



NATIONAL LGBTQIA+ HEALTH
EDUCATION CENTER

A PROGRAM OF THE FENWAY INSTITUTE



Improving Mental Health Outcomes For Transgender And Gender Diverse (TGD) Youth Through Gender-affirming Care

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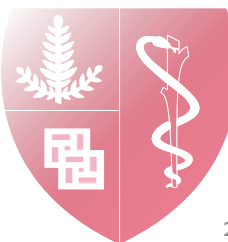
Our Roots

Fenway Health

- Independent 501(c)(3) FQHC
- Founded 1971
- Mission: To enhance the wellbeing of the LGBTQIA+ community as well as people in our neighborhoods and beyond through access to the highest quality health care, education, research, and advocacy
- Integrated primary care model, including HIV and transgender health services

The Fenway Institute

- Research, Education, Policy



LGBTQIA+ Education and Training

The National LGBTQIA+ Health Education Center offers educational programs, resources, and consultation to health care organizations with the goal of providing affirmative, high quality, cost-effective health care for lesbian, gay, bisexual, transgender, queer, intersex, asexual, and all sexual and gender minority (LGBTQIA+) people.

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When The Webinar Concludes

- Close the browser, and an evaluation will automatically open for you to complete.
- We very much appreciate receiving feedback from all participants.
- Completing the evaluation is required to obtain a CME/CEU certificates.



CME/CEU Information

This activity has been reviewed and is acceptable for up to 1.0 Prescribed credits by the American Academy of Family Physicians. Participants should claim only the credit commensurate with the extent of their participation in this activity.

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Other Health Professionals	Confirm equivalency of credits with relevant licensing body.



Objectives

- Explain how the treatment of prepubertal transgender youth has evolved over the past two decades
- Discuss the rationale and current evidence base for pubertal suppression for transgender adolescents
- Discuss the rationale and current evidence base for gender-affirming hormone treatment for transgender adolescents



Overview

Terminology & Background

Pre-pubertal Children: Early Social Transition

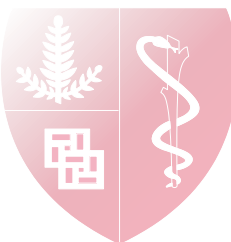
Early Adolescence: Pubertal Blockade

Late Adolescence: Gender-affirming Hormones



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Terminology & Background

Terminology & Background

Pre-pubertal Children: Early Social Transition

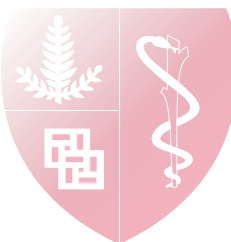
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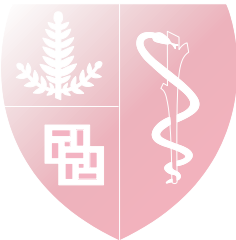
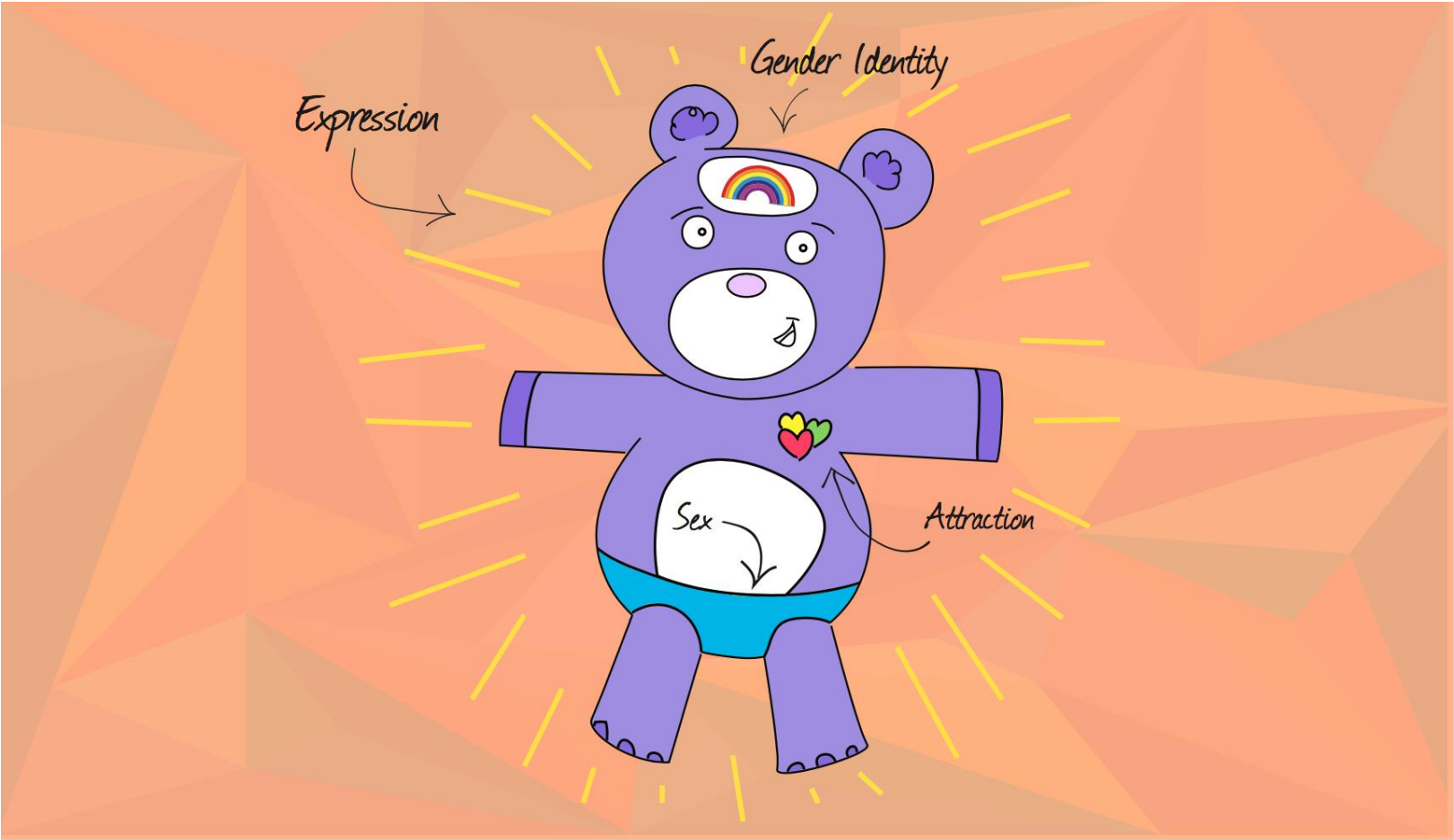


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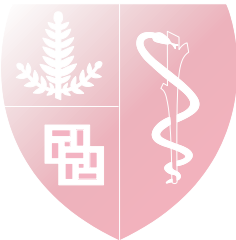
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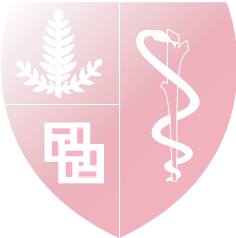
Terminology Review: The Gender Bear



