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Q is for...

Addressing the needs of
LGBTQ+ Youth in Pediatric
Primary Care

Britt Allen, MD
(No financial disclosures)

Terminology

Numbers

Terminology

Lesbian
Gay
Bisexual
Transgender
Queer/Questioning
+ : Asexual, Intersex, Ally...

Gender
Identity

Sexual
Orientation

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**Q is for...
Queer**

Sex
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Gender Identity
Transgender
Cisgender

**Gender identity
can be...**

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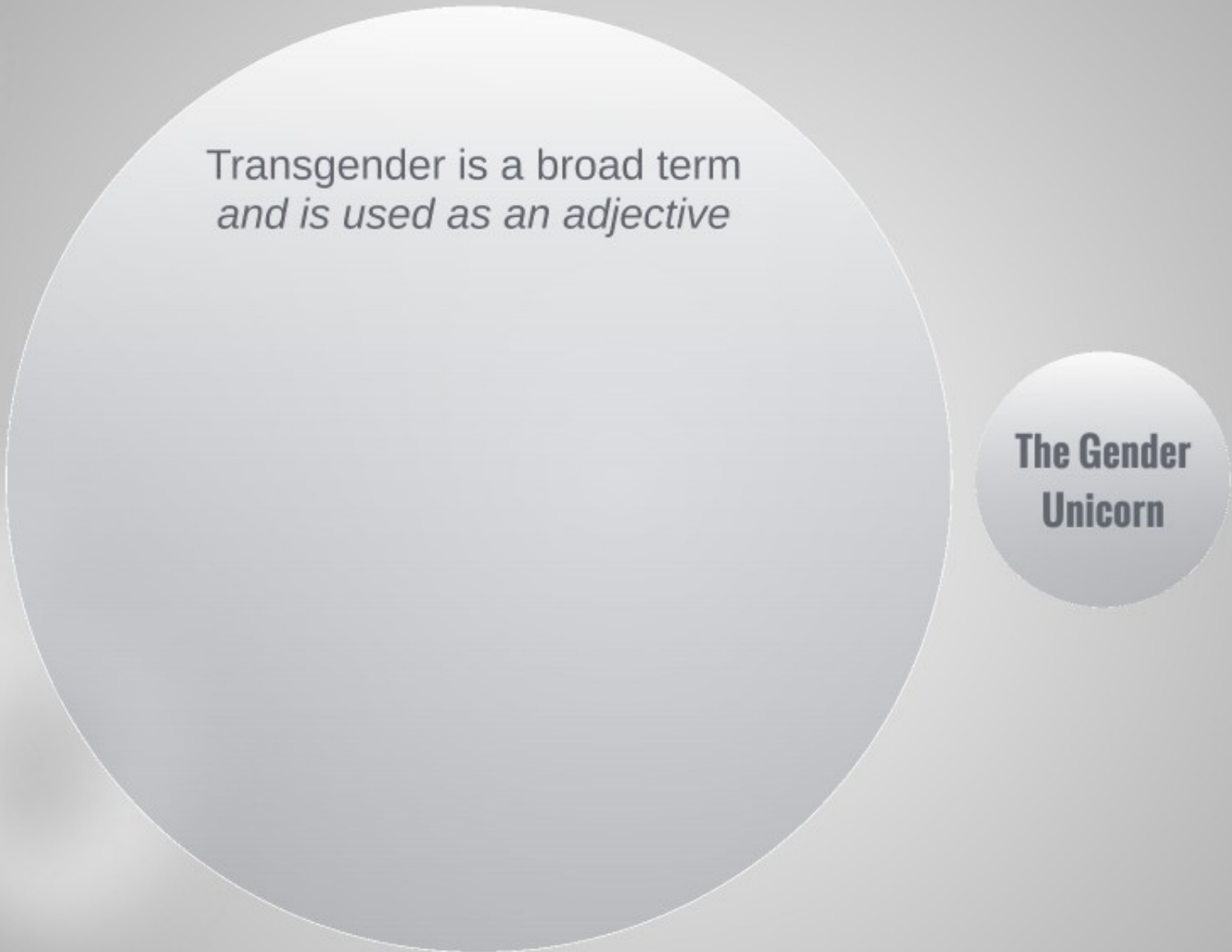
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and is used as an adjective

