Supporting Sexual and Gender Minority Adolescents

1:45 – 2:30 p.m.

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I have no relevant financial relationships to disclose.
Objectives

• Gain an introductory understanding of gender and sexual orientation concerns in adolescents
• Identify and assess for risk factors and common psychological struggles faced by sexual and gender minority adolescents
• Direct patients and families to appropriate resources for sexual and gender minority adolescents
Where we’ve been...

- Homosexuality, fetishism, gender identity disorder, and associated conditions were mixed together and regarded as types of sexual perversion that were considered “ethically objectionable” through the 1950s.
- An era of “conversion therapy”
- History of discrimination
  - Stonewall Riots - 1969
In the news now…

• “Obama Calls for End to ‘Conversion’ Therapies for Gay and Transgender Youth” (NY Times, 4/9/15)
• “Supreme Court Ruling Makes Same-sex Marriage a Right Nationwide” (NY Times, 6/26/15)
• “Transgender Athletes Can Now Compete in the Olympics without Surgery” (NY Times, 1/25/16)
Definitions

• **Gender**: the state of being male or female (Oxford Dictionary)
  – But does this still apply?

• **Biological sex**: physical sex characteristics from birth

• **Gender identity**: individual’s sense of their gender
  – Transgender: umbrella term used to describe gender variant individuals, not a formal diagnosis
  – Cisgender: congruence between assigned and experienced gender

  – a-gender, gender non-conforming, gender fluid, genderqueer
• **Gender expression**: outward expression of gender (clothes, behaviors)

• **Sexual identity**: individual’s sense of sexual orientation
  – 3 components: sexual attraction, romantic attraction, sexual behavior
  – Heterosexual, homosexual, bisexual, lesbian, gay
  – pansexual, asexual
The Genderbread Person v3.3

Gender is one of those things everyone thinks they understand, but most people don’t. Like Inception. Gender isn’t binary. It’s not either/or. In many cases it’s both/and. A bit of this, a dash of that. This tasty little guide is meant to be an appetizer for gender understanding. It’s okay if you’re hungry for more. In fact, that’s the idea.

Gender Identity

- Woman-ness
- Man-ness (two-spirit, genderqueer)

How you, in your head, define your gender, based on how much you align (or don’t align) with what you understand to be the options for gender.

Gender Expression

- Feminine
- Masculine (butch, femme)
- Androgynous (gender neutral)

The ways you present gender, through your actions, dress, and demeanor, and how those presentations are interpreted based on gender norms.

Biological Sex

- Female-ness
- Male-ness (female, male, intersex, NIF female)

The physical sex characteristics you’re born with and develop, including genitalia, body shape, voice pitch, body hair, hormones, chromosomes, etc.

Sexually Attracted to

- Nobody (Women/Females/Femininity)
- Men/Males/Masculinity

Romantically Attracted to

- Nobody (Women/Females/Femininity)
- Men/Males/Masculinity

For a bigger bite, read more at http://bit.ly/genderbread

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Sexual Identity Development in Adolescence

• Sensitization
  – feeling different from peers

• Identity Confusion
  – Inner turmoil, uncertainty about identity

• Identity assumption
  – Self-identification, experimentation

• Commitment
  – Self-acceptance, starting to “come out”
The Coming Out Experience: When You Thought, Knew, Told

Median age at which gay men/lesbians/bisexuals say they ... they were or might be LGB

Notes: Based on gay men (n=398), lesbians (n=277) and bisexuals (n=479). Median ages are computed based on those who answered each question. Those who are still not sure they are LGB, those who have not yet told someone and those who did not answer the questions are removed from the analysis of the relevant questions.

Pew Research Center LGBT/39,41,42
DSM 5: Gender Dysphoria

• Marked incongruence between experienced/expressed gender and assigned gender, or at least 6 months duration, associated with clinically significant distress or impairment in functioning
  – Pros: recognizes distress, facilitates communication and research
  – Cons: stigmatizes, pathologizes
Gender Identity Development

• Ability to label gender of self and others – 18-24 months
  – Increased preference for stereotyped toys
  – Preference for certain play behaviors

• By school age, gradual increase in preference for same-sex play mates

• For adolescents, the majority experience gender identity in concordance with their assigned gender and this seems to be fairly fixed from early childhood
Gender Dysphoric Development

- Only a certain percentage of gender dysphoric children (pre-puberty) will “persist”
  – 15% to 25%, but findings based on limited data
- Any of the following are possible:
  - “phase”
  - May identify as a sexual minority
  - May be a more masculine girl or feminine boy
  - Identify as somewhere on the gender continuum (but not as specifically male or female)
  - Social transition but not physical transition
  - May identify as the other gender and pursue transition
Gender Identity Research

• Clinical demands have outpaced empirical knowledge
  – Limited and controversial data
  – Anecdotally, increasing complexity in cases

• Factors associated with “persistence”
  – Childhood dysphoria continuing into adolescence, often intensifying
  – More intense gender dysphoria
  – “I am” the other sex vs. “I wish I was”
  – Socially transitioned
Risk factors: LGBTQ Youth

• Experience with violence
  – Bullying, harassment, bullying, physical assault

• School avoidance/absence

• Substance use higher in LGB youth

• HIV and other STDs (LGB)

• Rejection by family which negatively impacts the child’s well being
Risk Factors Cont’d.