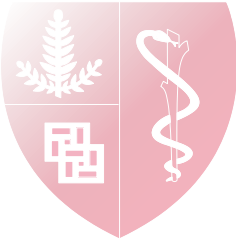
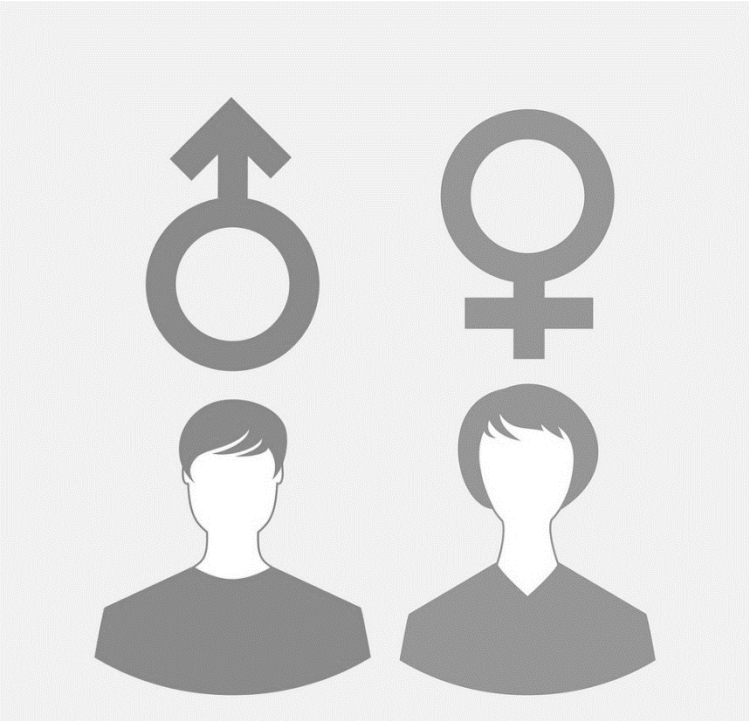
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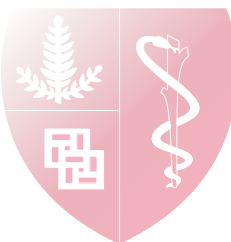


Terminology Review: The Gender Bear

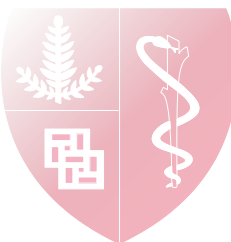
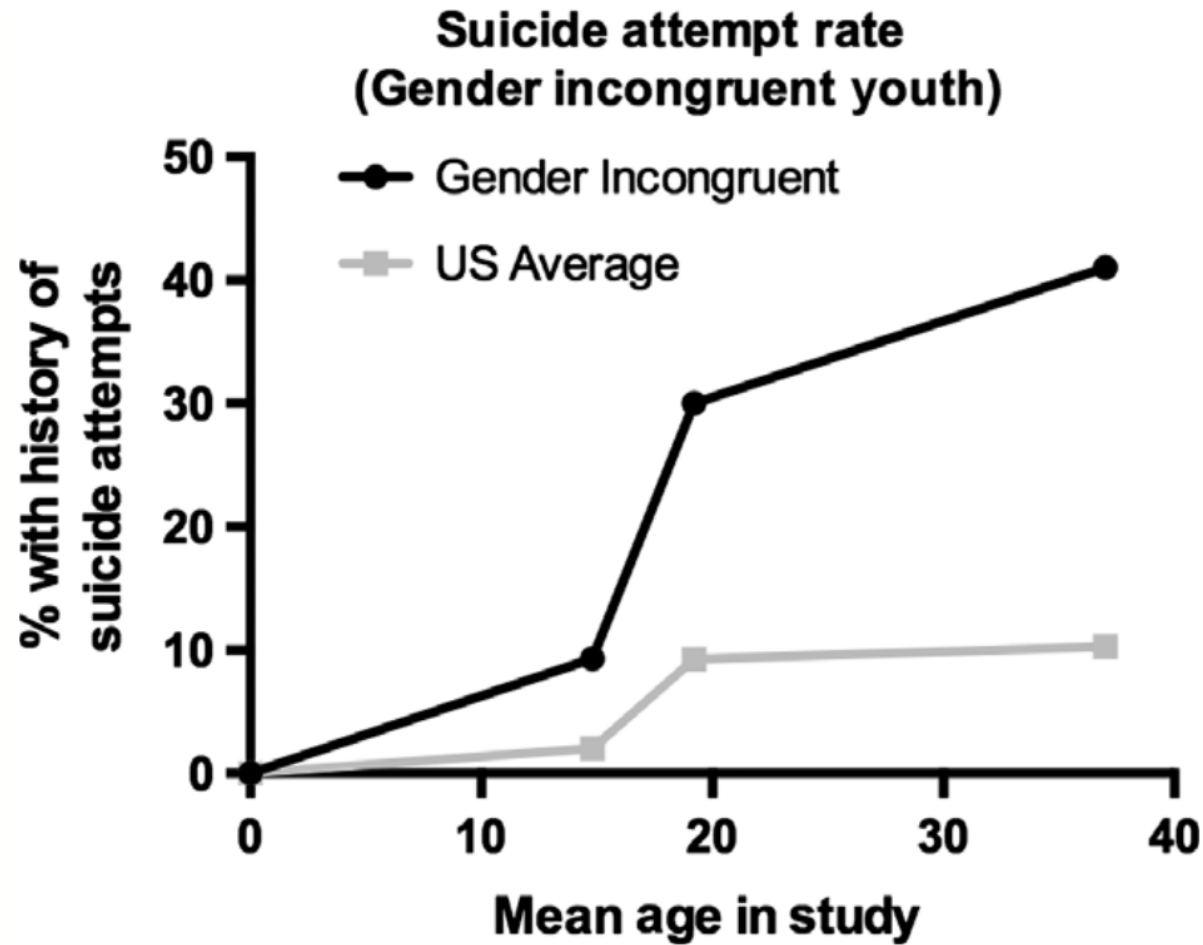