**The Gender
Unicorn**

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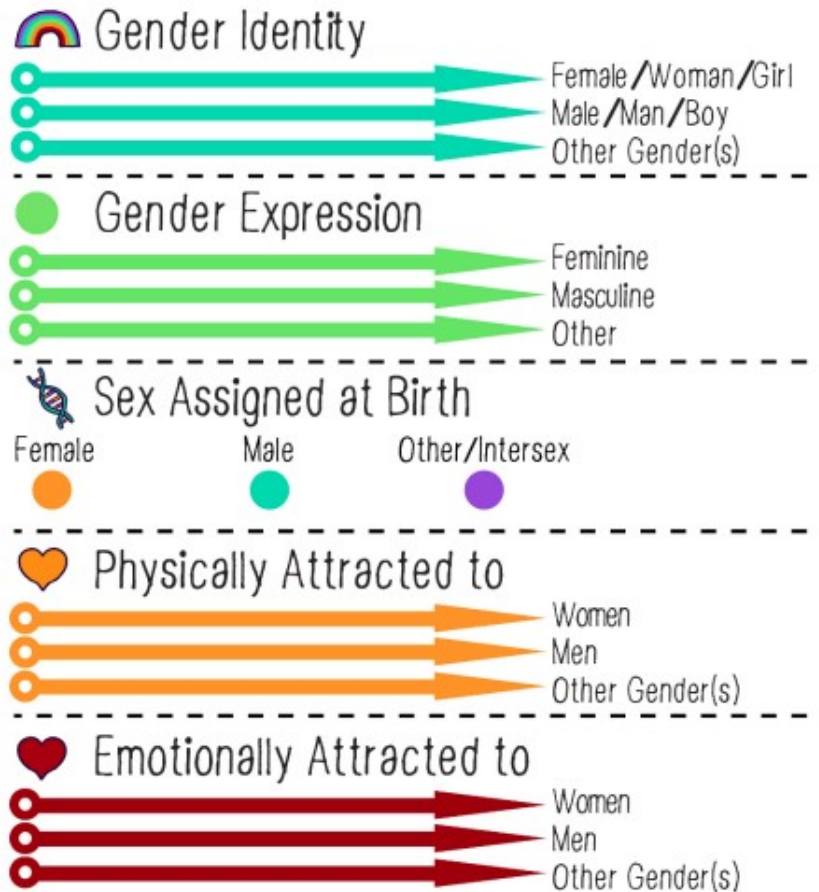
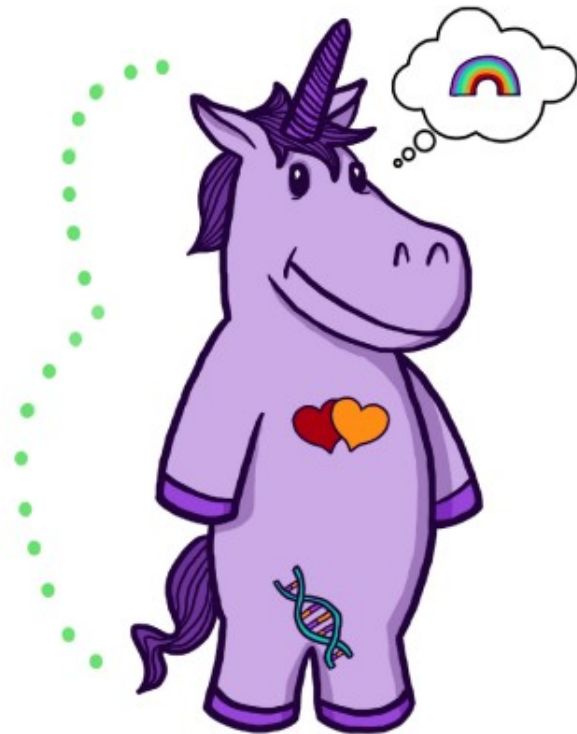
Gender identity can be...

- Feminine
 - Transwoman, transfeminine, MTF
- Masculine
 - Transman, transmale, FTM
- Non-binary
 - Genderqueer, genderfluid
 - Agender

**The Gender
Unicorn**

The Gender Unicorn

Graphic by:
TSER
Trans Student Educational Resources



To learn more, go to:
www.transstudent.org/gender

Design by Landyn Pan and Anna Moore



Sexual Orientation

Describes a person's sexual and romantic attractions and activity

- Pansexual
- Panromantic
 - Asexual

Q is for... Queer

a broad term that people may use **to describe themselves** if they feel that their sexual orientation or gender identity are outside of or challenge the norms of mainstream society.

Numbers - Sexual Orientation

Adults

National Health Statistics Reports ■ Number 77 ■ July 15, 2014

Table 1. Sexual orientation among U.S. adults aged 18 and over, by sex and age group: United States, 2013

	Gay or lesbian		Heterosexual/ Straight		Bisexual	
	N	%	N	%	N	%
Overall	3,729	1.6	224,163	97.7	1,514	0.7
18-44	2,2028	1.9	104,947	97.1	1,153	1.1
45-64	1,422	1.8	77,686	97.8	289	0.4
65+	278	0.7	41,531	99.2	73	0.2

Ward et al. 2014

Youth

Youth Risk Behavior Survey (2005, 2007)

- 51,617 13 to 18 year-olds
- 1.2% Gay or Lesbian
- 3.4% Bisexual
- 2.2% Unsure (Questioning)
- 93.2% Heterosexual

Mustanski et al. 2014

GET LOCAL: Wisconsin Youth Risk Behavior Survey (2013)

- 5.4 % of high school students identify as gay, lesbian, or bisexual
 - Black students – 14.1%
 - Hispanic students – 10.1%
 - White students – 3.6%



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Numbers - Transgender identity

- History of poor methodology, still have limited studies
- More recent estimations
 - 0.5% of identification in adults in door-to-door survey in Boston **(1 in 200)**
 - 0.17% of respondents to the National College Health Assessment **(1 in 588)**
 - Williams Institute: **1.4 million adults** and **150,000 youth** in US



Conron 2012, Diemer 2015, Dane County Youth Assessment 2015, Herman 2017, Flores 2016

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GET LOCAL:

- 1.5% of Dane County high school students **(1 in 67)**
- Williams Institute: **19,150 adults** in WI



Conron 2012, Diemer 2015, Dane County Youth Assessment 2015, Herman 2017, Flores 2016

Barriers to Care - In our "backyard"

