

Caring for Transgender Youth

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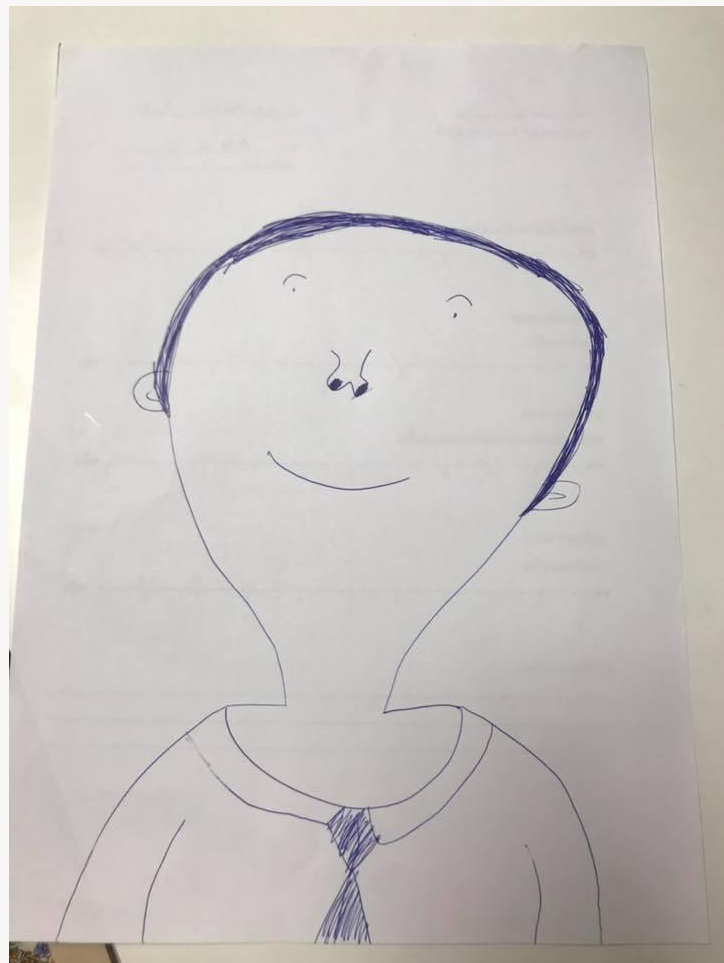
CASE

M is a 7 year trans-boy.

Mom came to clinic, asking for counseling about how to deal with this issue.

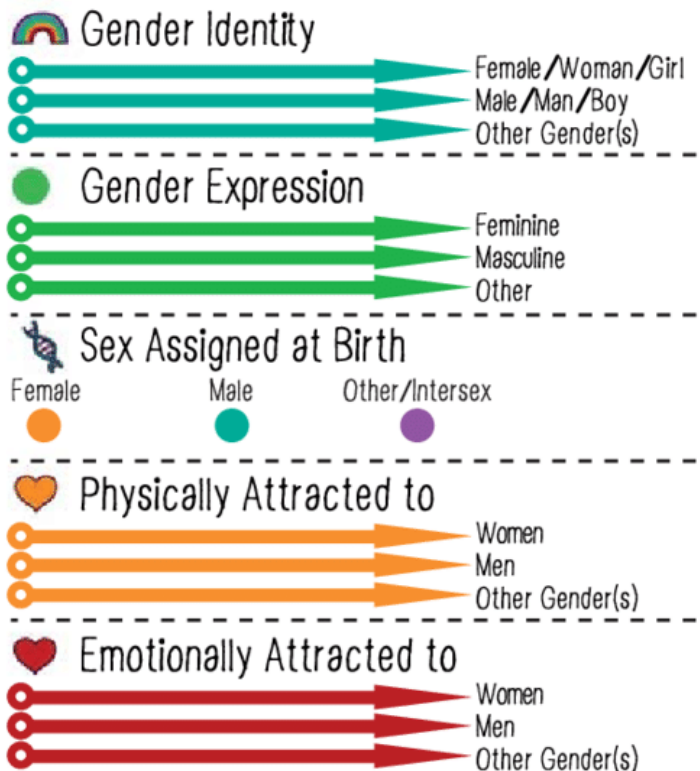
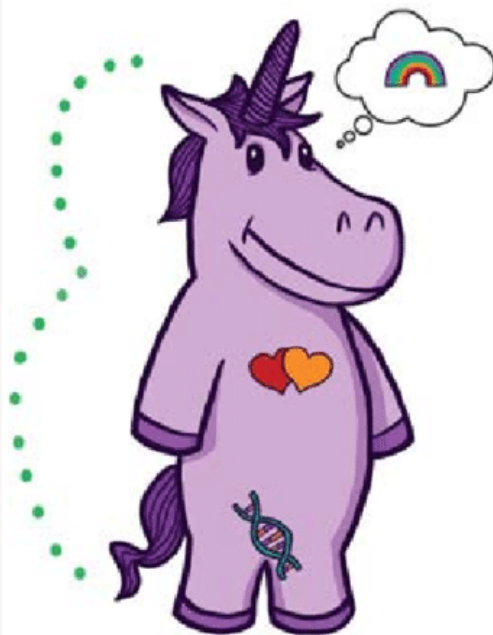
She noticed M played and dressed like a boy since little.

M told mom that he is a boy when he was 3.