Psychiatric Morbidity

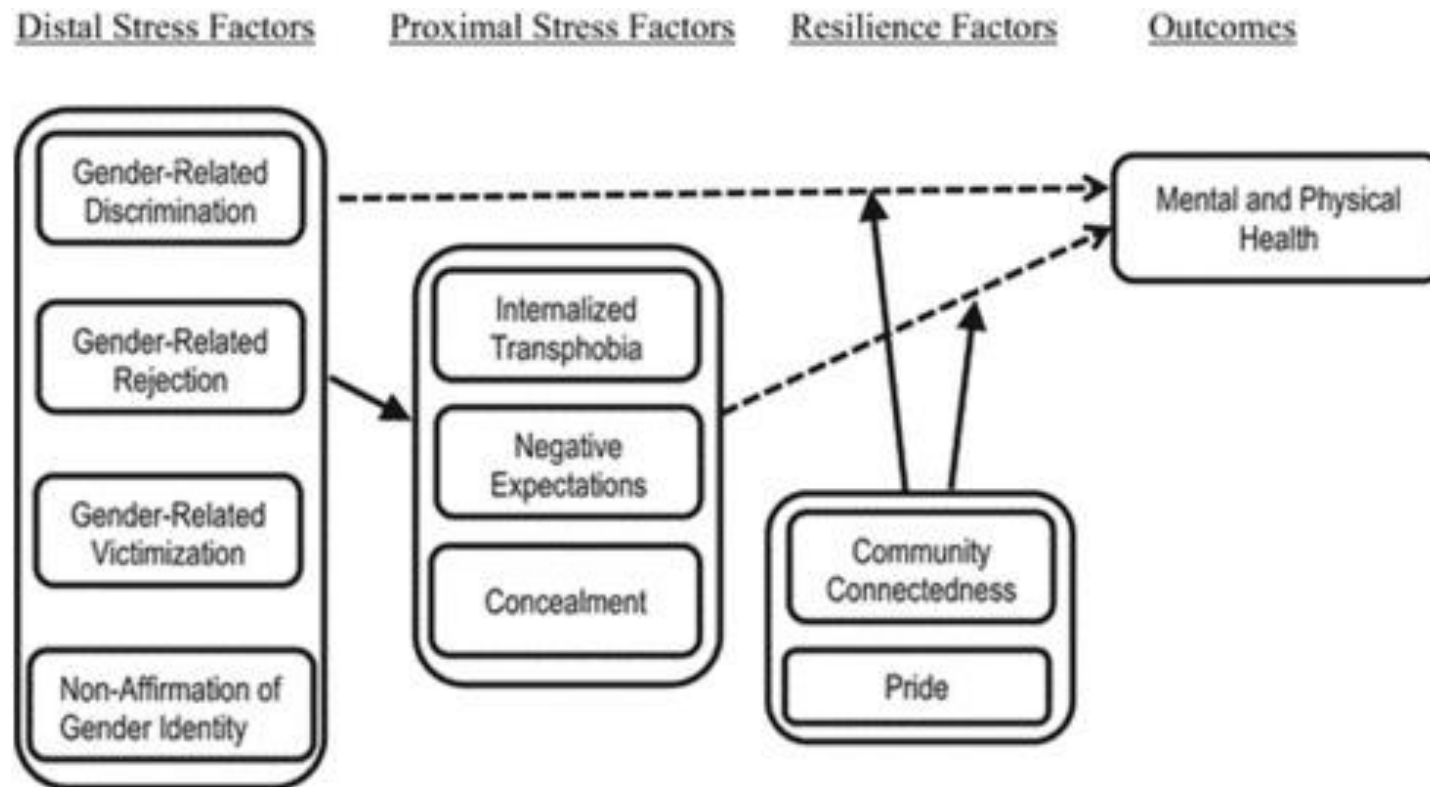
Metric	Rates (Range of Reported)
Victim of Bullying	80%
Mood Disorder	12.4-64%
Anxiety Disorder	16.3-55%
Past Suicide Attempt	9.3-30%



Risk Of Suicide Attempt Appears To Increase With Age And Is Dramatically Higher Than The General Population



Minority Stress Is The Dominant Framework For Understanding Mental Health Disparities Among LGBTQIA+ People



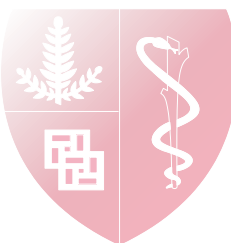
The Traditional Model Of Gender Identity Development

Research Regarding Cisgender Youth Gender Identity Development

- Age 3: children identify their own gender identity (Gulgoz et al. PNAS 2019)
- Ages 3-5: children identify their gender identity as something that will not change over time (Gulgoz et al. PNAS 2019)

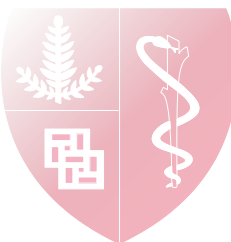
Research Regarding Transgender Youth Gender Identity Development

- As many as 80% of prepubertal children referred to gender clinics do not appear to identify as transgender in adolescence or adulthood (note: many methodological errors, including not establishing gender identity, e.g., Steensma et al. JAACAP 2013)
- Adolescents who reach puberty and assert a transgender or gender diverse identity are unlikely to later identify as cisgender (e.g., Wiepjes et al. J Sex Med 2020)



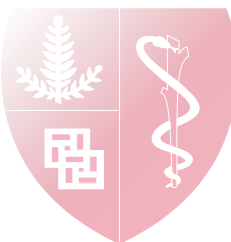
Ten Things Transgender & Gender Diverse Youth Want Their Doctors To Know

- Gender-affirming hormonal interventions can save my life
- Please train your staff as well. Many of us have had visits starting with the wrong tone, starting with check-in. This can make me shut down.
- If I am depressed or anxious, it's likely not because I have issues with my gender identity, but because everyone else does
- Let me know that you are on my team



Ten Things Transgender & Gender Diverse Youth Want Their Doctors To Know

- **Gender and sexuality are totally different things**
- Talking to strangers about this is uncomfortable
- **Non-binary people exist**
- **Names, pronouns, and gender markers are important**
- Don't ask me about my genitals unless medically necessary
- Physical exams are uncomfortable for everyone, but especially for me

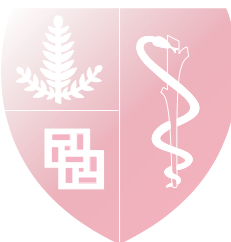


Prepubertal Youth: Historically Three Described Approaches

“Living in Your Own Skin Model”