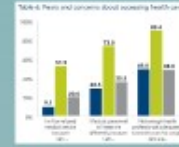


Table 3: Health care professionals used harsh or abusive language

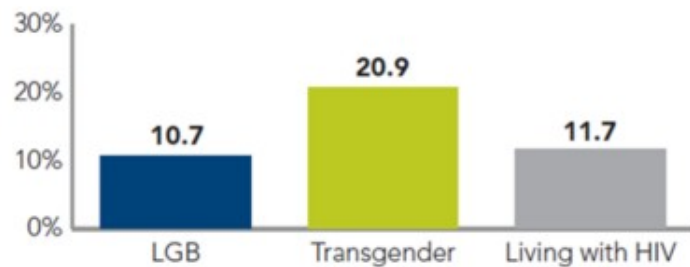
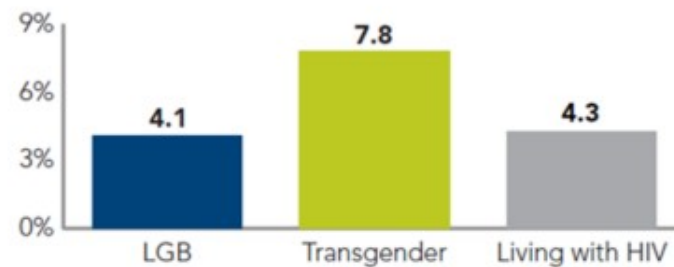
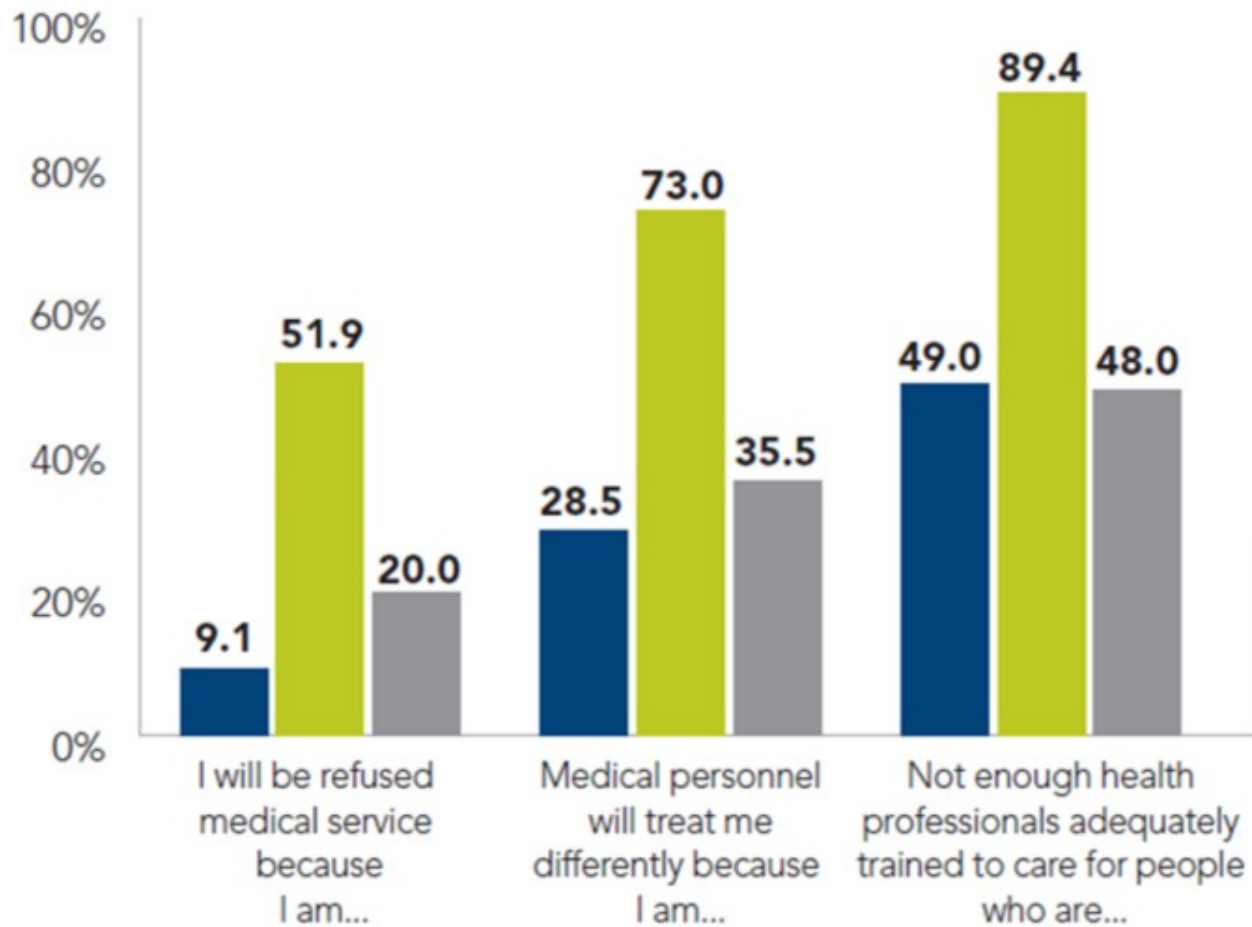


Table 5: Health care professionals were physically rough or abusive



*Lambda Legal 2010,
USTS 2015*

Table 6: Fears and concerns about accessing health care



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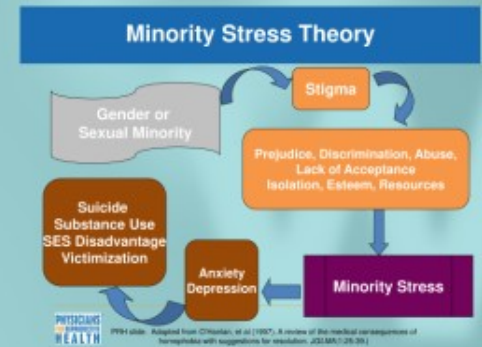


Health disparities

Health Disparities

- Multifactorial

- Discrimination and Minority Stress
- Coming Out
- (Gender Dysphoria)