The Gender Unicorn

Graphic by:
TSER
Trans Student Educational Resources

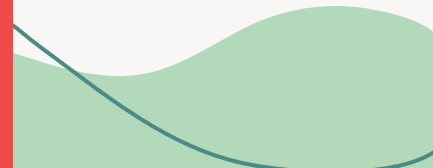
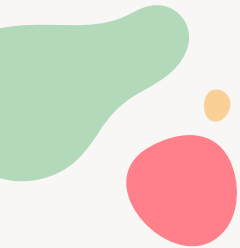


To learn more, go to:
www.transstudent.org/gender

Design by Landyn Pan and Anna Moore



Remember:
**"Your biggest sex
organ is between
your ears."**



Prevalence

Transwoman: 1:11,900 – 1:45,000
Transman : 1:30,400- 1:200,000

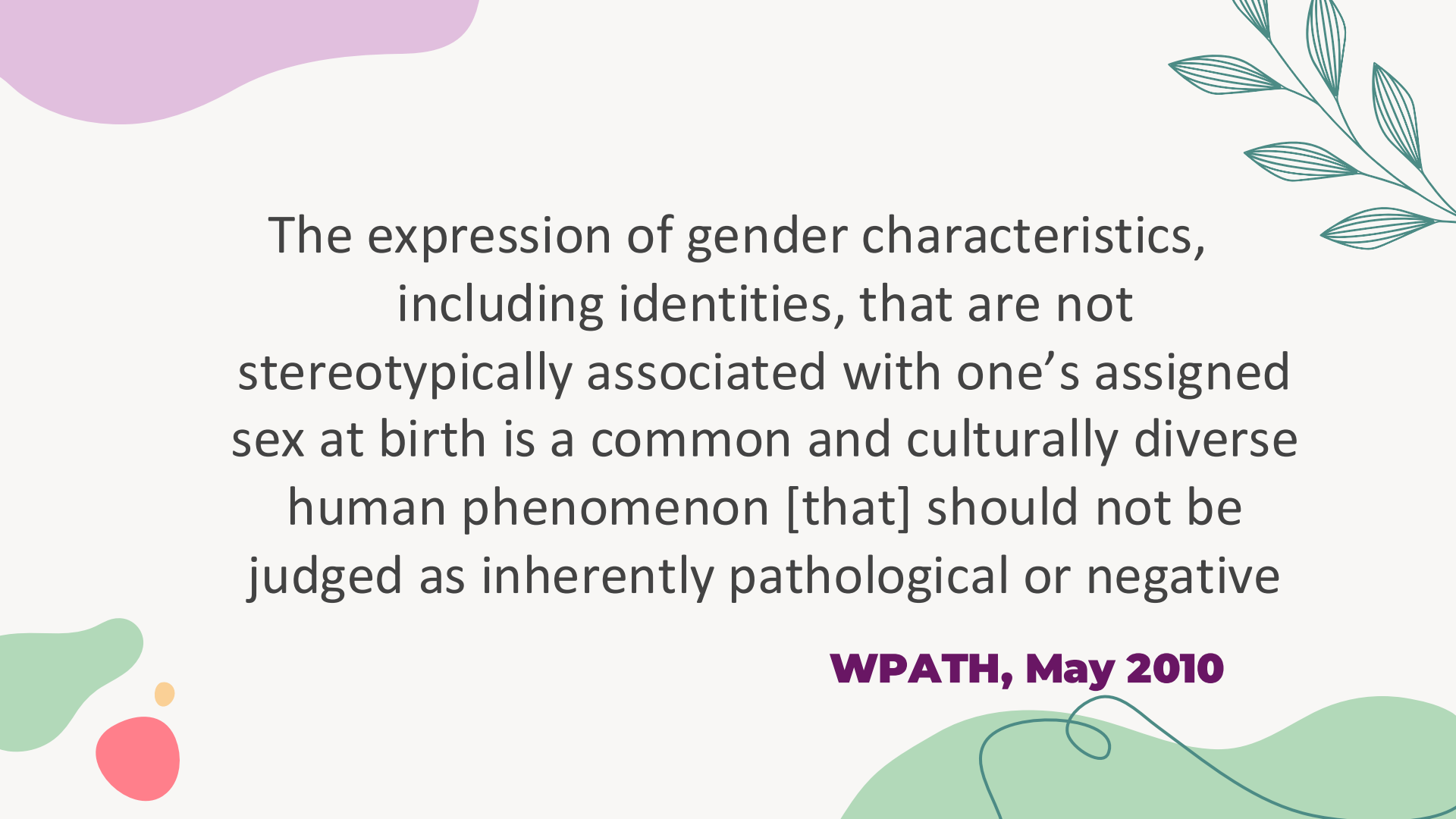


)
De Cuypere and colleagues, 2007



Prevalence

According to a sex health study published in 2017, there is a markedly high prevalence ranging from 0.5% to 1.3% for self-reported transgender identity.



The expression of gender characteristics,
including identities, that are not
stereotypically associated with one's assigned
sex at birth is a common and culturally diverse
human phenomenon [that] should not be
judged as inherently pathological or negative

WPATH, May 2010



LGBT IN THAILAND



Non LGBT respondents have less favourable attitudes towards LGBT people and less support for equal right and equal access to services if they are personally related to them.



92.9% of LGBT respondents have come out to people outside their family.

47.5% of LGBT respondents have experienced at least one form of **discrimination** from within their family.

41% of LGBT people were **discriminated** against when they were students.

61% of transgender women were **discriminated** against when they were students.

49% of LGBT people have **contemplated suicide**

17% of LGBT people have **attempted suicide**

54.6% of LGBT people **have never been tested and do not know** their HIV status.

44% of LGBT respondents know about the **Gender Equality Act B.E. 2558**.

2,210 participants: 1,349 LGBT and 861 non-LGBT
Age 18-57 and 12 focus groups with 93 LGBT participants
from Bangkok, Chiang Mai, Phitsanulok and Pattani.

Changing gender titles for transgender people receives lower level of support from the public.