Watchful Waiting Model

Gender Affirmative Model

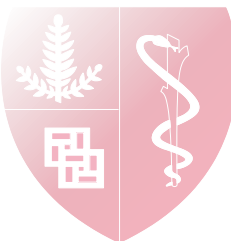


Discussion #1: Early Social Transition



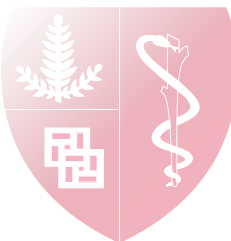
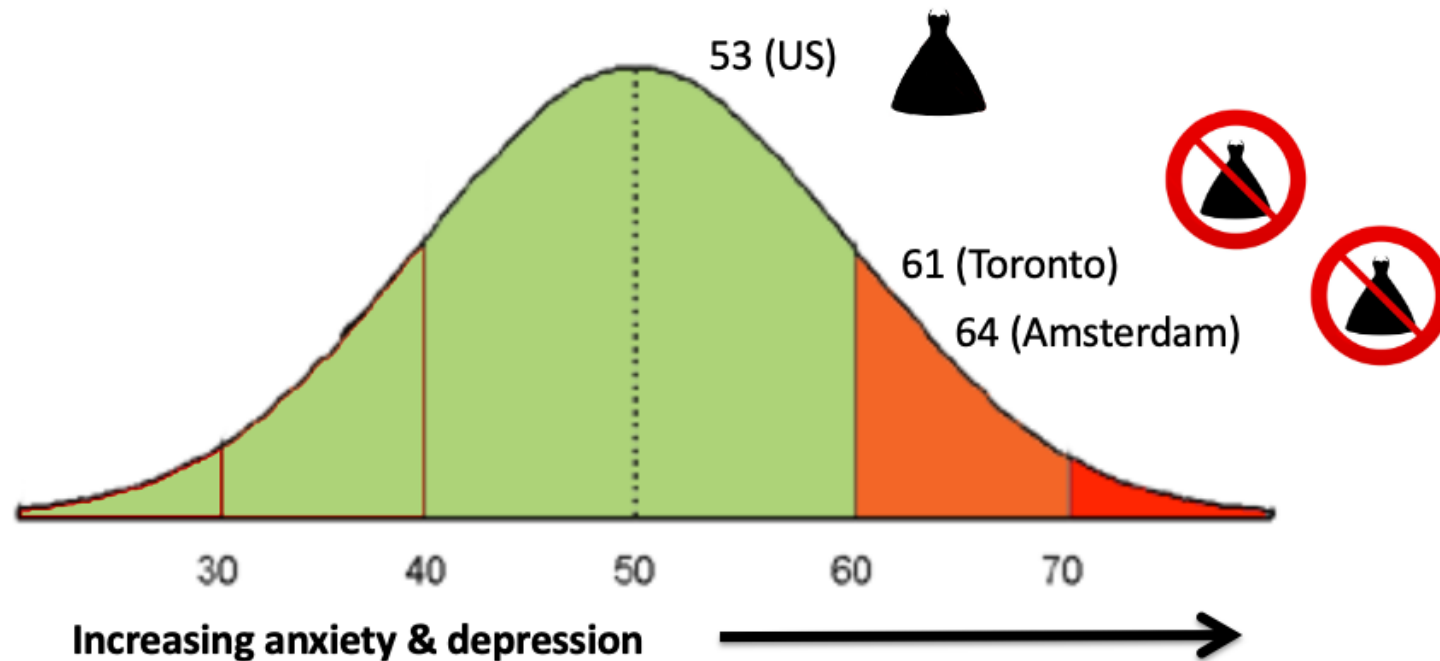
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Early Social Transition: The Data

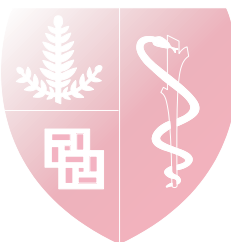
Transgender Youth: The Building Evidence Base for Early Social Transition



2015 US Transgender Survey Data



- N = 27,715 transgender adults in the U.S.
- Non-probability sample
- Online survey distributed via community outreach with over 400 organizations



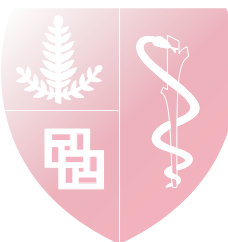
Gender Identity Conversion Efforts: The Data

Mental health of transgender adults exposed to gender identity conversion pressure compared to those who discussed gender identity with a therapist without conversion pressure.

	aOR* (99.9% CI)	P-value [◇]
Past-year Suicidal Ideation	1.44 (1.03–2.02)	<.001
Past-year Suicidal Ideation with Plan	1.52 (1.09–2.14)	<.001
Lifetime Suicidal Ideation	1.90 (1.12–3.23)	<.001
Lifetime Suicide Attempts	2.27 (1.60–3.24)	<.001
Past-Month Severe Psychological distress (K6 ≥ 13)	1.56 (1.09–2.24)	<.001

* Adjusted for assigned sex at birth, gender identity, sexual orientation, race, age cohort, family supportiveness, partnership status, educational attainment, employment status, and total household income.

◇ Bolded P values indicate significance at P < 0.001 (given adjustment for multiple comparisons).



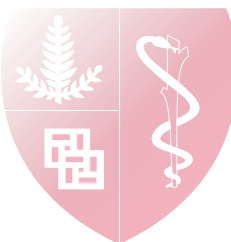
Gender Identity Conversion Efforts: The Data

Mental health of transgender adults exposed to gender identity conversion pressure ***before age 10*** compared to those who discussed gender identity with a therapist without conversion pressure.

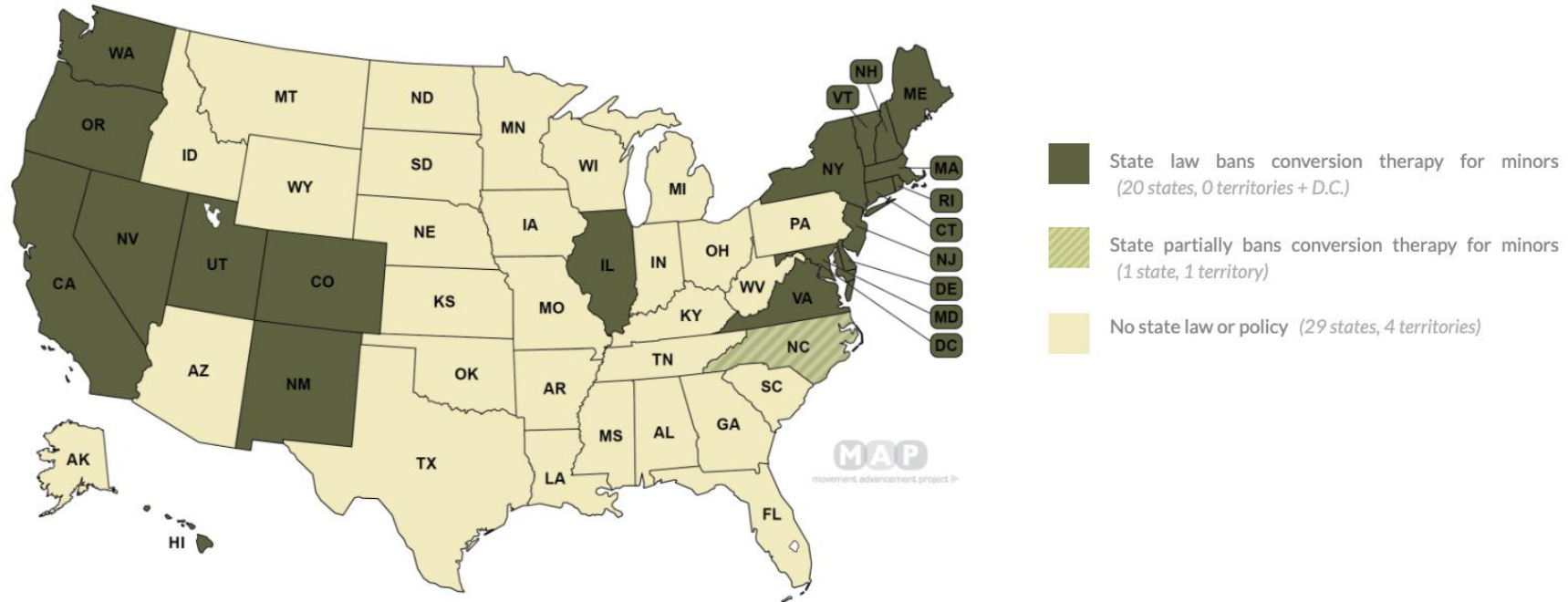
	aOR* (99.9% CI)	P-value [◇]
Past-year Suicidal Ideation	2.03 (1.01–4.07)	0.0008
Past-year Suicidal Ideation with Plan	2.82 (1.42–5.62)	<.0001
Lifetime Suicidal Ideation	1.90 (0.66–5.52)	0.0470
Lifetime Suicide Attempts	4.15 (2.44–7.69)	<.0001
Past-Month Severe Psychological distress (K6 ≥ 13)	1.75 (0.72–4.24)	0.0387