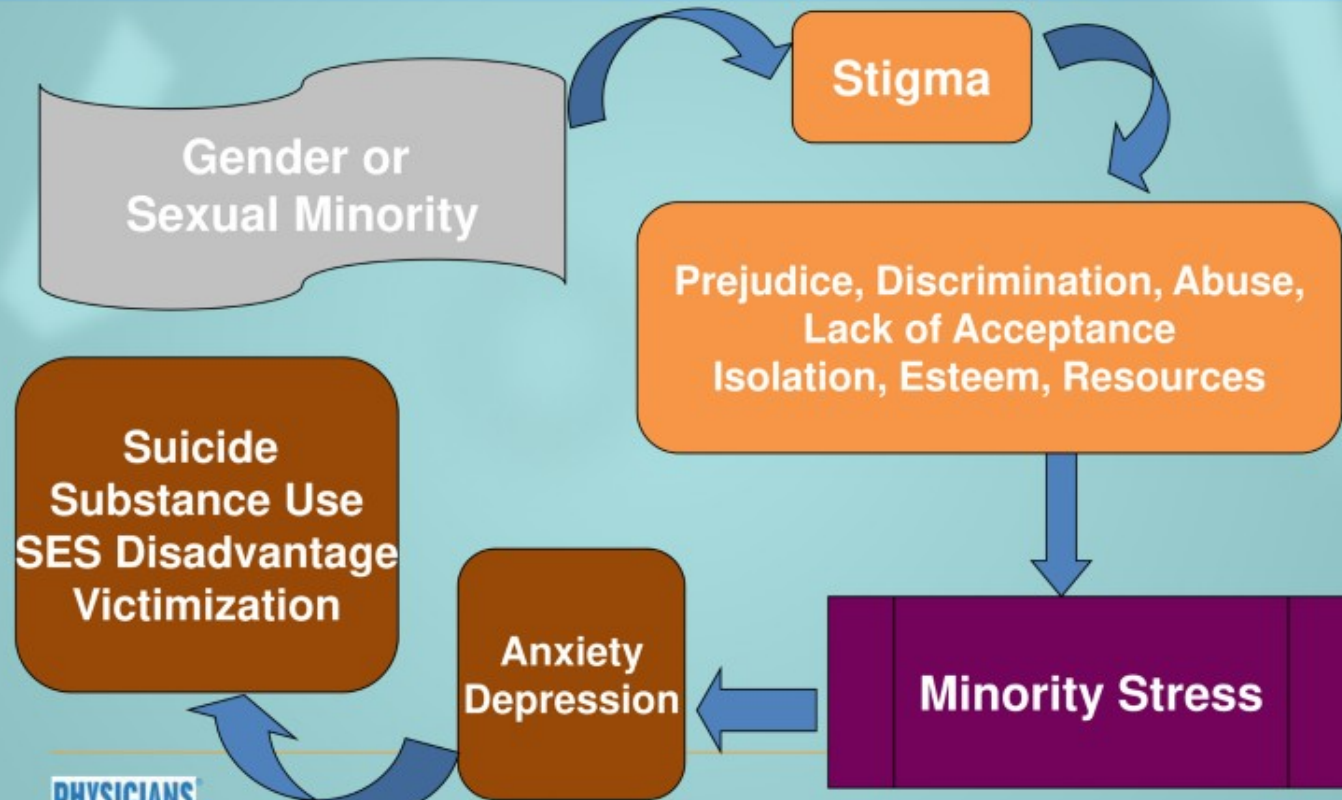


GENDER DYSPHORIA IN TRANSGENDER YOUTH

- New term in DSM-5; changed from "Gender Identity Disorder"
- "marked difference between the individual's expressed/experienced gender and the gender others would assign him or her"
- At least 6 months
- Causes clinically significant distress or impairment in functioning

DSM 2013

Minority Stress Theory

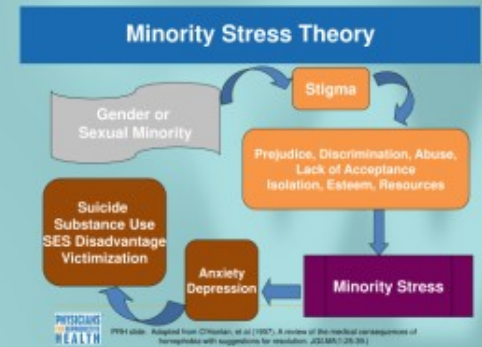


PRH slide. Adapted from O'Hanlan, et al (1997). A review of the medical consequences of homophobia with suggestions for resolution. *JGLMA*;1:25-39.)

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DSM 2013

... when you think of health disparities in this population, what do you think of?

Health Disparities - Mental Health

Increased rates of victimization

- Fighting/bullying
- Skipping school because feeling unsafe
- Having property stolen at school
- Increased rates of history of sexual assault

Grant et al. 2010, Garofalo 2006, Blosnich 2010, Connolly 2016, Peterson 2016, Diemer 2015, James 2015

Health Disparities - Mental Health

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Mental Health

- Depression
- PTSD
- Eating disorders (youth/men that identify as gay, transgender youth)

Suicidality

- Ideation, Plans, Attempts, Medically Serious Attempts
- Sexual minority youth 3 times more likely to report suicidality than peers
- 41% of surveyed transgender/GNC adults report history of suicide attempt



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Issues - Mental Health

Stigmatization

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stolen at school
of history of

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6, Blosnich 2010,
Diemer 2015,

Health Disparities - Risk Behaviors

Alcohol use

- Heavy use and binge drinking

Tobacco

Drug Use

- Higher rates of **marijuana, cocaine, ecstasy, meth, and heroin** use
- Use of **club drugs** can be associated with high risk sexual behavior
- Other illicit drugs to consider
 - Testosterone, estrogen, silicone for use in gender affirmation

ADDITIONAL CONSIDERATIONS

- **Bisexuality**
 - ↑ rates of suicidality compared to gay or lesbian peers
- **Questioning**
 - ↑ rates of depression
 - Worse psychological adjustment to bullying ...compared to heterosexual or LGB peers
- **Intersection of identities**



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David et al. 2010, Garofalo 2006, Blosnich et al. 2010

Sexual Health

- Early initiation of sexual activity (<13)
- Increased rates of having 4+ sexual partners
- Lower likelihood of barrier use
- Increased rates of EtOH or drug use before sex

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*Grant et al. 2010, Garofalo 2006
Blosnich et al. 2010, Russell 2016*

Cancer Risk and Safety Behaviors



Variable	Sexual Minority, Mean (SE) or %	Heterosexual, Mean (SE) or %	r^a	OR (95% CI) or χ^2
Cancer risk behaviors				
Substance use (past 30 d)				
Cigarettes	35.6	14.4		3.3*** (3.0, 3.6)
Other tobacco: combined	21.7	12.1		2.0*** (1.8, 2.3)
Other tobacco: chewing tobacco	8.9	4.4		2.1*** (1.7, 2.7)
Other tobacco: cigars	19.8	10.5		2.1*** (1.8, 2.4)
Alcohol	57.0	40.7		1.9*** (1.8, 2.1)
Binge drinking	34.3	22.1		1.8*** (1.7, 2.0)
Sexual risk behaviors				
Early intercourse and lifetime no. of partners	59.9	36.7		2.6*** (2.3, 2.9)
> 1 partner (past 90 d)	18.7	7.5		2.8*** (2.4, 3.3)
No condom use at last sexual intercourse	46.9	30.5		2.0*** (1.8, 2.3)
Drug use at last sexual intercourse	28.4	20.1		1.6*** (1.4, 1.8)
Diet and activity behaviors				
BMI (overweight) ^b	32.7	27.2		1.3*** (1.2, 1.4)
Diet low in fruit and vegetables (past 7 d)	93.4	95.6		0.7*** (0.5, 0.8)
Purging (past 30 d)	15.3	4.3		4.0*** (3.4, 4.7)
Little physical activity (past 7 d)	70.4	62.5		1.4*** (1.3, 1.6)

Rosario 2014, WI
YRBS 2013

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Rosario 2
YRI



Reducing Disparities

*Toomey 2011, Ryan 2009,
Ryan 2010, Hatzenbuehler
2015, de Vries 2014*

Schools with protective climates

- Fewer suicide attempts

Gay-Straight Alliances

- Associated with adult well-being

Parental acceptance

- Associated with adult well-being

Decreased structural stigma

- Decreased illicit drug use

Transition care for transgender youth

- Mental health outcomes similar to peers

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Medical Gender Affirmation for Youth

**Puberty
Blockers**

**Hormone
Therapy**

Puberty Blockers

A mother brings her child in at age 10. The child was assigned a female sex at birth but – from a young age – has articulated that they are a boy.