Gender Incongruence

Mismatch between an individual's gender identity and the gender assigned at birth

Gender Affirming Care

- Gender-Affirming Care (GAC) is a service supporting gender incongruence patient
- Gender-Affirming Hormonal Therapy means of matching their gender identification and physical appearance
- Significantly reduces gender dysphoria, depression, anxiety, and suicide ideation by aligning physical characteristics with gender identity

Transgender Care

Gender-affirming treatment

Diagnosis

Hormonal therapy

Gender-affirming surgery



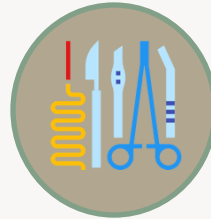
Mental Health Provider/
Adolescent pediatrician



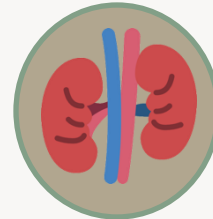
Pediatrician
(Endocrine)



Endocrinologist



Plastic Surgeon



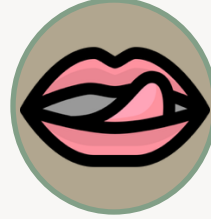
Urologist



Dermatologist



Primary Care Doctor/ID Gynecologist



ENT

Physical Intervention for Adolescent



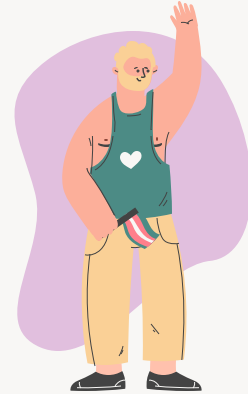
Fully reversible intervention

GnRH analogue
Progestins
Spironolactone



Partially reversible interventions

Hormone therapy to
masculinize or feminize
the body



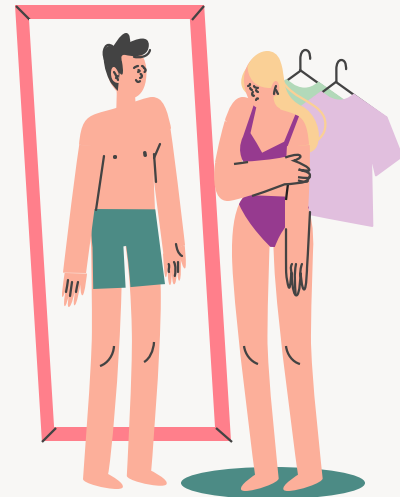
Irreversible interventions

Gender affirming
surgery

Etiology



The John-Joan-John case



The “Gender” Hoax



Dr. John William Money
inventor of the infamous “gender theory”
which has infected western civilization

“Until the age of two, a child was gender neutral and could be ‘taught’ to be either a boy or girl depending on how they were socialized as a child”

John Money, 1950s



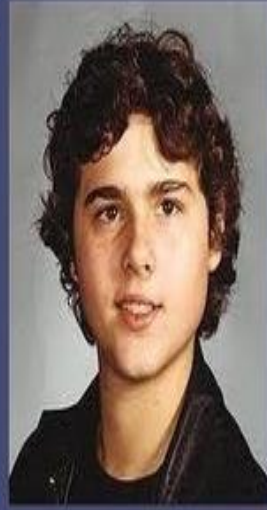
Brian



Reimer

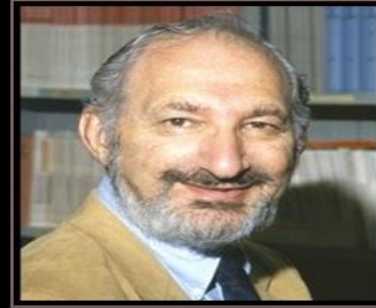


Brenda Reimer



David Reimer

**The Man Who Proved
in 1997 that
“Gender Theory”
(The Claim that Sex is a Social Construction)
Is a Hoax**



Dr. Milton Diamond

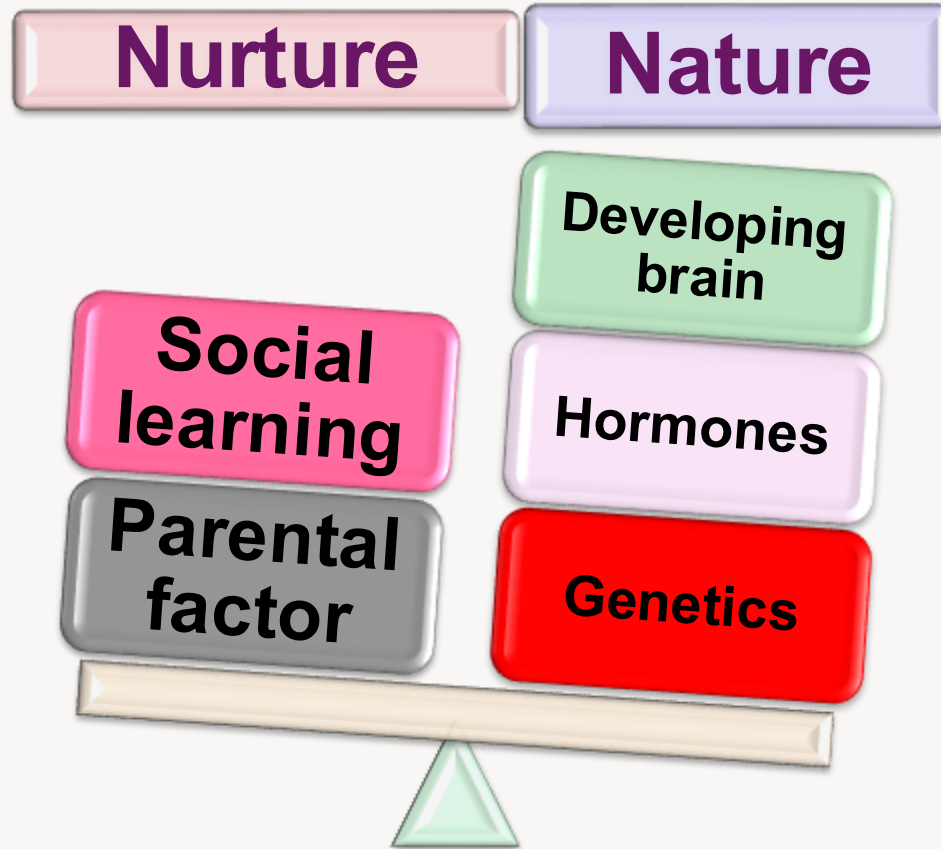
“The John/Joan story will be recalled by all those who think that sexual development is simply a matter of upbringing.