* Adjusted for adjusting for assigned sex at birth, gender identity, sexual orientation, race, age cohort, family supportiveness, partnership status, educational attainment, employment status, and total household income.

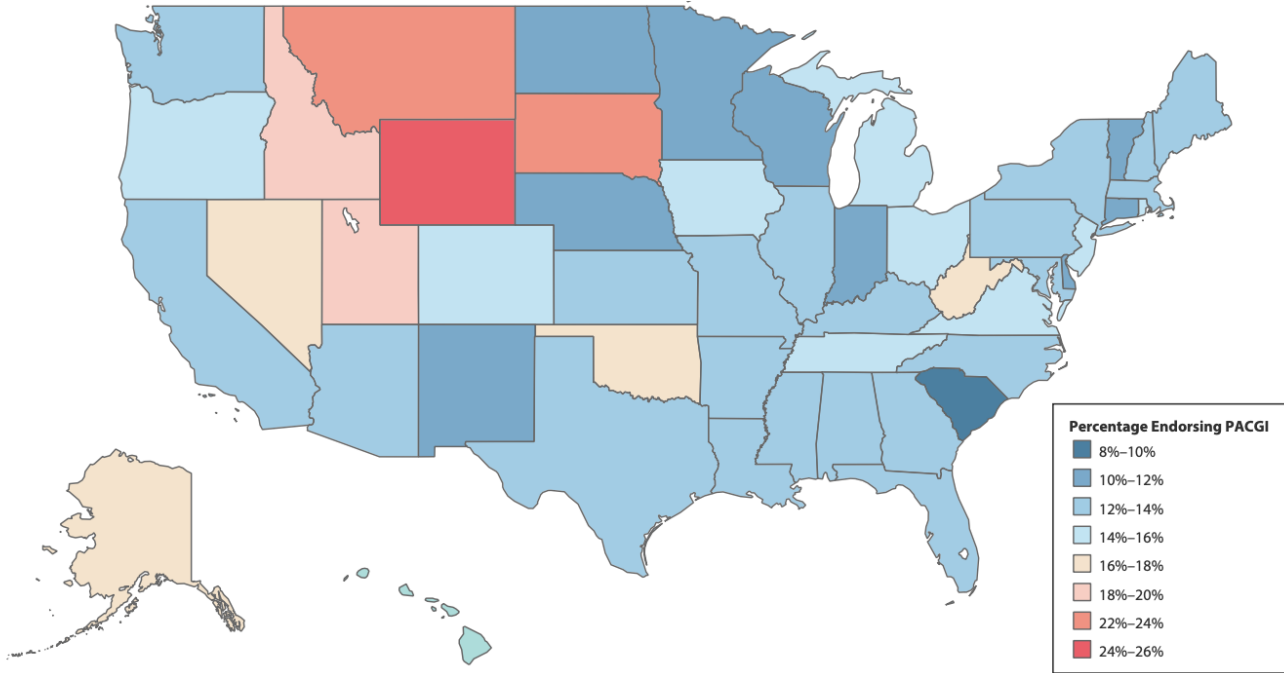
◇ Bolded P values indicate significance at P < 0.001 (given adjustment for multiple comparisons).



Conversion Therapy Is Still Legal In Most U.S. States

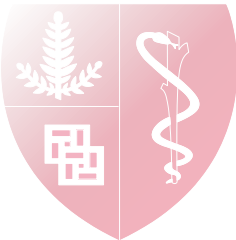


13.5% Of Transgender People Report Lifetime Exposure To Gender Identity Conversion Efforts



Note. Heat map depicts the percentage of respondents from the 2015 US Transgender Survey reporting lifetime exposure to PACGI.

FIGURE 1—Estimated Proportion of Transgender People Exposed to Psychological Attempts to Change a Person’s Gender Identity From Transgender to Cisgender (PACGI): United States, 2015



Will The US Supreme Court Be Considering The Constitutionality Of Conversion Therapy Bans?

The panel led by two Trump appointees went against rulings in the Ninth and Third Circuits that upheld bans on juvenile gay conversion therapy.



The James Lawrence King Federal Justice Building, home of the 11th Circuit Court of Appeals' Miami office.

11th Circuit Splits With Sister Courts on Gay-Conversion Bans



Early Adolescence: Pubertal Blockade

Terminology & Background

Pre-pubertal Children: Early Social Transition

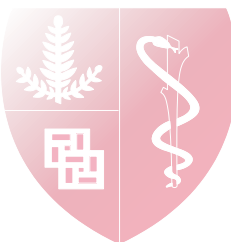
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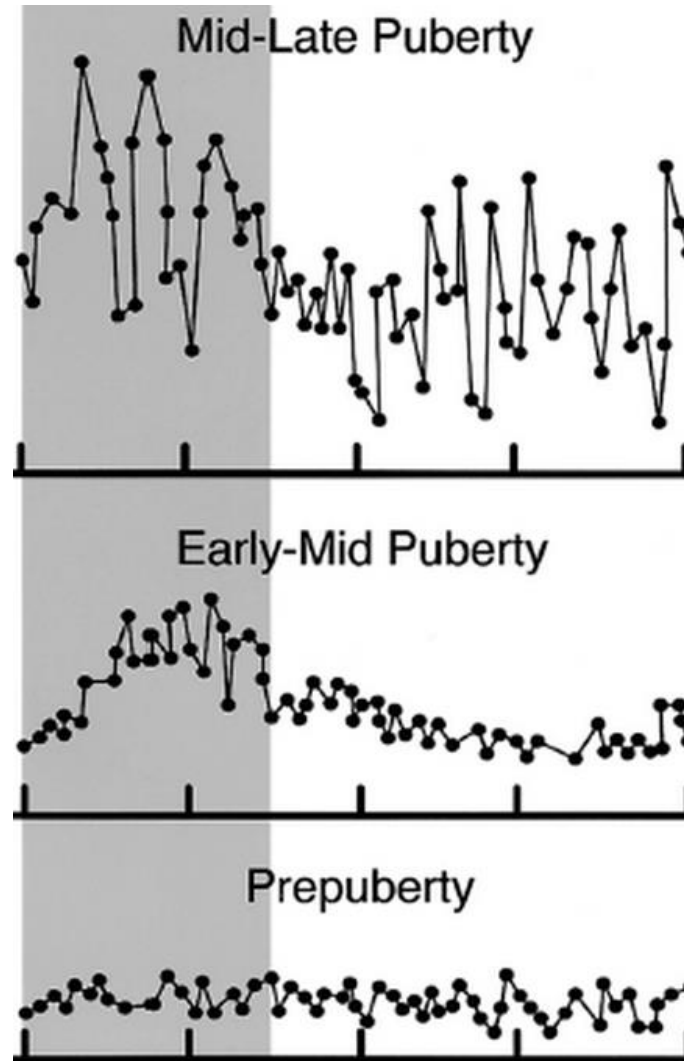


