



UCSF Benioff Children's Hospitals



gender
spectrum

NCLR

Addressing the Needs of Transgender Youth

A Child & Adolescent Gender Center Perspective

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File #150951
Reserved in Community
Studio
five

Dante's Story:

A 13 year old, assigned male at birth

At Age 3, Dante expressed: "I am a girl"; "Why do I have a penis if I am a girl?"

Dante insisted use of a girl's name, pronouns, and clothing.
Parents believed it was OK to live like a girl, but only at home.

Mid-childhood years

Anxiety / Depression, which worsened with the onset of puberty

At Age 13, Dante was referred to CAGC for:

- Mental health support
- Support at school
- Medical support
 - Pubertal Blockers
 - Despite multiple appeals, medical treatments denied by insurance
- Legal Support



Addressing the Needs of Transgender Youth

A Child & Adolescent Gender Center Perspective

Overview

- Definitions
- Prevalence
- Risks & Impact of Parental Support
- CAGC: A unique model of multi-disciplinary care
- Barriers to care, priorities



Definition of Terms

- Sex
- Gender Identity
 - Often confused with Sexual Identity/Orientation
- Transgender



How Common is Transgender?

Prevalence in Adults (Boston)

- Survey:
 - N = 28,176
- Results →
 - Self-identified as Transgender
 - N = 131
 - 0.5%