Rearing is important but must take into account any inherent predisposition with which an individual is born”

Milton Diamond, 2004



Etiology



TRANSGENDER: ROLE OF GENETICS?

Twin Studies

Concordance for Gender Dysphoria

N = 23 monozygotic (8 F, 15 M) twin pairs

N = 21 same-sex dizygotic (5 F, 16 M) twin pairs

N = 7 opposite sex twin pairs

Results: Concordance for Gender Dysphoria

Monozygotic Twin pairs: 39.1%

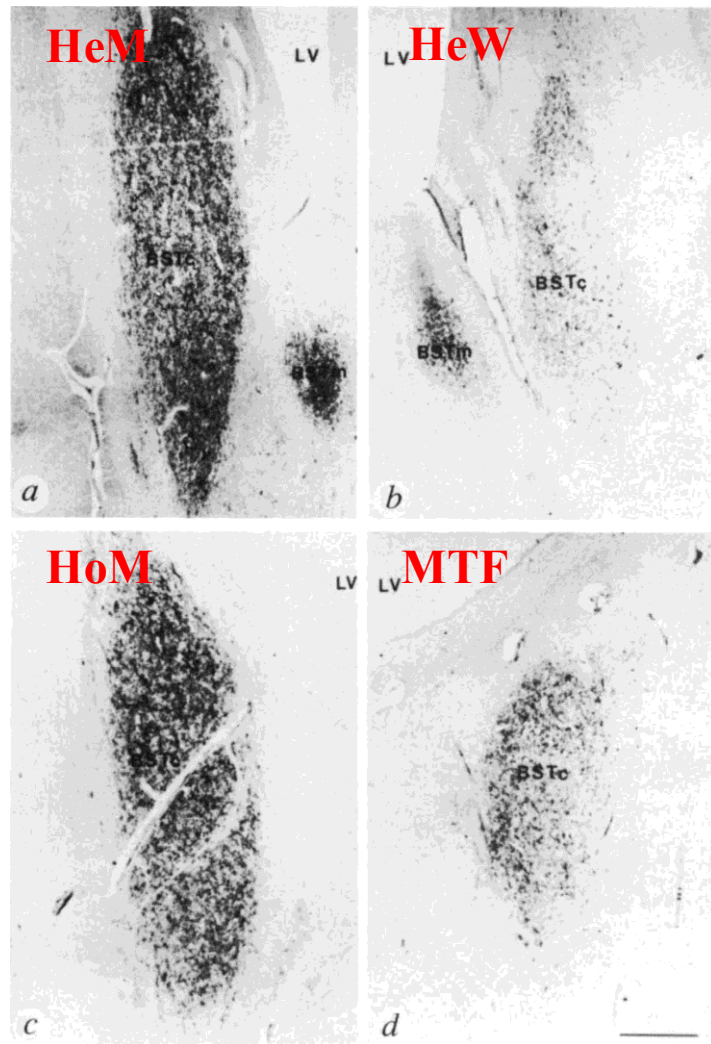
Same-sex dizygotic twin pairs: 0%

($p = 0.005$ vs. MZ twins)

Opposite sex twin pairs: 0%

Studies of individual candidate genes: inconsistent

(Heylens G et al. J Sex Med 9:751-757, 2012)



22. Sullivan, J. M. & Katts, I. E. *Hypertension* **11**, 717–723 (1988).
23. Yamaguchi, M., Rutledge, L. J. & Garbers, D. L. *J. Biol. Chem.* **265**, 20414–20420 (1990).
24. Ishibashi, S. et al. *J. clin. Invest.* **92**, 883–893 (1993).
25. Ramirez Solis, R., Davis, A. C. & Bradley, A. *Meth. Enzym.* **225**, 855–878 (1993).
26. Soriano, P., Montgomery, C., Geske, R. & Bradley, A. *Cell* **64**, 693–702 (1991).
27. Krege, J. H., Hodgkin, J. B., Hagaman, J. R. & Smithies, O. *Hypertension* **25**, 1111–1115 (1995).
28. Fukamizu, A. et al. *J. Biol. Chem.* **268**, 11617–11621 (1993).

ACKNOWLEDGEMENTS. M.J.L., S.K.-F.W. and A.B. are equivalent authors on the manuscript. This work was supported in part by grants from the NIH.

A sex difference in the human brain and its relation to

by integrating all the area measurements of the BSTc sections that were innervated by VIP fibres. In a pilot study, the size of the BSTc was measured on both sides in 8 subjects (5 females and 3 males) and no left–right asymmetries were observed: the left BSTc ($1.71 \pm 0.16 \text{ mm}^3$) was comparable in size to that of the right BSTc ($1.83 \pm 0.30 \text{ mm}^3$) ($P=0.79$). No asymmetry was observed in the BNST-dspm either¹⁹. The rest of our study was therefore performed on one side of the brain only. Brain weight of the male transsexuals ($1,385 \pm 78 \text{ g}$) was not different from that of the reference males ($1,453 \pm 25 \text{ g}$) ($P=0.61$) or that of the females ($1,256 \pm 35 \text{ g}$) ($P=0.23$). The causes of death of the transsexuals were suicide (T1), cardiovascular disease (T2,T6), sarcoma (T3), AIDS, pneumonia, pericarditis (T4) and hepatic failure (T5). Sexual orientation of the subjects of the reference group (12 men and 11 women) was generally not known, but most of them were presumed heterosexual. Sexual orientation of 9 homosexuals was registered in the clinical records²⁸. Differences among the groups were tested two-tailed using the Mann–Whitney *U*-test. A 5% level of significance was used in all statistical tests.

HeM

HoM

HeW

MTF

Social factors?