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Physiology Review: GnRH & Puberty

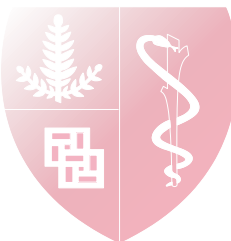


Geography Review: Amsterdam Clinic



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Geography Review: Amsterdam Clinic



The Landmark Case Report

Case Reports > [Eur Child Adolesc Psychiatry](#). 1998 Dec;7(4):246-8.

doi: [10.1007/s007870050073](https://doi.org/10.1007/s007870050073).

Pubertal delay as an aid in diagnosis and treatment of a transsexual adolescent

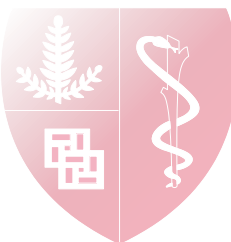
[P T Cohen-Kettenis](#)¹, [S H van Goozen](#)

Affiliations + expand

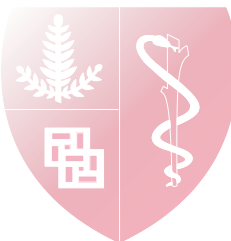
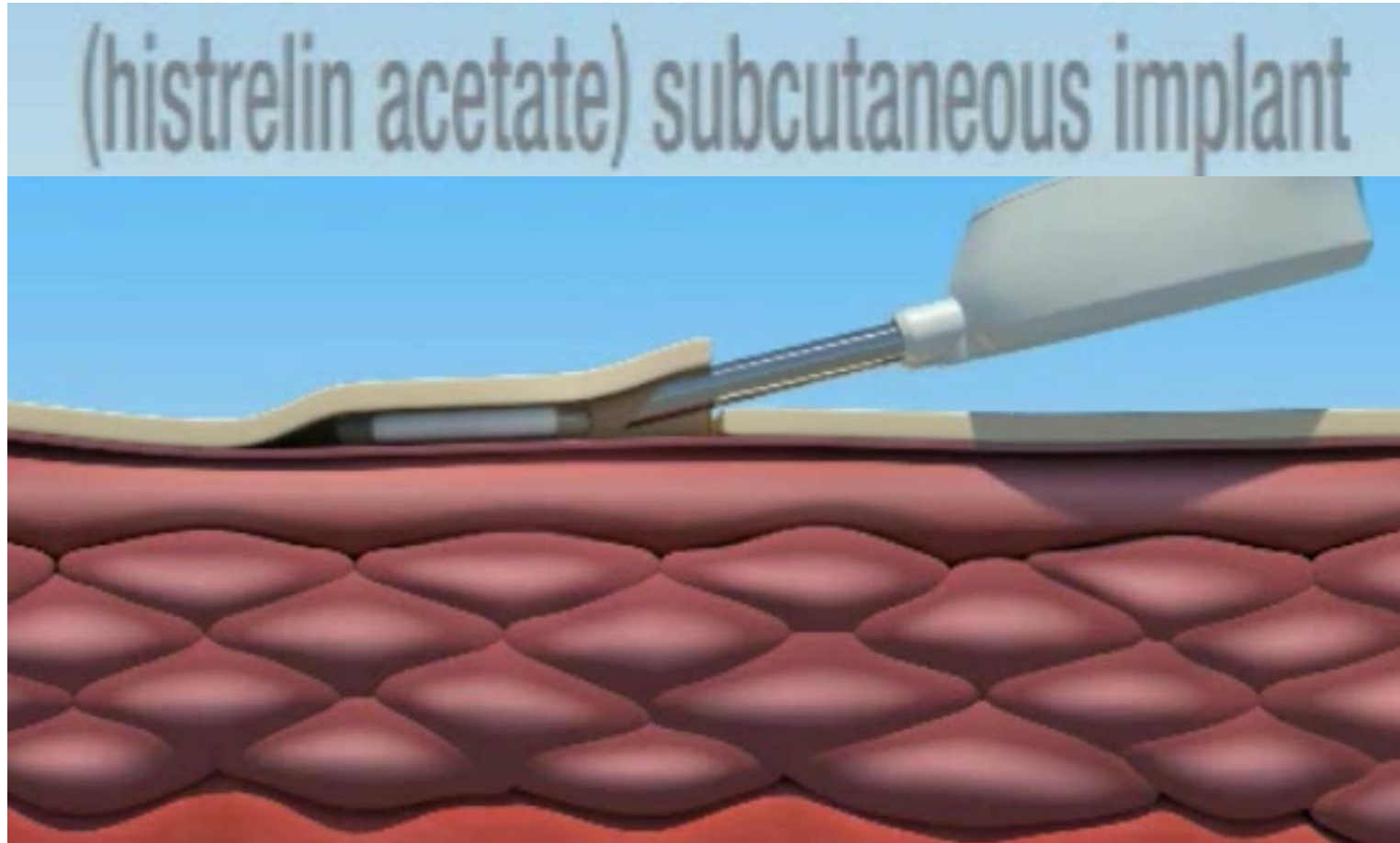
PMID: 9879847 DOI: [10.1007/s007870050073](https://doi.org/10.1007/s007870050073)

Abstract

Early cross-sex hormonal interventions (that is, between 16 and 18) as a treatment for young transsexuals are often considered to be risky. However, the delay of such treatment until after the development of secondary sex characteristics has obvious drawbacks for transsexual individuals. This paper reports a postoperative follow-up case-study of a female-to-male transsexual who was treated with a combination of an LHRH agonist (which delayed her secondary sex characteristics development) and psychotherapy at age 13, and subsequently underwent sex reassignment at 18.