- Has been shopping in the Boys Department since age 4, including board shorts for swimming
- Prefers to play with boys
- Has explosive episodes when parents “force” the child into dresses for family events and when not permitted to wear “boy” clothes to school
- Has always asked to be called names other than given name of Ellen: Ryan, Riley, E, and now Evan

Puberty Blockers - A case

Family saw a therapist and decided that Evan should transition to his affirmed gender at home and at school and noticed significant improvement in behavioral challenges in both settings.

Recently, however:

- Parents have noticed that recently Evan seems more withdrawn and unhappy.
- On your exam, Evan has Tanner 2 breast development.

Considerations

- 85-95% of youth that have gender dysphoria at the onset of puberty **persist** in their transgender identity
- Puberty is often a time of **intense stress and dysphoria** for transgender youth
- Changes from puberty can require very invasive interventions later on if allowed to proceed
- The medications that we are about to discuss have been shown to **reduce mental health disparities** in transgender youth

*Hembree 2017, de
Vries 2014*

Modes of Transition



Reversible

- clothes, hair, shoes, toys, GnRH analogues

Partially reversible

- masculinizing & feminizing hormone therapy

Irreversible

- gender reassignment surgery (GRS)

Puberty Blockers

Take Home: The onset of puberty is the earliest age at which medical intervention is recommended.

Reversible Interventions

- **Mental health support at any age!**
- **“Puberty Blockers”**: leuprolide/histrelin
 - If desired and the adolescent meets DSM-5 Criteria for gender dysphoria
 - Fully reversible intervention

PRCH 2012

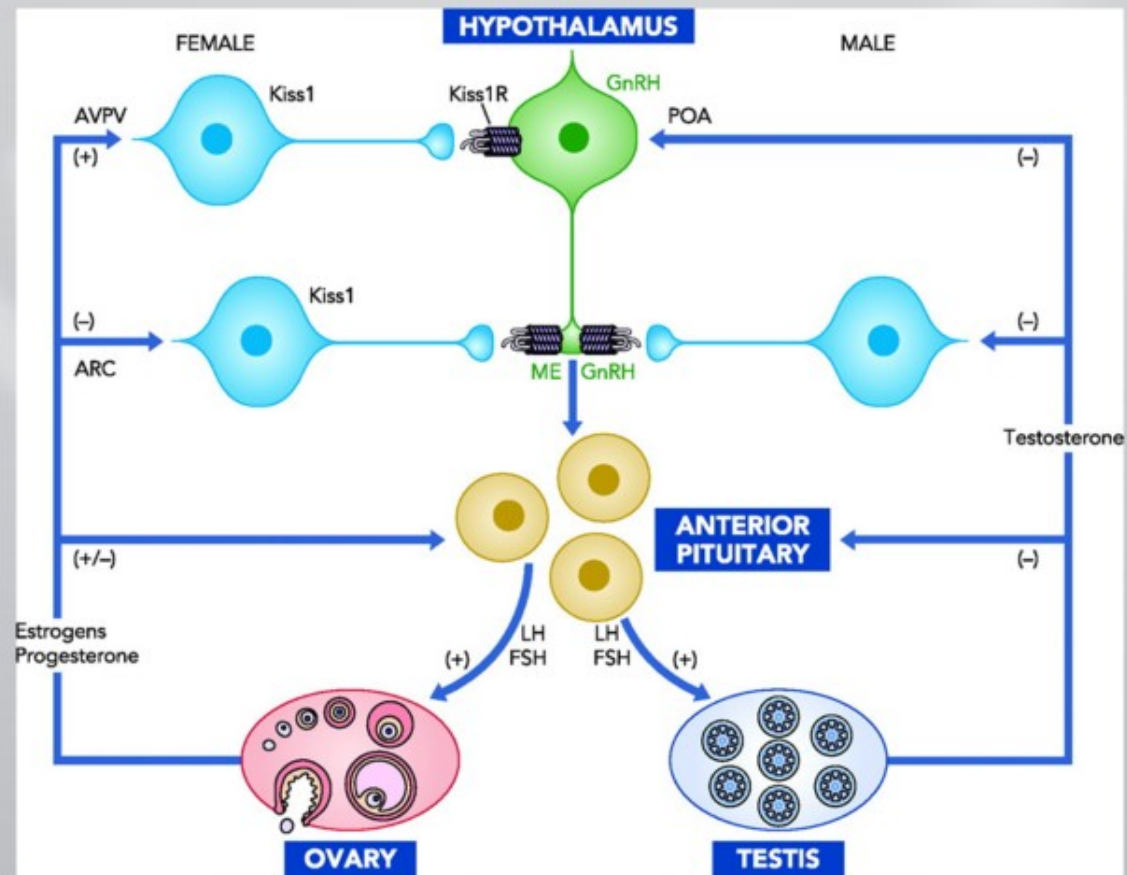
Puberty Blockers

- **At the start of puberty**
 - Breast budding (ages 8-12)
 - Testicular softening/enlargement (ages 10-14)
- **Mid-Late Puberty**
 - Tanner Stage 3-5 (ages 9-20)
 - Natal females: stop menstruation and late breast development
 - Natal males: stop voice change/changes in facial bone structure

GOAL: Stop puberty in its tracks!

