



TRANSGENDER AND GENDER DIVERSE CHILDREN:  
HOW TO SUPPORT THE “LITTLE T” IN TRANSGENDER  
HEALTH AND WELLNESS



# TRAINING OBJECTIVES

- 📍 Create awareness regarding challenges, institutionalized discrimination, physical and mental health disparities
- 📍 Learn about the alarming statistics
- 📍 Discuss clinical implications
- 📍 Learn how to support health and wellness
- 📍 Share local and national resources

# Terminology and Concepts

# Sex

- ❷ **Sex** and **gender** are often mistakenly used interchangeably.
- ❷ **Sex** can be defined by one's anatomy and more specifically, one's reproductive organs. DNA and chromosomes (XX or XY) are also considered part of one's sex.
- ❷ The terms **male** and **female** or **intersex** are used to describe sex assigned at birth

# Intersex

- 🍷 A general term used for a variety of conditions in which a person is born with ambiguous reproductive or sexual anatomy, chromosomes, DNA, or other medical attributes that don't seem to fit the typical definitions of female or male.
- 🍷 1 in 1500 births may exhibit noticeably atypical in terms of genitalia
- 🍷 Intersex anatomy doesn't always show up at birth. Sometimes a person isn't found to have intersex anatomy until she or he reaches the age of puberty, or finds himself an infertile adult, or dies of old age and is autopsied. 1 in 100 births-have bodies that differ from standard male or female
- 🍷 Over 150 intersex conditions exist
- 🍷 Some people live and die with intersex anatomy without anyone (including themselves) ever knowing.

# Gender

- 📍 **Gender** refers to the attitudes, feelings, and behaviors that a given culture associates with a person's biological sex. Behavior that is compatible with cultural expectations is referred to as gender-normative; behaviors that are viewed as incompatible with these expectations constitute gender non-conformity.
- 📍 The terms girl, boy, man, woman, and many more terms are associated with gender

# Gender Identity

Gender identity is a person's private sense of, and subjective experience of, their own gender. This is generally described as one's private sense of being a boy or girl, a man or a woman, being gender diverse, or any other gender identity that may be expressed. In other words, how you, in your own mind, think of yourself.



# Gender Diversity

- 🍷 A person whose gender expression is different from the expected socially defined gender roles set for men and women, girls and boys.
- 🍷 Terms relating to gender diversity are subjective and unique to the person in question; there is no universally accepted definition.



Woman, Girl

Man, Boy

**A SPECTRUM OF POSSIBILITIES**



# Transgender

## TRANSGENDER- IS AN ADJECTIVE

- 🇺🇸 Used as an umbrella term and also as a specific description of an identity
- 🇺🇸 A person who lives or self-identifies as a member of a gender other than that expected based on sex assigned at birth

### \*Insensitive terms/usage

- As a noun
- “Transgenders”
- “Transgendered”



# Sexual Orientation and Gender Identity

Many people assume they are the same parts of ourselves

They are **NOT** the same!

Gender Identity and Sexual Orientation are separate parts of our identities;

- Gender Identity is who you are
- Sexual Orientation is who you like/are attracted to

# Heteronormativity

The idea that heterosexuality is the “norm”, either through social, cultural, historical, scientific, or religious constructions and claims.

# Heteronormativity Narrative

Thus, our culture operates on a linear equation that looks something like this:

☪ If one is born with:

(sex) male genitalia →

(gender) man →

(performance) masculine →

(sexuality) desires women

☪ If one is born with:

(sex) female genitalia →

(gender) woman →

(performance) feminine →

(sexuality) desires men

# Binaries

**U.S. society tends to think in categories**

- **Two sexes, two genders**

**Why is it important to break down binaries for purposes of clinical practice?**

# CHALLENGES

**Challenges = factors for higher rates of health disparities!**

## Potential Concerns For Caregivers and Children

- ☛ Loss of Family Relationships
- ☛ Loss of Friends
- ☛ Criticism of Colleagues
- ☛ Feelings of Secrecy/Shame
- ☛ Travel Safety
- ☛ Harassment
- ☛ Bullying

# Puberty


Puberty is a traumatic experience for children with more significant gender identity problems. For young boys living as girls, the turmoil is caused by such things as growth spurts, bodily and facial hair, the deepening of their voice; for girls living as boys, breast development and menstruation are the major factors. There are "fairly significant psychological ramifications," says Dr. Norman Spack, an endocrinologist at Children's Hospital in Boston. "There is tremendous anxiety, often depression, sleep disorder and, potentially, self-harm and even suicidal behavior."

