Journal of Adolescent Health 66 (2020) 761–765

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JOURNAL OF ADOLESCENT HEALTH

www.jahonline.org

Position paper

Promoting Health Equality and Nondiscrimination for Transgender and Gender-Diverse Youth

The Society for Adolescent Health and Medicine

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A B S T R A C T

Adolescent and young adult health-care providers often care for transgender and gender-diverse (TGD) youth—youth whose gender identity is incongruent with the gender assigned to them at birth. This patient population faces health challenges distinct from their cisgender peers (i.e., youth whose gender identity aligns with their assigned gender at birth), which include the health impacts from gender dysphoria and from societal stigma and discrimination. SAHM encourages adolescent and young adult health-care providers to receive training in providing culturally effective, evidence-based care for TGD youth; calls for more research on gender-affirming health care; and advocates for policies that protect the rights of TGD youth and minimize barriers to attaining healthcare. Consistent with other medical organizations, the Society for Adolescent Health and Medicine promotes the call for gender affirmation as a mainstay of treatment and is opposed to the notion that diversity in gender is pathological.

Positions of the Society for Adolescent Health and Medicine

The Society for Adolescent Health and Medicine (SAHM) supports the following positions:

- Providers of health care to adolescents and young adults need to ensure patient-centered, culturally effective practices when treating transgender and gender-diverse (TGD) youth (evidence and consensus).
- SAHM recognizes that variation in gender identity and expression is normal, recognizes that incongruence between gender identity and genotypic/phenotypic sex is one of many developmental trajectories that individuals may take, and asserts that individuals should not be pathologized on this basis (consensus).
- SAHM recognizes that in many parts of the world, including both high- and low-income nations, TGD individuals face human rights transgressions and victimization (evidence).
- SAHM recognizes that TGD youth face marked health disparities not due to their gender identities, but due to discrimination, societal stigma, lack of social support, and lack of access to gender-affirming care (evidence).
- SAHM strongly recommends that adolescent and young adult health-care providers encourage caregiver acceptance and support for TGD youth (evidence).
- SAHM encourages medical intervention for gender affirmation for adolescents when it is clinically and developmentally appropriate (consensus).
- SAHM opposes all forms of reparative therapy (evidence).
- SAHM calls for more research to develop evidence-based protocols for gender-affirming medications and procedures (consensus).
- SAHM encourages policies and procedures to support and affirm TGD youth in educational, juvenile justice, foster care, and shelter systems (evidence).
- SAHM encourages global organizations to promote government and medical institutional policies and legal reform for the protection of civil rights and access to gender-affirming medications/surgeries (consensus).

Statement of the Problem

Many providers for adolescents and young adults have reported an increased number of TGD youth seeking care [1]. However, many providers also lack the knowledge required to

1054-139X/
https://doi.org/10.1016/j.jadohealth.2020.03.016

address the needs of this unique patient population. Therefore, there is an unmet need for providers to learn the skills necessary to care for TGD youth.

The American Psychological Association defines gender identity as a person's "deeply-felt, inherent sense of being a boy, a man, or male; a girl, a woman, or female; or an alternative gender (e.g., genderqueer, gender nonconforming, gender neutral) [2]." Conventionally, the assignment of one's gender is based on the person's genitalia at birth. Transgender and gender diverse are umbrella terms used to describe the full range of people whose gender identity is incongruent with their gender assigned at birth. Cisgender, in contrast, is a term used to describe people whose gender identity is congruent with their assigned gender at birth. TGD youth have healthcare needs that are distinct from their cisgender peers, and researchers, clinicians, and policy makers should recognize and address these needs to foster the health and well-being of this population.

Methods

The authors conducted a literature review on peer-reviewed publications and policy papers from national and international organizations obtained from databases including PubMed, PyschINFO, and SCOPUS using key terms such as "transgender,""gender identity," and "gender-affirming care." We reviewed all articles relating to pediatric and adolescent transgender health, employing a perspective of adolescent health, public health, policy, and advocacy. The evidence presented by consensus is based on the literature findings that support approaches that have been associated with better health outcomes among TGD youth.