Hembree 2017

Puberty



*d'Anglemont de Tassigny
2010*

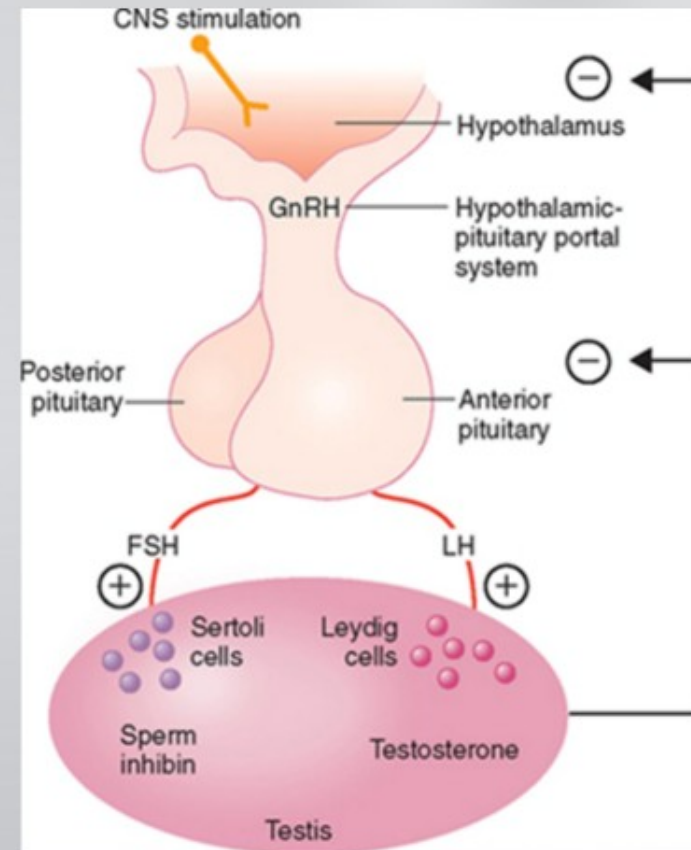
Puberty Blockers

GNRH agonists

- Decrease LH and FSH
- Decrease/stop production of estrogen or testosterone
- Halts progression of puberty

Medications:

- leuprolide: IM injection given every 3 months
- histrelin: implant lasts about 2 years



Puberty Blockers

Leuprolide (injection)/Histrelin (implant)

- Theoretical cognitive delay during pubertal suppression
- Risk of weight gain, delay in bone strength acquisition
- Discuss fertility

- Clinical monitoring with use of LH, estradiol or testosterone, and bone age as needed
- No psychiatric/cognitive side effects attributed to drug when studied in precocious puberty patients



*Eugster 2007, Silverman 2015,
Toren 1996, Mahe 1999*

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strength acquisition

- **Discuss fertility**
- **Clinical monitoring with use of LH, estradiol or testosterone, and bone age as needed**
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Puberty Blockers

Evan's family is counseled on and wishes to move forward with puberty blockade. Because of insurance restrictions, he is started on leuprolide 22.5mg every 3 months.

At follow-up,

- Evan has noticed slight regression of breast budding and feels much less anxiety about puberty
- His parents state that he is doing better in school and is less withdrawn

Hormone Therapy

At 14, Evan has been on medication to suppress puberty for 3.5 years.

- Continues to identify as male
- Unsure of sexual orientation
- Eager to start developing like peers

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- clothes, hair, shoes, toys, GnRH analogues

 **Partially reversible**

- masculinizing & feminizing hormone therapy

Irreversible

- gender reassignment surgery (GRS)

PRCH 2012

Hormone Therapy

Before starting

- Mental health support and Health Psychology Evaluation
- Medical intervention at 14-16* years
- Risks and benefits in formal consent of this partially reversible therapy
- Baseline lab work

Hembree 2017

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Forms of delivery

- Estrogen: patch, pill, (injectable)
- Testosterone: intramuscular or subcutaneously injection, (subcutaneous depots, gels)

Hembree 2017

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Ongoing considerations

- Continue puberty blockers if able
- Start with low dose
- Increase slowly over about 2 years
- Close monitoring and continued psychological support
- Changes occur in a 2-5 year period

Hembree 2017

Medications - Testosterone

Testosterone

- Given as SQ or IM injection every 1-2 weeks
- Dose is increased slowly to goal of normal male range
- Testosterone levels measured mid-way between injections
- If no GnRH agonists: measure estradiol suppression
- Close monitoring of Hb, LFTs, cholesterol, glucose, estrogen

Hembree 2017

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Side effects/Risks:

- Mood effects
 - Aggressive behavior, anxiety, depression, suicidal ideation (incidence of many unknown)
 - Increased weight gain, risk of diabetes, risk of coronary artery disease
- Acne
- Polycythemia, blood clots
- Fertility

Hembree 2017

Medications - Estrogens

Estradiol

- Given as a bi-weekly or weekly patch (or pill)
- Dose is slowly increased to goal levels and clinical response
- Monitor prolactin, LFTs, testosterone

Hembree 2017

Medications - Estrogens

Estradiol

- Given as a bi-weekly or weekly patch (or pill)
- Dose is slowly increased to goal levels and clinical response
- Monitor prolactin, LFTs, testosterone

Side effects (some based on OCP data)

- Mood effects: depression (1% to 11%), anxiety (4% to 10%), irritability, mood disorder
- Blood clots
- Gallstones
- Prolactinoma
- Fertility

Hembree 2017

Evan

Over the next few months, Evan

- Obtains a letter of support from his mental health provider
- Undergoes health psychology evaluation
- Meets with his specialist with his parents and reviews the informed consent related to the risks and benefits of testosterone
- Has a teaching session to learn how to give subQ injections and gets his first injection (!)
- Returns 3 months later and has noticed a drop in his voice and clitoral enlargement

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OR
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What can you do?

Consider your biases. We all have them.

Look at your environment.

Educate yourself.

Listen and Learn.

Phone a friend.

Consider your biases. We all have them.

- How do you ask about **families**?
- How to you ask about **relationships or sexual activity**?
- **Don't assume** sexual orientation or gender identity.
- **Identity** does not always = **behavior**.
- **Ask**: "What would you like to be called?" of all patients.
- **Practice** introducing your **pronouns**.
- **Staff training** helps other staff consider their biases as well.