*By Tommy Nguyen  
Dateline NBC*

According to Dr. Spack, 45% of 16-25 year olds who do not receive treatment are suicidal.

# Institutionalized Discrimination

- 🇺🇸 Education
- 🇺🇸 Employment
- 🇺🇸 Health Insurance
- 🇺🇸 Medical and Behavioral Health Providers
- 🇺🇸 Hospitals-Psych, Medical
- 🇺🇸 Crisis Centers
- 🇺🇸 Shelters
- 🇺🇸 Detention or Prison
- 🇺🇸 Foster care
- 🇺🇸 And more...

 **Close to 8 percent of LGB people and more than 25 percent of Transgender people have been denied health care outright on the basis of who they are.**

**In the words of Luis J. Rodriguez, "We must not only prepare our children for the world... We must prepare the world for our children."**



# Injustice at Every Turn:

A Report of the National Transgender Discrimination Survey



## FINDINGS OF THE NATIONAL TRANSGENDER DISCRIMINATION SURVEY

Ann P. Haas, Ph.D. and Philip L. Rodgers, Ph.D., American Foundation for Suicide Prevention Jody L. Herman, Ph.D., Williams Institute, UCLA School of Law, January 2014

2011 National Transgender Discrimination Survey, The National Gay and Lesbian Task Force and the National Center for Transgender Equality

**Shows disparities in lifetime suicide attempt rates....**

# HARASSMENT AND DISCRIMINATION IN EDUCATION

According to the 2011 National Transgender Discrimination Survey, developed by The National Gay and Lesbian Task Force and the National Center for Transgender Equality

- 📍 Those who expressed a transgender identity or gender non-conformity while in grades K-12 reported alarming rates of harassment (78%), physical assault (35%) and sexual violence (12%); harassment was so severe that it led almost one-sixth (15%) to leave a school in K-12 settings or in higher education.
- 📍 Respondents who have been harassed and abused by teachers in K-12 settings showed dramatically worse health and other outcomes than those who did not experience such abuse. Peer harassment and abuse also had highly damaging effects.

# Suicide Attempts Related to School Victimization

Lifetime suicide attempts by experiences of school victimization

<u>Have Attempted Suicide</u>	<u>Frequency %</u>
<u>Elementary School</u>	
Harassed or Bullied	50%
Physically Assaulted	63%
Sexually Assaulted	73%
<u>Jr. High/Middle School</u>	
Harassed or Bullied	50%
Physically Assaulted	64%
Sexually Assaulted	73%
<u>High School</u>	
Harassed or Bullied	52%
Physically Assaulted	68%
Sexually Assaulted	69%
<u>College</u>	
Harassed or Bullied	54%
Physically Assaulted	68%
Sexually Assaulted	78%

# Suicide Attempts-Alarming Statistics

## Among Transgender & Gender Non-Conforming Adults

Respondents who experienced rejection by family and friends, discrimination, victimization, or violence had elevated prevalence of suicide attempts, such as those who experienced the following:

- 📍 Family chose not to speak/spend time with them: 57%
- 📍 Experienced discrimination or harassment at work: 50-59%
- 📍 Doctor or health care provider refused to treat them: 60%
- 📍 Suffered physical or sexual violence: At work: 64-65%, At school (any level): 63-78%
- 📍 Disrespected or harassed by law enforcement officers: 57-61%
- 📍 Suffered physical or sexual violence by law enforcement officers: 60-70%
- 📍 Experienced homelessness: 69%

# Health Disparities

## Sexual and Gender Minorities Formally Designated as a Health Disparity Population for Research Purposes

- 📍 Mounting evidence indicates that SGM populations have less access to health care and higher burdens of certain diseases, such as depression, cancer, and HIV/AIDS. But the extent and causes of health disparities are not fully understood, and research on how to close these gaps is lacking.
- 📍 LGBT health disparities also include higher rates of the use of tobacco and other substances

# Health Disparities

- 🍎 Research shows unique health challenges. More research is needed to understand these challenges, such as transgender people taking exogenous hormones, and how many people taking these hormones have cancer as a result.
- 🍎 Research shows that sexual and gender minorities who live in communities with high levels of anti-SGM prejudice die sooner—12 years on average—than those living in more accepting communities.