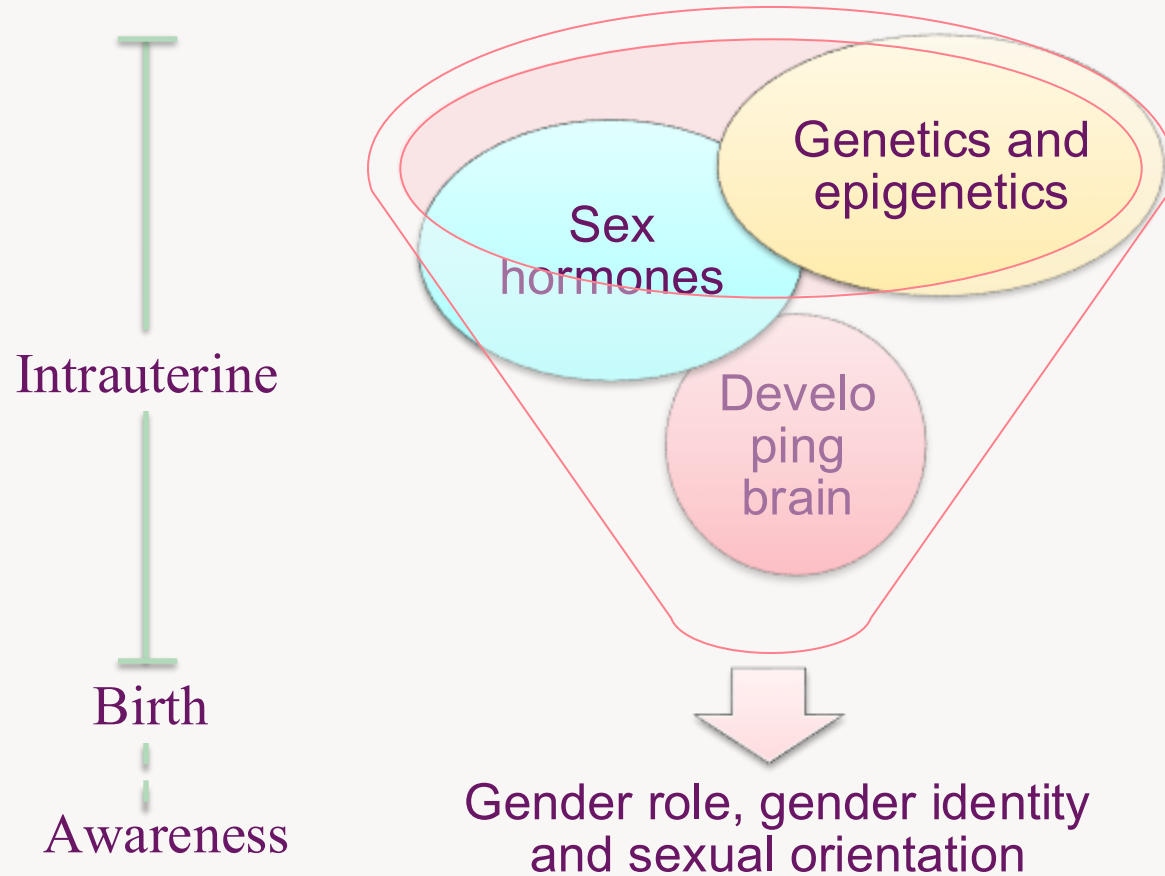
- Influence of parental factor on sexual identity/orientation is unclear

Zucker KJ, J Abnorm Child Psychol 1994;22:1–13

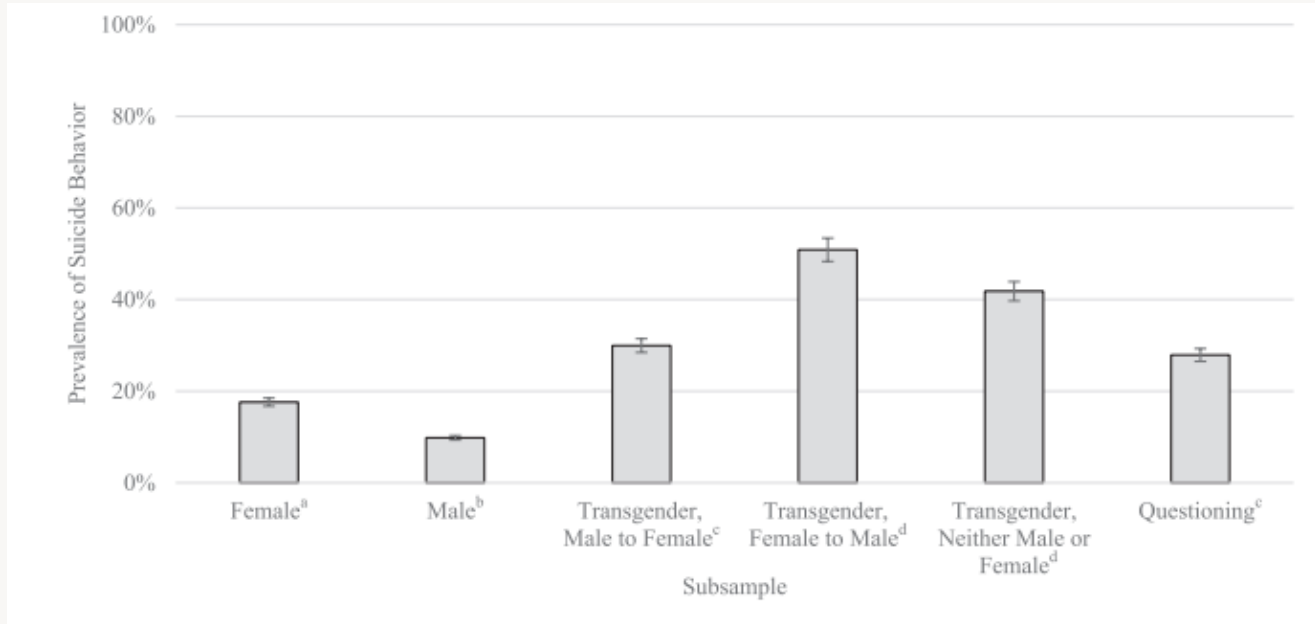
Veale JF. Personality and Individual Differences 2009;48(4):357-366

