asked limited a lot of the answers- sexual intercourse was defined as vaginal penetration with a penis- limiting a lot of types of sex that transgender youth may engage in.
- Similarly, orientation categories were limiting.
- Authors noted discomfort and dissatisfaction that transgender youth had with body, but did not ask those questions of cisgender youth.
- The questions were of pre-treatment youth and they did not delineate between youth on puberty blockers or not (affecting libido). They also predict that post-treatment results would have been different as hormone therapy may affect mood, libido and body image.
- **TAKEAWAY:** Ask youth who they are attracted to, if they are sexually active, what they are doing with their bodies, and if they are using protection! **No assumptions.**



# Romantic Relationships in Transgender Adolescents: A Qualitative Study

Adrian C. Araya, MD,<sup>a</sup> Rebecca Warwick, MD,<sup>b</sup> Daniel Shumer, MD, MPH,<sup>a</sup> Ellen Selkie, MD, MPH<sup>c</sup>

- Interviewed 12 transfeminine and 18 transmasculine adolescents 15-20 years old, receiving hormonal care at youth clinic (requiring parental consent)
- Themes identified:
  - Engagement in romantic relationships
    - Romantic history
    - Parents' rules on dating
    - Courtship
    - Dating hardship compared with cis-peers
    - Transphobia in the LGBT community
    - Transphobia in dating apps





# Romantic Relationships in Transgender Adolescents: A Qualitative Study

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- Themes:
  - Disclosure of identity and relationship
    - Disclosure of identity during relationship formation
  - Engagement in abusive relationships
    - Emotional abuse
    - Sexual assault
  - Perceived Impact of Hormone therapy on romantic health- testosterone/estrogen
- Participants described gender affirming hormone care as bestowing them with confidence or comfort in their body and themselves. This in turn allowed participants to feel comfortable in exploring romantic relationships





HUMAN  
RIGHTS  
CAMPAIGN  
FOUNDATION

# MENTAL HEALTH AND THE LGBTQ COMMUNITY



## 60%

of LGBTQ youth reported  
being so sad or hopeless  
they stopped doing some  
of their usual activities.

- According to the CDC's 2015 Youth Risk Behavior Survey, 60 percent of LGBTQ youth reported being so sad or hopeless they stopped doing some of their usual activities (Kann 2016).

## LGBTQ YOUTH & MENTAL HEALTH

**Because of stigma and discrimination, LGBTQ youth are more likely than non-LGBTQ youth to struggle with their mental health.**

- Transgender youth are far more likely than their non-transgender peers to experience depression – nearly four times the risk, according to one study (Reisner 2015). Similarly, LGBTQ teens experience significantly more depression symptoms than their heterosexual peers (Marshal 2011).
- In a 2016-2017 survey from HRC, 28 percent of LGBTQ youth – including 40 percent of transgender youth – said they felt depressed most or all of the time during the previous 30 days, compared to only 12 percent of non-LGBTQ youth (HRC Foundation 2017).
- LGBTQ young people are more than twice as likely to feel suicidal, and over four times as likely to attempt suicide, compared to heterosexual youth (Kann 2016); the rates may be especially high for bisexual teens (Marshal 2011). According to one study, a third of transgender youth have seriously considered suicide, and one in five has made a suicide attempt (Reisner 2015).
- Basic issues like restroom access have a profound effect on transgender youth well-being. For instance, one study showed that transgender students denied access to gender-appropriate facilities on their college campuses were 45 percent more likely to try to take their own lives (Seelman 2016).