Recommendations

Training in the care for TGD youth

Most health professional training curricula lack content about transgender health, resulting in limited provider comfort and knowledge in this area [3]. Multidisciplinary guidelines exist that can provide foundational and continuing educational training for providers [4–7]. This position paper does not recommend a specific guideline for adolescent and young adult health-care providers.

Culturally effective care for TGD youth

Although guidelines describe minimal cultural competency standards for working with TGD youth, these guidelines also recognize the importance of practicing cultural humility [4–6]. Cultural humility is a life-long process that requires health professionals to enter engaging interactions with parents, communities, colleagues, and themselves. Critical components of cultural humility include provider self-reflection, self-knowledge, and self-critique, and examining one's own biases, values, and lived experiences in relation to patient care [8]. This mindset is critical when working with a population whose gender experiences will vary across not only time but also cultures.

Concepts of gender identity and expression

Providers must understand the variation seen in gender identity and gender expression as a normal phenomenon, influenced by a complex interplay of biological and sociocultural factors. Incongruence between gender identity and genotypic/phenotypic sex is not pathological [9]. However, gender dysphoria is a specific psychiatric diagnosis, defined by the DSM-V as a state of distress and impairment stemming from incongruence between one's gender identity and natal sex [10]. The DSM-V outlines criteria for a diagnosis of gender dysphoria that include descriptors of gender incongruence. These criteria may be improperly used for pathologizing a transgender identity, rather than pathologizing the state of distress that may be experienced as a result of this incongruence. Furthermore, in the 10th International Statistical Classification of Diseases and Related Health Problems, gender dysphoria is referred to as gender identity disorder—a term which implies that the transgender identity is pathological. Because many TGD individuals seek and require medical and surgical intervention to help mitigate gender dysphoria, a diagnostic classification system that more accurately captures the distress of gender dysphoria, rather than describing gender incongruence or pathologizing gender identity, is necessary.

The role of minority stress

Health-care providers must recognize that TGD youth face marked health disparities compared to their peers. TGD youth suffer high rates of significant mental health morbidities, including depression, anxiety, and suicide [11]. In the Minority Stress Model, belonging to a stigmatized group results in lack of access to critical resources, leading to adverse effects on physical and mental health [12]. TGD individuals are subject to gender-related stigma on multiple levels, including lack of equal protections under the law, prohibition from using public accommodations (such as the restroom of one's affirmed gender), barriers to obtaining identification documents reflecting one's asserted name or affirmed gender, or health-care policies which exclude coverage for gender-affirming care. Evidence of interpersonal level stigma is seen in high rates of bullying, harassment, physical and sexual abuse, family rejection, and refusal of services experienced by TGD individuals [13]. As a result of structural and interpersonal stigma, individuals may develop internalized stigma, which decreases help- and support-seeking behavior and impairs ability to cope with stressors [12]. For TGD individuals with multiple minority identities, health disparities are further amplified. In particular, transgender women of color are at tremendous risk of negative health outcomes, with high rates of victimization, homelessness, and a disproportionate burden of HIV [13]—theorized to result from the confluence of transphobia, racism, and sexism.

Gender-affirming care approach

Because many TGD youth experience stigma and discrimination from the society they live in, providers of adolescent and young adult health should encourage family support for their TGD children. There is growing evidence of the positive influence of caregiver support and affirmation of a child's gender identity on TGD youths' health outcomes such as life satisfaction, depressive symptoms, substance use, and suicidality [14]. Model interventions, such as the Children's Gender and Sexuality Advocacy and Education Program at the Children's National Medical Center in Washington, DC have shown that teaching caregiver support and affirmation for TGD youth has been associated with better peer relations and lower levels of mental health problems in the TGD child [15]. However, more research is needed on the impact of caregiver support and affirmation of a child's gender identity, especially from caregivers outside the

nuclear family (e.g., families to which TGD youth choose to belong) on the health and well-being of TGD youth.