# How to be Supportive

**Supports = strategies to reduce health disparities!**

- 🍎 Implementing protections-ACA  
1557-it's the law!
- 🍎 Interventions
- 🍎 Tips for Everyone
- 🍎 Tips for Parents
- 🍎 Tips for Clinicians
- 🍎 Tips for Schools

# LGBT Protections In Affordable Care Act Section 1557



On May 13, 2016, the U.S. Department of Health and Human Services Office for Civil Rights (HHS OCR) issued a historic new rule that codifies nationwide nondiscrimination protections for lesbian, gay, bisexual, and transgender (LGBT) people in health facilities, programs, and activities receiving federal funding. This rule confirms that Affordable Care Act Section 1557 prohibits discrimination against LGBT people in health insurance coverage and health care.

Key provisions of the final rule that relate specifically to LGBT people include:

- Interpreting Section 1557's sex nondiscrimination protections to include explicit protections for transgender individuals on the basis of gender identity
- Interpreting Section 1557's sex nondiscrimination protections to include explicit protections for lesbian, gay, and bisexual (LGB) individuals on the basis of sex stereotypes
- No new religious exemption

<http://www.hhs.gov/civil-rights/for-individuals/section-1557/>



Research by The Family Acceptance Project has shown that acceptance significantly reduces self-harming behavior and lifetime suicide attempts, and rejection significantly increases risk of self-harm and suicide.

The study shows:

### Youth Believe They Can Be A Happy LGBT Adult

Level of Family Acceptance

EXTREMELY accepting 92%

VERY accepting 77%

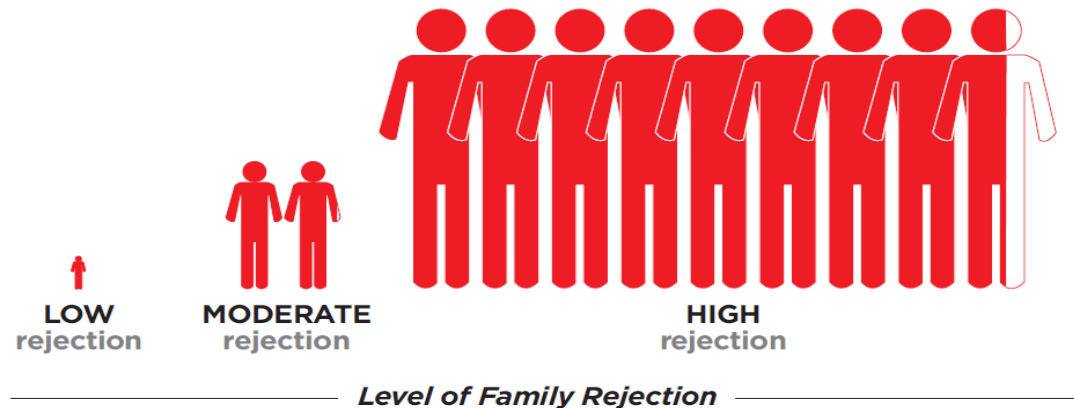
A LITTLE accepting 59%

NOT AT ALL accepting 35%

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### Lifetime Suicide Attempts for Highly Rejected LGBT Young People

*(One or more times)*



# Tips For Everyone: Respect, Support, Validate, Advocate

- 🧡 Don't make assumptions!
- 🧡 Gender is self-defined – It's ok to say, "Tell me about yourself."
- 🧡 Don't confuse gender with someone's sexual orientation.
- 🧡 Before you ask a question, consider if it would be one that you would answer. If you wouldn't answer it for yourself, then don't ask it.
- 🧡 Pronouns – Cue by presentation; when in doubt, ask. Even if you think you are sure, ask. Be consistent. Don't over-apologize when you forget to use the correct one.
- 🧡 Refer to the person with their chosen name, regardless of legal status. Document in the record what name/pronouns they use so everyone will know this information.
- 🧡 The only time the person may be able to be truly authentic with their identity may be with you so allow them the safe and welcoming environment to be themselves.
- 🧡 Never "out" someone without their permission.
- 🧡 Educate yourself about unique needs of transgender and gender diverse individuals.
- 🧡 Be open to life beyond your own experiences.