Look at your environment.

What would your clinic environment feel like to a person that identifies as LGBTQ+? Are they or their families represented when they look around?

Forms

Images

Spaces

Forms

- ... that ask about **family**
 - "Parent/guardian" instead of "mother" and "father"
- ... that ask about **name, sex/gender**
 - place for a preferred name?
 - more options than M and F?
 - great place to ask about **pronouns!**



Images

- **Who is represented** in your marketing tools and other images (posters, books) around your office?
 - **Advocate** for more diverse stock photos that represent lots of different kinds of families
 - **Stock** your waiting room with and order Reach Out and Read **books** that represent diverse experiences
- **Show** that you are an ally



Spaces

Does your office have safe places for everyone to change and pee?



Educate yourself.

(Thanks for being here!)

Do you feel comfortable talking about:

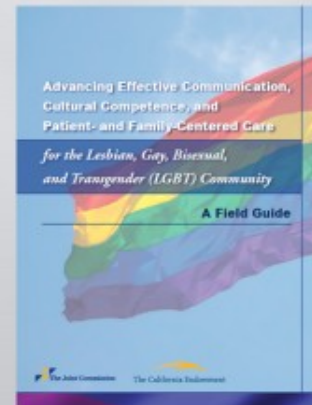
- **STI testing and prevention** for LGBTQ+ teens?
- **Safe sex counseling** for LGBTQ+ teens?
- How to help someone **come out safely**
- What **gender identity** is?
- That there are medical options for **affirming gender**?

Listen and Learn.

- Use the **name and pronouns** that a person asks for
- Language is always changing; **ask the patient** what it means to them if you hear a word that you haven't heard before.
- Name your weaknesses/mistakes and **apologize briefly** when needed.
- **Practice** talking about difficult subjects or using pronouns that you have not used much before.

Phone a friend.

- Human Rights Campaign Health Equality Index
- The Joint Commission LGBT Field Guide
- AFCH Pediatric and Adolescent Transgender Health (PATH) Clinic
- Physicians for Reproductive Health



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Gender Identity and Development





A Case

Tyler (4-year-old)

- Assigned male at birth, only child
- Attached to his older cousin, Lydia
- Likes to “play princess” at preschool and dress up in dresses at home
- Prefers to play with girls
- Very attached to his baby doll, Chrissy
- While Tyler is thriving at home and at school, parents ask how to approach this behavior



How would you counsel this family?

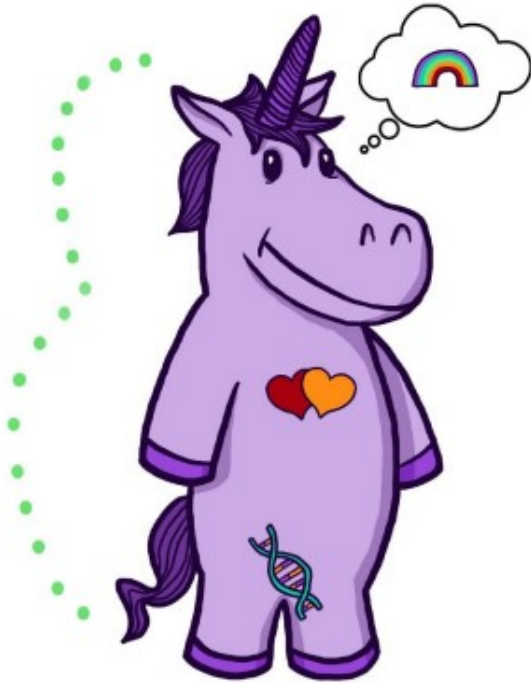
How would you counsel this family?

Mom asks, tearfully, "Is my child transgender?"

What do you say?

The Gender Unicorn

Graphic by:
TSER
Trans Student Educational Resources



 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

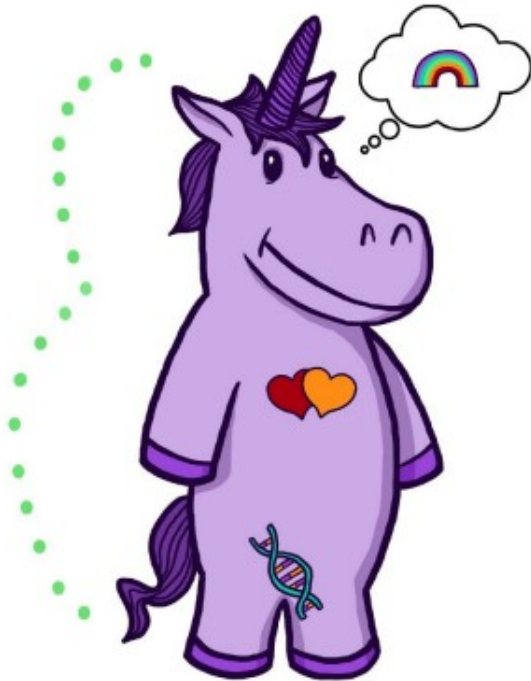
-  Women
-  Men
-  Other Gender(s)

To learn more, go to:
www.transstudent.org/gender

Design by Landyn Pan and Anna Moore

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To learn more, go to:
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Design by Landyn Pan and Anna Moore

Gender, Gender Identity, and Development

Around 2 years:

- identification of different sex/gender labels
- when child may start to display evidence of sex/gender identity

3-4 years:

- May see preference for gender-grouped playmates

4-5 years:

- Increase in stereotypic gender role behavior

6-11 years:

- Gradual shift to more flexible understanding of gender

What comes next?