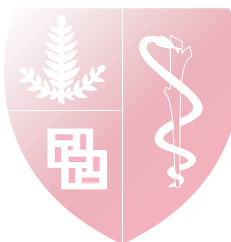


GnRH Analogs Come As Implants, Daily Injections, Or Depot Injections (Every 3 Months)



Pubertal Suppression: The Data

Study	Design	N	Results
DeVries et al. 2014 <i>Pediatrics</i>	Longitudinal cohort	55	↓ depression
Costa et al. 2015 <i>J Sex Med</i>	Longitudinal cohorts	100 vs 101	↑ global function
Turban et al. 2020 <i>Pediatrics</i>	Cross-sectional	89 vs 3405	↓ suicidal ideation
Van der Miesen et al. 2020 <i>JAH</i>	Cross-sectional	178 vs 272	↓ internalizing
Achille et al. 2020 <i>Int J Ped Endo</i>	Longitudinal cohort	23	↓ depression
Kuper at al. 2020 <i>Pediatrics</i>	Longitudinal cohort	25	∅ in subgroup
Carmichael et al. 2020 <i>PLoS One</i>	Longitudinal cohort	44	∅
DeVries et al. 2011 <i>J Sex Med</i>	Longitudinal cohort	70	↓ internalizing & externalizing



Late Adolescence: Gender-affirming Hormones

Terminology & Background

Pre-pubertal Children: Early Social Transition

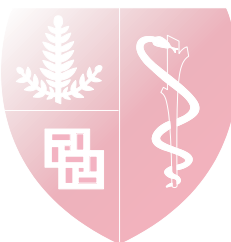
Early Adolescence: Pubertal Blockade

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Gender-affirming Hormones Are Generally Offered At Age 16, Though New Guidelines Note As Early As 13.5

Table 12. Masculinizing Effects in Transgender Males

Effect	Onset	Maximum
Skin oiliness/acne	1–6 mo	1–2 y
Facial/body hair growth	6–12 mo	4–5 y
Scalp hair loss	6–12 mo	— ^a
Increased muscle mass/strength	6–12 mo	2–5 y
Fat redistribution	1–6 mo	2–5 y
Cessation of menses	1–6 mo	— ^b
Clitoral enlargement	1–6 mo	1–2 y
Vaginal atrophy	1–6 mo	1–2 y
Deepening of voice	6–12 mo	1–2 y

Testosterone

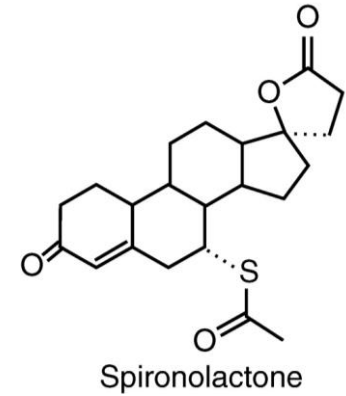
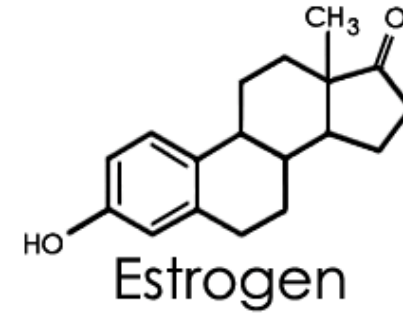
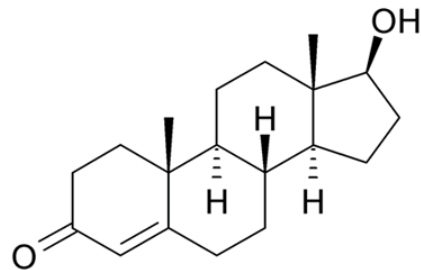
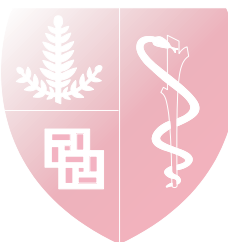


Table 13. Feminizing Effects in Transgender Females

Effect	Onset	Maximum
Redistribution of body fat	3–6 mo	2–3 y
Decrease in muscle mass and strength	3–6 mo	1–2 y
Softening of skin/decreased oiliness	3–6 mo	Unknown
Decreased sexual desire	1–3 mo	3–6 mo
Decreased spontaneous erections	1–3 mo	3–6 mo
Male sexual dysfunction	Variable	Variable
Breast growth	3–6 mo	2–3 y
Decreased testicular volume	3–6 mo	2–3 y
Decreased sperm production	Unknown	>3 y
Decreased terminal hair growth	6–12 mo	>3 y ^a
Scalp hair	Variable	— ^b
Voice changes	None	— ^c



Gender-affirming Hormones: The Data

Study	Design	N	Results
DeVries et al. 2014 <i>Pediatrics</i>	Longitudinal cohort	55	↓ internalizing
Allen et al. 2019 <i>Clin Prac Ped Psych</i>	Longitudinal cohort	47	↓ suicidality
Achille et al. 2020 <i>Int J Ped Endo</i>	Longitudinal cohort	50	↑QoL (transfem)
Kuper et al. 2020 <i>Pediatrics</i>	Longitudinal cohort	123	∅
Lopez de Laura et al. 2020 <i>Anals de Pediatria</i>	Longitudinal cohort	23	↓ anxiety and depression
Kaltaila et al. 2019 <i>Nordic J Psych</i>	Longitudinal cohort	52	↓ in need for treatment for anxiety, depression, and suicidality/NSSI
Grannis et al. 2021 <i>Psychoneuroendo</i>	Longitudinal cohort	19	↓ internalizing ↑ body image
Green et al. 2021 <i>JAH</i>	Cross-sectional	1,216 vs 4,537	↓ depression and suicidality
Turban et al. 2022 <i>PLOS One</i>	Cross-sectional	481 vs 8,860	↓ suicidality & psychological distress



Questions?



Appendix



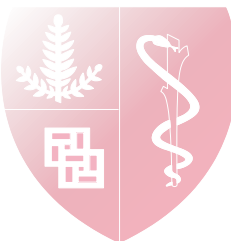
Gender Identity And Expression Are Not Static For All People (Turban & Keuroghlian JAACAP 2018)

CLINICAL PERSPECTIVES

 Check for updates

Dynamic Gender Presentations: Understanding Transition and “De-Transition” Among Transgender Youth

Jack L. Turban, MD, MHS, and Alex S. Keuroghlian, MD, MPH



Internal And External Factors Must Be Considered When An Adolescent Expresses Gender Identity Evolution (Turban et al. JAMA Pediatrics 2018)

VIEWPOINT

Understanding Pediatric Patients Who Discontinue Gender-Affirming Hormonal Interventions

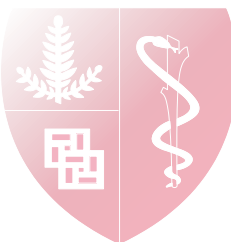
Internal Factors

External Factors



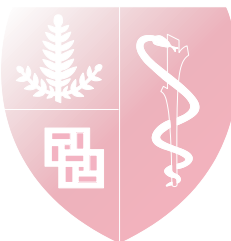
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Having A History Of Gender “De-transition” Is Relatively Common Among Adult Transgender People (Turban et al. LGBT Health 2020)

- 13.1% of participants report a history of de-transition
- 82.5% of those reported at least one external factor as a reason (e.g., family or societal stigma)



Understanding External Factors Driving an Evolution of Gender Identity or Expression (Turban et al. LGBT Health. 2020)

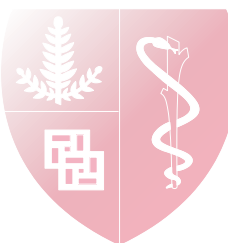
“I live in a very conservative place and was afraid for my safety.”