Conron KJ et al. Am J Public Health, 2012

Prevalence in Youth

- Not yet known

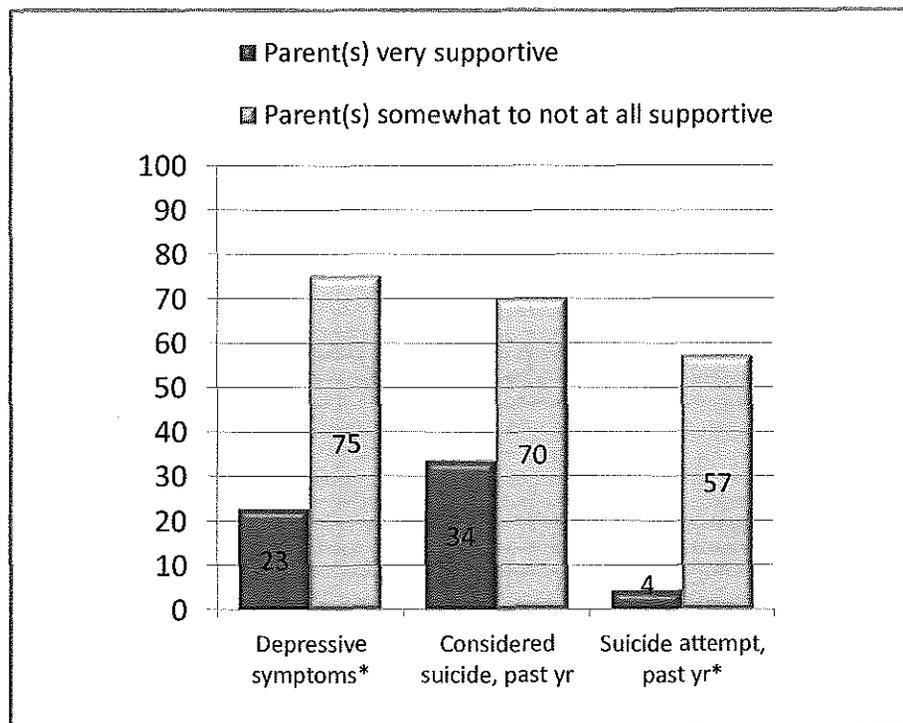
CAGC Program

- > 350 patients (1st patient 2009)
- 8 - 10 new referrals per month



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



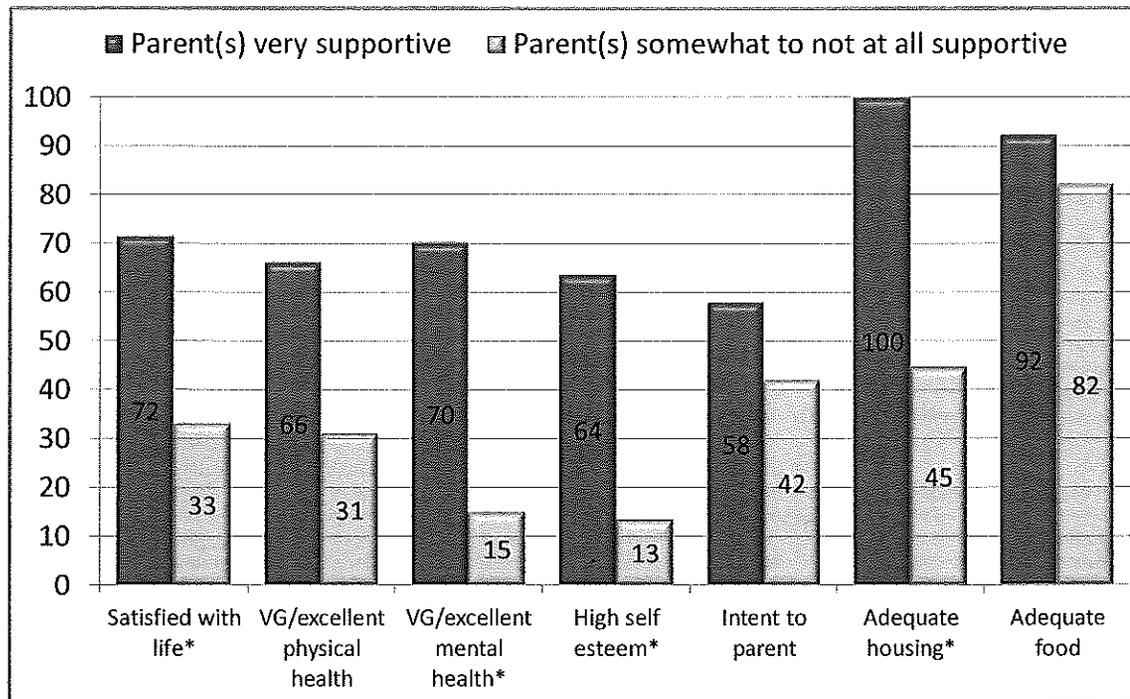
* = statistically significant difference ($p < 0.05$)

N = 84 Youth

Travers R et al. Children's Aid Society of Toronto & Delisle Youth Services, 2012

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)