Limited data, but fairly consistent findings

- 25-37% of children with gender non-conformity referred to specialty center in the Netherlands persist
- Small numbers (cohorts of 77, 127 children)
- Age 5-12, follow-up after 15-16
- Some show higher rates of persistence in those assigned female sex at birth
- "Persisters" are **persistent, consistent, insistent**

*Wallien 2008,
Steensma 2013*

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Sexual orientation

- Higher rates of same-sex attraction in “desister” boys than general population

*Wallien 2008,
Steensma 2013*

Gender Dysphoria - Younger Children

At least 6 of the following with associated significant distress/impairment in function, lasting at least 6 months:

- A strong desire to be of the other gender or an insistence that one is the other gender
- A strong preference for
 - **wearing clothes** typical of the opposite gender
 - **cross-gender roles** in make-believe play
 - **toys, games or activities** stereotypically used by the other gender
 - **playmates** of the other gender
- A strong **rejection of toys, games and activities** typical of one's assigned gender
- A strong dislike of one's sexual anatomy
- A strong desire for the physical sex characteristics that match one's experienced gender

DSM 2013

Social Transition

Social transition is gender transition across social domains; presenting to others as their gender identity rather than their sex assigned at birth.

- a reversible nonmedical intervention that involves
 - changing pronouns
 - changing name
 - changing gender expression (hair style, clothing)

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Olson 2016

- 73 prepubescent children that had already socially transitioned compared to age-matched siblings and peers
- Similar rates of depression and only slightly elevated rates of anxiety (subclinical levels); lower than other studies of kids with GD.

When to refer prepubertal kids?

- To **a mental health provider with experience with gender identity, gender dysphoria, and the affirmative model of care**
 - if there is distress at any point
 - May include family therapy
 - if considering social transition (based on Endocrine Society Recs)
- To **a provider that can provide medical therapy**
 - at any point to establish a relationship, but particularly if puberty is anticipated in the next 1-2 years

Hembree 2017

Puberty and Gender Identity

- 85-95% of adolescents with gender dysphoria are persistent in their gender identity

Hembree 2017, de Vries 2014

Puberty and Gender Identity

- 85-95% of adolescents with gender dysphoria are persistent in their gender identity
- Significant worsening of gender dysphoria at puberty
- High risk of depression, anxiety, self-harm and suicide
- Physical and psychological outcome improved with treatment

Refer right away! (Call if you have questions about how soon they should be seen)

Hembree 2017, de Vries 2014

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Coming out



A Case

A Case

Jon is a 15-year-old cisgender male that has been in your practice since birth.

During his health supervision visit, you note that he has not filled out the "sexual health" section of your GAPS questionnaire.

When you are interviewing Jon individually, he tells you that he has known that he is gay for the last several years. He has been dating his current boyfriend for 4 months and is in a safe and healthy relationship.

Jon is afraid of what will happen if his parents find out that he is gay.

SAHMSA 2014

Coming Out:
Considerations

Support Makes
a Difference

"Conversion
therapy"

Looking
Ahead

Supporting
the family

Consider...

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What would you do?

SAHMSA 2014

Coming Out:
Considerations

Support Makes
a Difference

"Conversion
therapy"

Looking
Ahead

Supporting
the family

Consider...

Coming Out: Considerations

- Youth are coming out **earlier**.
 - SO: Most identify that they have their first crush at **age 9-10** and identify their sexual orientation **around 13.4 years**
 - But identity development is not the same/linear for all
- Risk
 - Higher rates of
 - Family discord
 - Abuse
 - Homelessness

Support Makes a Difference

Family rejection increases risk of...

- Reported attempted suicide (OR 8.4)
- Depression (OR 5.9)
- Risk behaviors (illegal drugs, unprotected intercourse), health outcomes



Family Rejection & Risk for HIV

RISK FOR HIV INFECTION AMONG LGBT YOUNG ADULTS REJECTED BY FAMILIES IN ADOLESCENCE

Ages 21-25



Source: *Supportive Families, Healthy Children: Helping Families with Lesbian, Gay, Bisexual & Transgender Children* by Caitlin Ryan, Family Acceptance Project, San Francisco State University, 2009. Copyright © Caitlin Ryan, PhD. Reprinted with permission.

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Support Makes a Difference

Family rejection increases risk of...

- Reported attempted suicide (OR 8.4)
- Depression (OR 5.9)
- Risk behaviors (illegal drugs, unprotected intercourse), health outcomes



Family Support...

- Protects against above risks and promotes self-esteem, social support, overall health



FAMILY ACCEPTANCE DURING ADOLESCENCE & PERCEPTIONS OF BEING A HAPPY LGBT ADULT

Level of Family Acceptance

EXTREMELY accepting



92%

VERY accepting



77%

A LITTLE accepting



59%

NOT AT ALL accepting



35%

Source: *Supportive Families, Healthy Children: Helping Families with Lesbian, Gay, Bisexual & Transgender Children* by Caitlin Ryan, Family Acceptance Project, San Francisco State University, 2009. Copyright © Caitlin Ryan, PhD. Reprinted with permission.

"Conversion therapy"

- Has been shown to be **ineffective**
- Likely to cause significant harm by internalizing stigma, depression, distress
- **Illegal** in 9 states + D.C.

*AAP Committee on
Adolescence 2013,
LGBT MAP*

Looking Ahead

- Assess **safety**
- Help the youth assess **timing, context**
- **Who** is supportive? Who do they want in the room?
 - PCPs can offer to be present
- **How** do they want to come out?
 - Role playing/rehearsals
- Are they **prepared** for different reactions?
- Do they have **resources** ready?

Supporting the family

- Give the family (and model) **respectful language** to use to discuss SOGI
- Let family members **tell their story**
 - Meet them **where they are**
 - Acknowledge **loss of expectation**
- Educate family about **impact** of their rejecting or supportive behaviors
- Give them ways to **support** their child
 - Not all or nothing
- Provide **resources**
- Meet with them over **time**

Consider...

Jon is a 15-year-old that was assigned a male sex at birth and has been in your practice all of their life.

During their health supervision visit, you note that they did not filled out the "Preferred name/ pronouns" section of your GAPS questionnaire.

When you are interviewing Jon individually, they tell you that they have questioned their gender for the last several years. They have been going to their school's GSA and meeting other transgender teens online. Jon states that they identify as nonbinary and go by they.

Jon is afraid of what will happen if their parents find out that they are transgender and says that they do not know how to approach this conversation.

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Take Homes

- Pediatricians have a huge role to play in supporting and improving the health of LGBTQ+ youth
- Medical support for transgender youth can help improve outcomes - refer at puberty or before!
- Open the door, listen, and follow your patients' lead

Thank you!
Any
questions?

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