• Homelessness
  – 1 in 5 transgender individuals

• Psychological Symptoms
  – Depression
  – Anxiety
  – Suicidal thoughts and behaviors
  – Body dysphoria (only gender minority youth)
What is driving these risk factors?

- Newer research indicates that sexual and gender minority youth AS A GROUP may not be higher risk for suicide
- But… subsets of the group are at higher risk:
  - Self-identify at early age
  - Report sexual or family abuse history
  - Those who don’t disclose to anyone
  - High levels of inner conflict about their identity
Resilience

• When school climate is positive for LGB youth:
  – Fewer threats of violence
  – Less depression and suicidal feelings
  – Lower alcohol and marijuana use
  – Fewer school absences
Resilience Cont’d

• Supportive reactions from family can help youth cope
  – Less likely to experience depression and suicidal thoughts
  – Less substance use
  – Less likely to be infected with STDs

• Sense of belonging to a community (both minority and general) is protective against depression and suicidal behavior
Physician Survey

• Majority would not regularly discuss sexual orientation, sexual attraction or gender identity

• Most did not feel they had all the skills needed to address these topics with adolescents
  – Expressed a need for additional training
Assessment: What and how to ask?

- Normalize experience as questions you ask all patients
- Discuss individually with patient
- Ask about attraction and sexual behaviors
- Depending on the answers, ask about preferred names and pronouns
  - Consider using non-binary questions/measures
Assessment: Sample Questions

• Do you consider yourself to be
  – Heterosexual/straight, gay/lesbian, bisexual, or something else?

• Do you consider yourself to be
  – Male, female, or something else?

• What best describes your attraction to other people?
  – Only attracted to females, mostly attracted to females, equally attracted to males and females, only attracted to males, gender is not a factor in my sexual attraction, other

• In the past year, who have you been physically affectionate or had sex with?
  – Men only, women only, both men and women, no one, other
Assessment: Screening

• Depression screening
  – Patient Health Questionnaire (PHQ-9)
    • 13 items to assess depressive symptoms, severity impairment, and suicide risk
    • Free, fast, and straightforward

• Stressors, anxiety, school avoidance?

• Screen for trauma (bullying, physical or sexual harassment, etc.)

• Self-harm (e.g., cutting)

• Body image
What can you do?

- Address your own biases
- Encourage environments that prohibit bullying, harassment and violence
- Identify your office as a “safe space”
- Provide education on sexual health and STD screening
- Refer patients and families to providers experienced in serving LGBTQ youth
  - Goal of services: assess/explore gender and/or sexual identity, support child and family, assess co-morbidities, inform medical care as needed
Helping Family Members

• Allow them to grieve
• Encourage them to
  – Talk and listen
  – Provide support
  – Stay involved
  – Be proactive
Books

• Teens
  – Beyond Magenta: Transgender teens speak out (Susan Kuklin)
  – Queer: The ultimate LGBT guide for teens (Kathy Belge, Mark Biechke, Christian Robinson)
  – The Gender Quest Workbook: A guide for teens and young adults exploring gender identity (Rylan Testa, Deborah Coolhard, and Jayme Peta)

• Parents
  – The Transgender Child (Stephanie Brill and Rachel Pepper)
  – Transitions of the Heart (edited by Rachel Pepper)
  – Always My Child (Kevin Jennings)
Online Resources

• CDC: LGBT Youth Health
  – www.cdc.gov/lgbthealth/youth.htm

• Gender Spectrum Education and Training

• Parents, Families and Friends of Lesbians and Gays
  – www.pflag.org

• Human Rights Campaign
  – www.hrc.org

• World Professional Association for Transgender Health
  – www.wpath.org
Telephone Resources

• National Runaway Safe line
  – 1-800-RUNAWAY

• The Trevor Project
  – 24 hr line for LGBT youth staffed by trained counselors
  – 1-866-488-7386

• GLBT National Youth Talkine
  – M-F 3-11pm, Sat 11-4 CST telephone, chat and email support, local resources
  – 1-800-246-7743


Kitts RL. Barriers to optimal care between physicians and lesbian, gay, bisexual, transgender, and questioning adolescents. *Journal of Homosexuality* 2010, 57(6):737-747.


References


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