- Sexual learning and parents' sexual orientation had no effect on gender development

Gartrell NK. Arch Sex Behav 2011;40:1199-1209



Prevalence of Suicide Behavior



Russell B. Toomey et al. Pediatrics, 2018

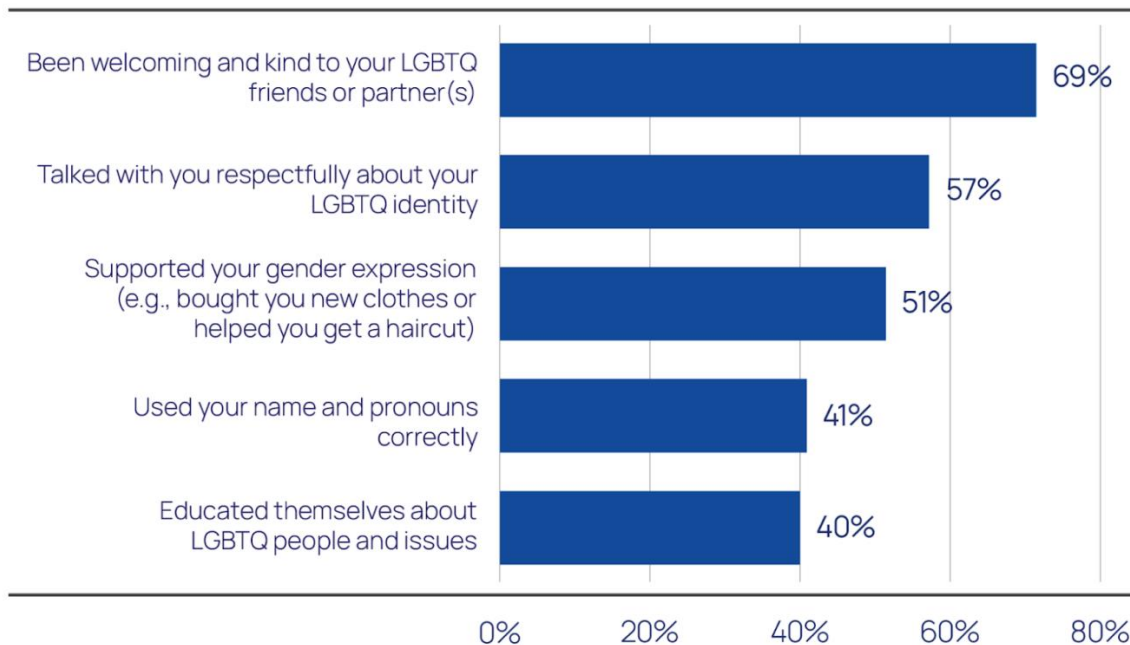
Role of Health Providers

1. Assess gender incongruence in children and adolescents
2. Provide family counseling and supportive psychotherapy to assist children and adolescents with exploring their gender identity, alleviating distress related to their gender dysphoria, and ameliorating any other psychosocial difficulties.
3. Assess and treat any coexisting mental health concerns of children or adolescents (or refer to another mental health professional for treatment)
4. Refer adolescents for additional physical interventions (such as puberty-suppressing hormones) to alleviate gender dysphoria
5. Educate and advocate on behalf of gender dysphoric children, adolescents, and their families in their community
6. Provide children, youth, and their families with information and referral for peer support, such as support groups for parents of gender-nonconforming and transgender children

Psychological and Social Interventions for Children and Adolescents

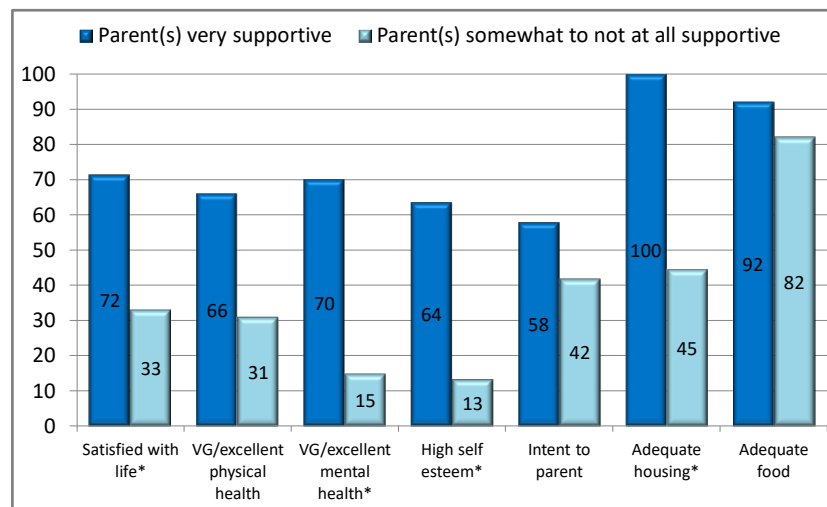
- Help families to have an accepting and nurturing response to the concerns of their gender dysphoric child or adolescent
- Psychotherapy focus on reducing a child's or adolescent's distress
- Conversion therapy no longer considered ethical
- Supported youth to develop a positive self-concept
- Mental health professionals should not impose a binary view of gender expression
- Hormonal or surgical interventions are appropriate for some adolescents, but not for others
- Clients and their families should be supported in making difficult decisions
- Support social advocating

Frequencies of Supportive Parent/Caregiver Actions Among Transgender, Nonbinary, and Gender Questioning Youth