“Military forced me to de-transition while in service.”

“School staff harassed and abused me daily for my gender expression,”

TABLE 2. REASONS FOR DETRANSITION AMONG RESPONDENTS

Reason	Responses endorsing this reason	
	N	%
Caregiving reasons	26	1.2
Difficult to blend in as identified gender	22	1.0
Financial reasons	79	3.5
Fluctuations in identity or desire	235	10.5
Inconclusive/something else/don't know/NA	51	2.3
It was just too hard for me	753	33.6
Lack of support	19	0.8
Legal reasons	19	0.8
Medical reasons	73	3.3
Fertility reasons specifically	9	0.4
Pressure		
Pressure from a medical health professional	11	0.5
Pressure from a mental health professional	127	5.7
Pressure from a parent	798	35.6
Pressure from community or societal stigma	729	32.5
Pressure from my employer	392	17.5
I had trouble getting a job	603	26.9
Pressure from military-related service	11	0.5
Pressure from friends or roommates	319	14.2
Pressure from other family members	580	25.9
Pressure from religion	121	5.4
Pressure from school	24	1.1
Pressure from spouse or partner	454	20.2
Wanting to find a spouse or partner	8	0.4
Psychological reasons	87	3.9
Sexual or physical assault	19	0.8
Sports-related reasons	2	0.1
Travel or relocation	38	1.7
Unable to access hormones	14	0.6
Uncertainty or doubt around gender	54	2.4
Cited at least one listed external factor	1850	82.5
Cited at least one listed internal factor	357	15.9



Data Limitations

- USTS data surveyed only individuals with transgender identities
- Currently no published peer-reviewed literature about adolescents who “de-transition” and then identify as cisgender
- Non-probability sample



As With Gender Identity Minority Stress, External Factors May Drive Internal Factors

LIFE

An “Ex-Detransitioner” Disavows the Anti-Trans Movement She Helped Spark

“It’s very similar to ex-gay communities,” she now says. “No one really changes.”

BY EVAN URQUHART

FEB 01, 2021 • 10:3



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The Politicization Of Dynamic Gender Identities (Turban Et Al. Jama 2021)

VIEWPOINT

Legislation to Criminalize Gender-Affirming Medical Care for Transgender Youth

Arkansas passes bill to ban gender-affirming care for trans youth

Chase Strangio of the ACLU said it's the "single most extreme anti-trans law to ever pass through a state legislature."



**Jack L. Turban, MD,
MHS**

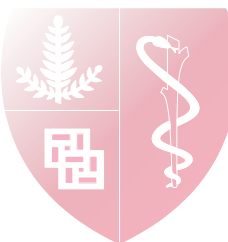
Division of Child &
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Solomon Center for
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Yale Law School,
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“Rapid-onset Gender Dysphoria”



RESEARCH ARTICLE

Rapid-onset gender dysphoria in adolescents and young adults: A study of parental reports

Lisa Littman*

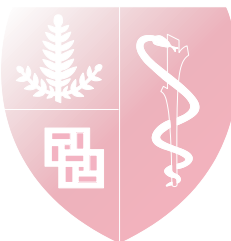
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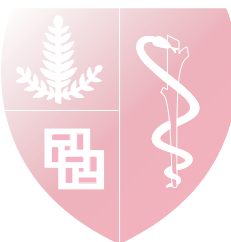
“Rapid-onset Gender Dysphoria” Data Limitations

- Study surveyed only parents, no youth report
- Study utilized an anonymous Survey Monkey, did not verify that participants completed survey only once
- Many have expressed concern that the websites used to recruit participants are ideology-driven (for example “4th Wave Now”)



“Rapid-onset Gender Dysphoria” Data Limitations

- Inappropriate comparisons between normative behavior (diverse gender expression) and psychopathology (NSSI or anorexia nervosa)
- Future studies needed to understand the experiences of these children and whether their “de-transition” was secondary to family rejection
- Currently, there is insufficient data to suggest that “rapid-onset gender dysphoria,” as conceptualized, is a valid clinical entity



Will Patients Regret Treatment?

Gender-affirming Medical & Surgical Care: Rates of Regret (Amsterdam Cohort 1972-2005, n = 6,793)	
Pubertal Blockade (Adolescents)	1.9% discontinued treatment
Gonadectomy (Transwomen, adults only)	0.6% regretted surgery
Gonadectomy (Transmen, adults only)	0.3% regretted surgery
Estrogen & Testosterone for Adolescents: Rates of Regret (Amsterdam Cohort 2004-2011, n = 55)	
Estrogen or Testosterone	0% regretted hormone treatment, though there has been a case report since



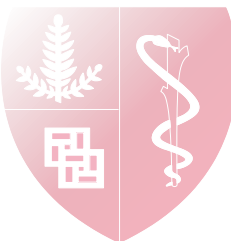
Data On Discontinuation Of Medical Interventions And Transition “Regret” (Brik et al. Arch Sex Beh 2020)

- In a study of 143 transgender adolescents, 5 (3.5%) did not continue onto gender-affirming hormones
 - Identified as cisgender, felt blockers helped them to consolidate gender identity
 - Ongoing chest and menstrual dysphoria but decided to live as sex assigned at birth
 - Unspecified “psychosocial reasons” but continued to identify as transgender
 - Identified as non-binary and did not desire further intervention
 - Came to identify as as sex assigned at birth
 - No indication any patients regretted treatment



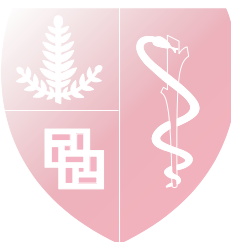
Regret: Data Limitations

- Models of care in the United States differ in their approach to pre-treatment assessment
- Though data is available on surgical regret, there is limited data available regarding medical regret
- “Regret” is a heterogeneous term, and in one study several of those with regrets report their regrets are tied to societal non-acceptance



Take Home Points

- Gender identity and expression are not always static for all people
- "De-transition" and gender identity evolution can be understood using a framework of internal and external factors
- It is important to consider that external factors may drive internal factors
- Dynamic gender identities are highly politicized, and clinicians must focus on providing the best care to patients while advocating for accurate public discourse on the topic





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The National LGBTQIA+ Health Education Center provides educational programs, resources, and consultation to health care organizations with the goal of optimizing quality, cost-effective health care for lesbian, gay, bisexual, transgender, queer, intersex, asexual, and all sexual and gender minority (LGBTQIA+) people.

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