# Tips For Everyone:

## Respect, Support, Validate, Advocate

- 📍 Acknowledge barriers – talk about it; but it is not ok to be disrespectful. Do not let any bias interfere with the member's care. Learn more about how to be supportive, talk with a supervisor if you need to.
- 📍 Put policies in writing; practice zero tolerance for discrimination.
- 📍 Connect individuals and families to resources and therapy if needed.
- 📍 Connect individuals to support groups and to social activities where they will meet others they may be able to relate to.
- 📍 For gender diverse children: Be aware some behaviors may be contributed to the child's struggles and potential inability to have words to express who they are. Anger outbursts, tantrums, fears, anxiety, tics, imaginary friends, attacking a sibling, and wanting to cut off body parts are often attributed to another diagnosis and are medicated when they don't need to be. Many children have been on multiple medications for behaviors that were determined to be related to their gender identity-they have socially transitioned and are now on ZERO medication.
- 📍 When an individual transitions and lives full time as themselves, people often state "they are so happy now! I wish I listened to them sooner-I wished I was supportive when they needed me."

# For Clinicians:

All of the “Tips for Everyone” plus:

- 📍 During therapy or any appointments, ask the child what name they prefer to be called and how they identify
- 📍 Allow the child to be authentic while with you-sometimes that may be the only place they feel safe to truly be themselves
- 📍 If the child’s documentation doesn’t match their preferred name/pronouns, note the preferences in the chart and use them
- 📍 Acknowledge the struggles the parents may have-connect them to supports; locally and nationally
- 📍 Contact other specialists who may assist you if needed
- 📍 Be aware some behaviors may be contributed to the child’s struggles. Anger outbursts, tantrums, fears, anxiety, tics, imaginary friends, attacking a sibling, and wanting to cut off body parts are often attributed to another diagnosis and are medicated when they don’t need to be

# For Clinicians:

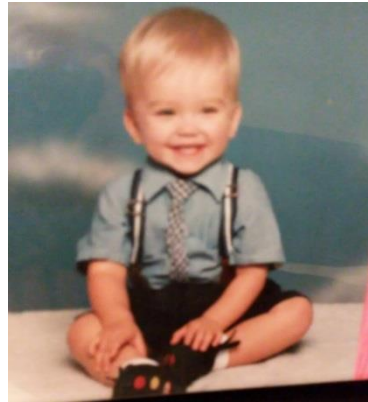
- 📍 If parents are concerned about what family or friends may discuss that it's about the reality of their child's life, not their expectations of their child's life-do they want a happy child who is alive or a depressed, self-harming, suicidal or deceased child as a result of their non-support?
- 📍 When families are unsure of the course of their child's life-suggest that they allow children to express themselves as they wish at home at first-buy them clothing and toys they want, spend a day as their true selves, and observe their joy
- 📍 Work with the parents on a transition plan-possibly starting a new school when they transition
- 📍 Work with primary care doctors on an integrated approach to the child's treatment; discuss puberty blockers, hormone therapies; affirming procedures

**Encourage parents to find resources and support-they are not alone!**

# Resources

- Cenpatico Integrated Care, <http://www.cenpaticointegratedcareaz.com>
- TransYouth Family Allies, [www.imatyfa.org](http://www.imatyfa.org)
- LGBTQ Integrated Health Coalition of Southern Arizona – Facebook Group and <https://lgbtqintegratedcoalition.wordpress.com/>
- Southern Arizona Gender Alliance – [www.sagatucson.org](http://www.sagatucson.org)
- Living Out Loud Health and Wellness Center – [www.livingoutloudaz.org](http://www.livingoutloudaz.org)
- Wingspan and Southern Arizona Aids Foundation – [www.saaf.org](http://www.saaf.org)
- Tucson: monthly caregiver support group and online support groups for caregivers and for youth – for more info email [transparent@sagatucson.org](mailto:transparent@sagatucson.org)
- Camp Born This Way – [www.campbornthisway.org](http://www.campbornthisway.org)
- Phoenix: Trans\*Spectrum of Arizona - [www.transpectrum.org](http://www.transpectrum.org)
- One-N-Ten: Today's Youth, Tomorrow's Future [www.oneten.org/](http://www.oneten.org/)
- Cochise County:-Bisbee Pride – Annual Pride event site with resource links – [www.bisbeepride.com](http://www.bisbeepride.com)
- Yavapai County: Prescott Pride Center – serving the Prescott Community - [www.facebook.com/pages/Prescott-Pride-Center/155272274512205](https://www.facebook.com/pages/Prescott-Pride-Center/155272274512205)
- Yuma: PFLAG-Yuma <http://www.pflagarizona.org/yuma>

# Questions?



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