N = 84 Youth

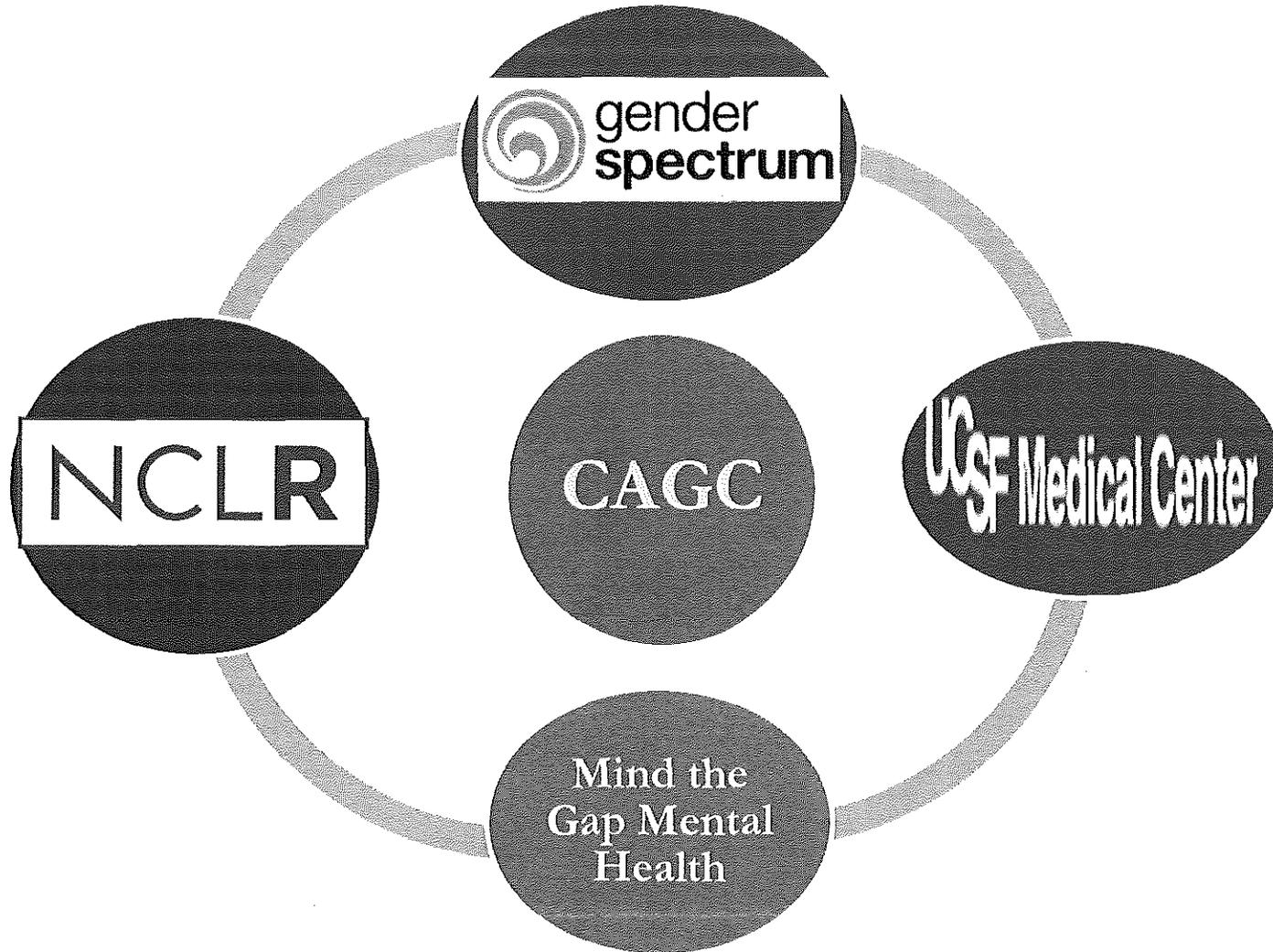
*Travers R et al.
Children's Aid Society
of Toronto & Delisle
Youth Services, 2012*

Care of Transgender Youth

- Complexity of care
- Need for adequate support for patients / families
- Importance of “Team Approach”



Child & Adolescent Gender Center (CAGC): *A UCSF / Community Collaborative*





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Mental Health Needs of Transgender Children

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March 16, 2016

It's Risky to be Transgender

- Diagnosis:
 - From gender identity disorder → gender dysphoria
- Focus: distress stemming from incongruence between assigned sex & sense of gender



Distress about the Distress

- Youths' gender distress can reach alarming levels.
- Two-to-threefold increased risk of:
 - Depression
 - Anxiety Disorder
 - Suicidal ideation
 - Suicide Attempts
 - Self-harm

(Reisner et al., *Journal of Adolescent Health*, 2015)



Primary Cause of the Distress

- **Negative, Hostile Responses to the Child**
- **Refusal to Recognize Youth's Authentic Gender**
- **Chronic Micro-Aggressions**
- **Dearth of Affordable Gender Affirmative Services**



Ergo

- **Transgender pathology lies not in the child**

- **Transgender pathology lies in the environment**

Support Makes all the Difference

Studies of LGBT Youth Show:

- Family Acceptance → significant increase in positive mental health outcomes
- Family Rejection → significant decrease in positive mental health outcomes

(Ryan et al., 2011; Olson et al., 2015)



COROLLARY: *Mental Health Support*

- **Not just families count for support.**

- **Services of trained mental health gender specialists = key component of children's gender health.**



Definition of Gender Health

- Youth's opportunity to live in gender that feels most real and/or comfortable.