IMPACT OF PARENTAL SUPPORT FOR TRANSGENDER YOUTH

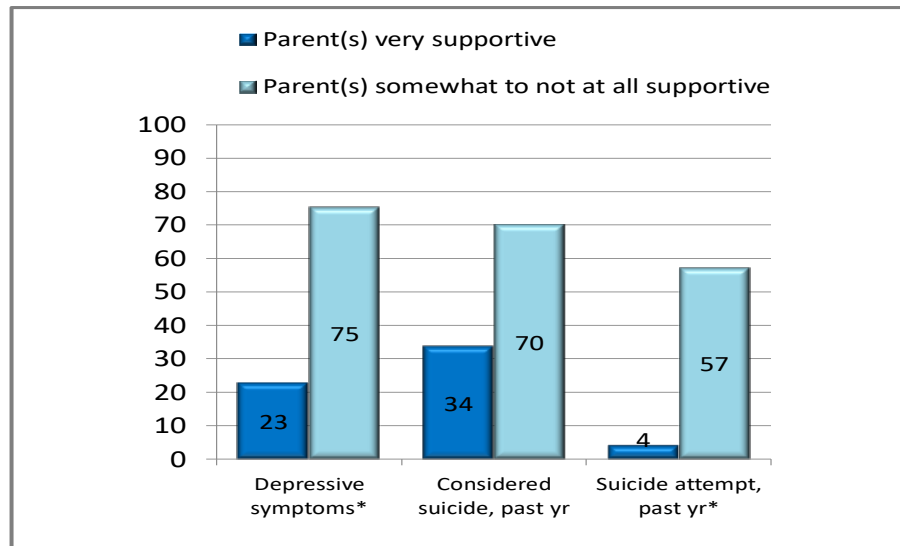
Figure 1. Proportion of trans youth age 16-24 years in Ontario experiencing positive health and life conditions, by level of parental support



* = statistically significant difference ($p < 0.05$)

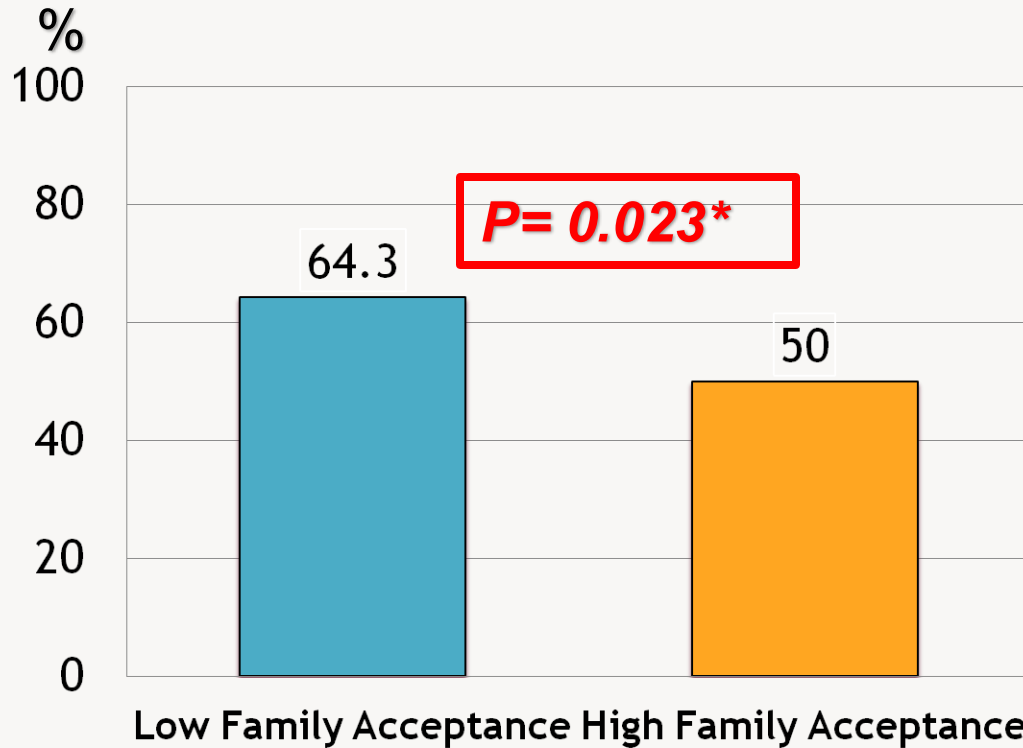
IMPACT OF PARENTAL SUPPORT FOR TRANSGENDER YOUTH

Figure 2. Proportion of trans youth age 16-24 years in Ontario experiencing negative health and life conditions, by level of parental support