Family and social support as well as medical intervention—when indicated—are associated with improvement in psychological functioning and well-being among TGD patients [14,16,17]. When gender-affirming care is clinically indicated, medically necessary, and developmentally appropriate, delaying care until a specific age (e.g., age of majority) is not a neutral option and may place youth at increased risk of negative health outcomes, including death. However, accessibility to medically necessary gender-affirming care will vary by country and health-care system. Considering the diversity of health-care systems around the world (e.g., publicly vs. privately funded health-care systems), providers should work within their country's health-care system to obtain gender-affirming care for TGD youth.

Environments that do not provide gender-affirming care are potentially harmful. Care that is not affirming includes misgendering or being referred to as an inappropriate gender (e.g., being referred to as a man/male when a person is female identified), invasive scrutiny into youth's personal lives, being shamed by providers, and outright denial of care to TGD youth patients. "Reparative" therapy is one example of gender non-affirming care. It refers to the practice of attempting to change an individual's gender identity, a practice that has been historically and routinely presented by the professional community as a reasonable approach for individuals endorsing a transgender or gender diverse identity or experience. Under the belief that gender is malleable, reparative therapy tactics have ranged from simple redirection, thought pattern alteration or hypnosis to aversion techniques including induction of vomiting, nausea, paralysis, or electric shocks to change the expression, behavior, and assertion of one's authentic gender [18]. The last 20 years has demonstrated a significant evolution of perspective from professional organizations, resulting in statements and positions underscoring the potential danger of reparative therapy, as well as acknowledging that transgender experience is not pathological [19]. Therefore, conversion therapy should be banned as a clinical practice. Similar positions have been adopted by the World Professional Association for Transgender Health, the Australian and New Zealand Professional Association for Transgender Health, and the Canadian Professional Association for Transgender Health. Despite these statements, reparative therapy is still being practiced around the world, including in many jurisdictions in the U.S., Canada, and Australia.

Need for further research on gender-affirming care

There is limited research on the long-term outcomes and effects of gender-affirming treatment for TGD youth, such as neurocognitive function, cancer, and cardiovascular risks. Few prospective studies of medical outcomes for TGD youth exist, and they are often of short duration and/or small sample size. Prevalence of gender dysphoria and nonbinary gender identities is not well defined nor are the characteristics of those who choose not to pursue or continue gender-affirming hormones. As of 2019, there is only one multisite National Institutes of Health-funded grant in pediatric transgender care to examine the impact of early treatment in transgender youth [20]. Several issues limit current research, including the concern that withholding hormonal interventions can be damaging to the youth and that these patients are such a small proportion of the overall population. We need more research regarding general characteristics of transgender youth; long-term effects of puberty blocker use on brain development, bone health, and fertility; and long-term consequences of starting hormones in adolescence such as overall metabolic and neurocognitive changes, cancer and cardiovascular risks, impact on suicide rates, and long-term psychological outcomes.

Policies that impact the health and well-being of TGD youth

Providers should recognize TGD youth are at particularly high risk for physical and verbal harassment in schools, detention facilities, foster care, and shelters [21]. Schools should ensure that every youth, regardless of gender identity or expression, has equal access to educational and social programming, activities, and facilities in a safe and supportive environment that is free from discrimination, bullying, and harassment [22]. All staff in these settings should receive systematic training, technical assistance, and professional development that build the capacity of educators and frontline staff to honor the gender diversity of all youth; this includes the identification of staff members to function as leads around gender diversity work and issues. TGD youth in the juvenile justice, foster care, and shelter systems should be able to access gender-affirming health care, and SAHM recommends development of best practices for youth in these settings.

Medical institutional policies will need to address the unique needs of TGD youth. Clinicians often play a key role in affirming the gender of the adolescent. A nonaffirming environment has been associated with avoiding or delay in care [23]. The role of medical institutional policies is to support clinicians to provide affirming and nondiscriminatory care for TGD youth and their families.