- Youth's ability to express gender with freedom from restriction, aspersion, or rejection.



Problem

- **Lack of good training or Enough Training or Enough Money to Adequately Serve All the Children who need to be seen.**

- **RESULT → Transgender and Gender-Nonconforming Children are at risk without access to such care.**



Good News...

Gender Affirmative Care →

- Psychological Well-Being
- Buffers Against Gender Trauma
- Reduction in Serious Risk Factors



A Word About Dante





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Gender Diversity & Schools

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Dante...at school

- Wants to attend school as a girl
- Need for a gender transition plan
- In what conditions will such a plan be most successful?



Gender Spectrum Mission

To create a gender sensitive
and inclusive environment
for all children and teens

Gender Diversity and Schools

- Gender Impacts ALL Students
- Schools can create **gender inclusive spaces**

Gender Diversity and Schools

- **SFUSD** has been a **leader** for years in policy protections for Transgender Students
- Implementation remains a question based on site knowledge

Gender Diversity and Schools

- **Generally positive experiences** for families
- **Frustrating** for some
- There exists an **implementation gap**
- Need for **intentionality** around creating Inclusive Conditions
 - Internally
 - Institutionally
 - Interpersonally
 - Instructionally
- Establish a “**schema**” about gender for all students

Gender Diversity and Schools

- Ironically, creating inclusive spaces for our transgender students cannot focus solely on transgender students
- Gender Impacts ALL students



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Transgender Youth: *Medical Needs & Challenges*

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Transgender Youth: *Medical Needs*

Gender Identity

- Not simply a psycho-social construct;
- Biology, environment, and culture all play roles.

Youth that identify as transgender in early puberty are highly likely to be transgender as adults.



Transgender Youth: *Medical Needs*

Landmark Dutch Study (2014) found that:

- Gender affirmative medical care –
 - “pubertal blockers” and
 - cross-sex hormones
 - ↑ Quality of life
 - ↓ Mental health concerns
- Endorsed by major professional societies
- Need for additional studies to optimize care



The Impact of Early Medical Treatment of Transgender Youth

R01HD082554 (08/01/2015 - 06/30/2020):
National Institutes of Health (NIH)

- Multi-Center Network →
 - Benioff Children's Hospital/ UCSF
 - Children's Hospital LA/ USC
 - Lurie Children's Hospital Chicago/ Northwestern
 - Boston Children's Hospital/ Harvard

Transgender Youth: *Barriers to Care*

- Limited access to Rx
 - Off-label
 - Expensive
 - Often denied by insurance companies

- Limited access to care
 - Relatively few clinical programs
 - Lack of training
 - Prejudice/ misunderstanding
 - Multidisciplinary care:
 - Often not reimbursed



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Health Insurance Discrimination Against Transgender Youth

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Scope of the Issue

- Federal and state anti-discrimination laws have chipped away at industry-wide exclusions.
- Many barriers to coverage still exist, including:
 - Low monetary caps on services; and
 - Pre-requisites that are not based on the standards of care.
- The most pervasive barrier is exclusions for all care to dependents under 18.
- Companies are selling these policies and employers are buying them – without knowledge or regard for the consequences.



The Legal Landscape

- The Unruh Civil Rights Act
- Insurance Gender Non-Discrimination Act
- Fair Employment and Housing Act
- Section 1557 of the Affordable Care Act
- Title VII of the Civil Rights Act of 1964
- State and Federal Constitutional Provisions (for public employers)



Addressing the Issue

- Ensure that the health insurance policies offered to the employees of the City and County of San Francisco and Health SF covers the range of transition-related care transgender youth under 18 may need.
- Ensure that the SF Juvenile Probation Department and SF Family & Children Services have written policies that provide employees with guidance and protocols for meeting the needs transgender youth in their care and custody.
- Pass an ordinance explicitly prohibiting the sale of insurance policies that discriminate against transgender youth.





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