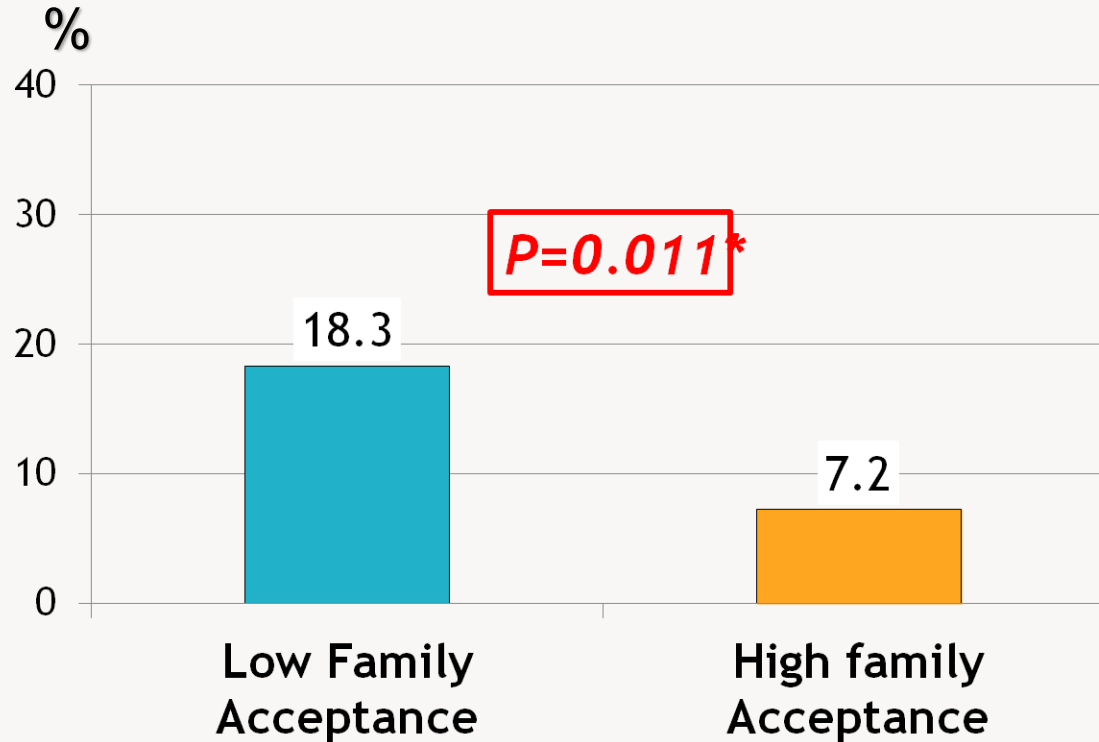
* = statistically significant difference ($p < 0.05$)

Depression



Arunakul J, Wittayakornrerk S. The outcome of family acceptance on LGBTQ youths, preliminary results

Suicidal Thoughts



Barriers of Family Acceptance

- 1. Cultural and religious beliefs**
- 2. Lack of understanding or knowledge**
- 3. Social stigma and discrimination**
- 4. Fear for the youth's safety and well-being**
- 5. Internalized homophobia or transphobia**
- 6. Traditional gender roles and expectations**
- 7. Mental health issues**
- 8. Economic and social factors**
- 9. Generational Differences**

Counseling Parents for Family acceptance

- Deep listening
- Gender diversity is not an abnormality
- Gender diversity is not a "choice"
- Parents or upbringing are not the primary cause.
- Change perspective on happiness in child's life
- Adjust expectations.
- Empower the unconditional love
- Points out the importance of family acceptance.

Physical Intervention for Adolescent



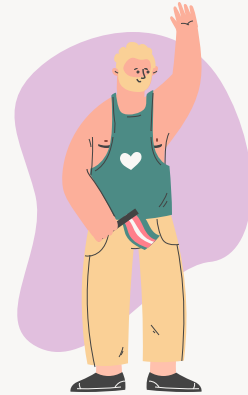
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GnRH analogue
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Irreversible interventions

Gender affirming
surgery

BEHAVIOR

พฤติกรรม คำพูด สิ่งที่แสดงออกซึ่งหน้า

COPING STANCE

กลไกป้องกันตัวเอง

FEELING

ความรู้สึกต่อสถานการณ์ตรงหน้า

FEELING ABOUT FEELING

ความรู้สึกต่อความรู้สึก

PERCEPTION

การรับรู้ที่ไม่ใช่แค่รู้สึก

EXPECTATION

ความคาดหวัง

YEARNING

ความปรารถนา ความต้องการแท้จริง

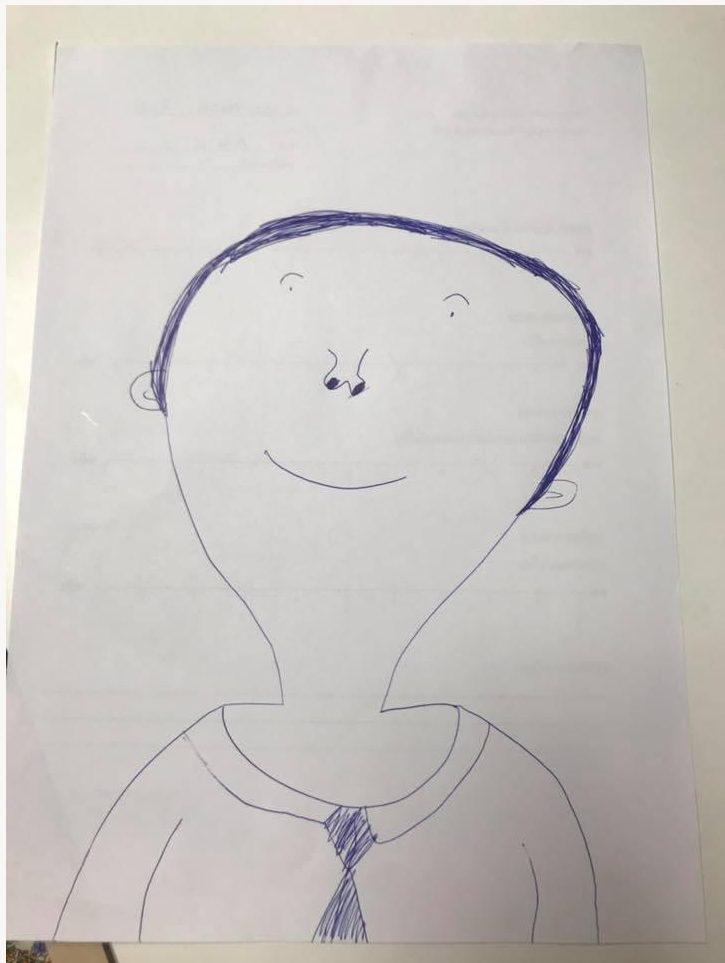
SELF

ตัวตนเล็กๆ ของตัวเอง

Social movement









The background is a light gray with several decorative elements: a green abstract shape in the top left, a pink abstract shape in the top right, a purple heart-like shape on the left, a yellow and green abstract shape in the bottom right, and a green line-art plant in the bottom left. The text is centered in a bold, purple, sans-serif font.

**Thank you
For your Attention**