Medical institutional policies that include structural changes that address the unique needs of TGD youth and their families will also be needed to transform the environment into a welcoming space. Gender neutral restrooms and use of patient-asserted name and pronouns are two examples of structural change. The use of patient-asserted name and pronouns in the medical record and clinical environment is directly in line with the US Centers for Medicare and Medicaid Services and the National Coordinator for Health Information Technology requirement that all electronic health record systems certified under the Meaningful Use incentive program have the capacity to confidentially collect information on gender identity. It is also a requirement for the Human Rights Campaign Health Equality Index, the national lesbian, gay, bisexual, transgender, questioning benchmarking tool that evaluates health-care facilities as it relates to equity and inclusion to their lesbian, gay, bisexual, transgender, questioning patients, visitors, and employees.

Legal policies that affect the lives of TGD youth should be gender affirmative and promote access to competent healthcare which is responsive to the medical needs of the individual [24]. Legal impediments to health-care access cause treatment delay, have cost implications, and can result in significant psychological harm [23]. Advocacy efforts should be undertaken to promote legal reform allowing equal access to medical insurance [17] and mandating insurance coverage of gender-affirming services as recommended by WPATH and Endocrine Society Guidelines and in accordance with statutes such as the Affordable Care Act Section 1557 in the US. Where a public health-care system exists, comprehensive health care for TGD youth including

psychological support, and surgery—often improperly defined as cosmetic and, therefore, not covered by insurance—should be provided within that system [24].

Identity documentation carried by TGD youth is often incongruent with their gender identity and can reveal their transgender status [24]. Few countries legally recognize gender outside the gender binary, while others make it difficult to change gender markers on legal documents. For example, in Japan, sterilization is a requirement for a legal gender marker change. Accessible identity documentation reflecting a young person's affirmed gender will reduce discrimination, improving health and well-being outcomes [24].

Forcing TGD youth to use sex-segregated bathroom facilities or locker rooms contrary to their identity can impose emotional and physical harm including consequences of restricting food or fluid intake, and therefore, policies are needed to ensure access to appropriate facilities. Discrimination through exclusion in access to housing, employment, and other everyday privileges of society may be similarly detrimental [25]. Legal systems can entrench marginalization and feed inequality [26], while laws that reduce stigma and provide equal opportunities for TGD youth in social, familial, educational, and vocational domains have the potential to improve health.

Summary

Health-care providers must acknowledge that TGD youth have unique health-care needs compared to their cisgender peers. Nascent research and collective clinical experience strongly suggest that gender affirmation is the best approach for working with TGD youth. However, because anti-transgender stigma and discrimination are major drivers for adverse health outcomes among TGD youth, health-care providers must also advocate for medical institutional and governmental policies that promote equitable treatment and minimize barriers to healthcare.

Prepared by:

Gerald T. Montano, D.O., M.S.
University of Pittsburgh School of Medicine
UPMC Children's Hospital of Pittsburgh
Pittsburgh, Pennsylvania

Renata Arrington-Sanders, M.D., M.P.H, Sc.M.
John Hopkins School of Medicine
Baltimore, Maryland,

Joey Bonifacio, M.D., M.Sc., M.P.H, M.A.
University of Toronto
St. Michael's Hospital
Toronto, Ontario, Canada

Mandy Coles, M.D., M.P.H.
Boston University School of Medicine
Boston, Massachusetts

Nadia Dowshen, M.D., M.S.H.P.
University of Pennsylvania Perelman School of Medicine
Children's Hospital of Philadelphia
Philadelphia, Pennsylvania

Katherine Greenberg, M.D.
University of Rochester Medical Center
Rochester, New York

Shauna Lawlis, M.D.
Oklahoma University School of Medicine
Oklahoma City, Oklahoma

Eric Meininger, M.D, M.P.H.
Indiana University School of Medicine
Indianapolis, Indiana

Jamie Mehringer, M.D.
Children's Hospital of Philadelphia
Philadelphia, Pennsylvania

Johanna Olson-Kennedy, M.D.
Children's Hospital Los Angeles
Los Angeles, California

Michelle Telfer, M.B.B.S. (Hons.)
University of Melbourne
Royal Children's Hospital Melbourne
Melbourne, Victoria, Australia

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