# Mental Health Issues/Needs for LGBTQ Youth

- Mental Health- Depression, anxiety, self-harm, suicidality
- Violence Victimization/ Bullying
- Body Image and Eating Disorder



# Mental Health, Drug, and Violence Interventions for Sexual/Gender Minorities: A Systematic Review

Robert W. S. Coulter, PhD, MPH,<sup>a,b,c,d</sup> James E. Egan, PhD, MPH,<sup>a,b</sup> Suzanne Kinsky, MPH, PhD,<sup>a,b,\*</sup> M. Reuel Friedman, PhD,<sup>a,f</sup> Kristen L. Eckstrand, MD, PhD,<sup>g</sup> Jessica Frankeberger, MPH,<sup>h</sup> Barbara L. Folb, MM, MLS, MPH,<sup>a,b</sup> Christina Mair, PhD,<sup>g</sup> Nina Markovic, PhD,<sup>h</sup> Anthony Silvestre, PhD,<sup>g</sup> Ron Stall, PhD, MPH,<sup>a,b</sup> Elizabeth Miller, MD, PhD<sup>a,d</sup>



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- Interventions for mental health, substance abuse and violence victimization reviewed.
- Methods of intervention were varied- state-level policy interventions, therapist-administered family-based intervention, computer-based intervention, online intervention, and gender-affirming medical interventions.
- ALL treatments IMPROVED the targeted mental health outcomes, bullying victimization, reduced substance use.





# *“Supergirl’s*

Nicole Maines  
Opens Up About  
Transitioning in  
First Grade:  
‘We Took It Very Slow’

The actress said she was  
‘blessed and very lucky to  
grow up in the environment  
that I did and to have the  
parents that I did’“

People Magazine  
July 02, 2020



# Local Referral Resources

- Youth Empowered Society (YES) Drop-In Center
- Baltimore Safe Haven
- Hearts and Ears
- Project TEA Time (HIV Prevention services)
- STAR TRACK Adolescent Health Program (UMB)
- Chase Brexton Health Care
- GLSEN Baltimore
- Center for Black Equity Baltimore
- Health Care for the Homeless
- FreeState Justice Project
- Homeless Persons' Representation Project
- LIGHT Health and Wellness
- Youth Equality Alliance
- Transgender Response Team (DHMH)



# National Resources

- American Medical Student Association's LGBT Health Action Committee ([www.amsa.org/gender](http://www.amsa.org/gender))
- The Fenway Institute Adolescent Health Working Group National Association of Community Health Centers, Inc. (<http://www.lgbthealtheducation.org/>)
- GLMA – Gay & Lesbian Medical Association ([www.glma.org](http://www.glma.org))
- Gay Health ([www.gayhealth.com](http://www.gayhealth.com))
- Lambda Legal ([www.lambdalegal.org](http://www.lambdalegal.org))
- GLBT health Access Project ([www.glbthealth.org](http://www.glbthealth.org))
- Bisexual Health ([www.biresource.org/health/](http://www.biresource.org/health/))
- Transgender Care ([www.transgencare.com/default.asp](http://www.transgencare.com/default.asp))
- The Trevor Project (<https://www.thetrevorproject.org/>)
- Translifeline: (<https://translifeline.org/>) US (877) 565-8860
- Intersex Society of North America ([www.isna.org](http://www.isna.org))
- PFLAG – Parents, Family & Friends of Lesbians and Gays ([www.pflag.org](http://www.pflag.org))
- HRC - Human Rights Campaign ([www.hrc.org](http://www.hrc.org))
- GLAAD - Gay and Lesbian Alliance Against Defamation ([www.glaad.org](http://www.glaad.org))
- NGLTF - National Gay and Lesbian Task Force ([www.nglftf.org](http://www.nglftf.org))
- National Center for Transgender Equality (<http://transequality.org>)
- National Black Justice Coalition (<http://nbjc.org/>)
- National Coalition of Anti-Violence Programs ([www.ncavp.org](http://www.ncavp.org))





# Questions?



## Additional Resources:

- Pediatric and Adolescent Transgender Health Interest Group- Google Group
  - This group is meant for all health care professionals who work with transgender children and adolescents. It is meant to be a resource to share information among providers and foster discussion.
- Contact: [Elyse.pine@gmail.com](mailto:Elyse.pine@gmail.com)
- Transline-<https://transline.zendesk.com/home>
  - A national online transgender medical consultation service that offers health care providers up-to-date transgender clinical information and individualized case consultation across a broad range of clinical transgender issues.

