



CENTERING ON THE MARGINS

Improving care for LGBTQ youth

Angela Kade Goepferd, MD
Chief Education Officer; Medical Director for Gender Health



Children's Minnesota

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Objectives

- Describe LGBTQ+ identities and terms relevant for providing care for kids and youth
- Illustrate ways that LGBTQ+ youth are disproportionately targeted and experience health disparities
- Define best practices for providing affirming and supportive care for LGBTQ+ and gender diverse children and their parents
- Review health and community resources for LGBTQ youth in Minnesota



Terms and Definitions



Risk Factors and Health Disparities



Barriers to Adequate Care



Strategies to Improve Care



Terms and Definitions



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Strategies to Improve Care

The Basics:

Understanding Terms/Definitions

- Gender identity
- Gender role
- Sexual orientation
- Sexual identity

Gender Identity

- One's sense of being male or female (or something other or in between)
- By 2 years old kids understand gender differences
- Identity develops by age 3 or 4
- Understand as a fixed constant by age 6 (boys grow up to be men)



Gender Role/Expression

- Behavior that is culturally defined as masculine or feminine (gender expression)
- Emerges by age 4 or 5
- Children use gender scripts to generalize and categorize

- Gender Expression is different than Gender Identity
- Gender Expression is different than Sexual Orientation



Sexual Orientation and Sexual Identity

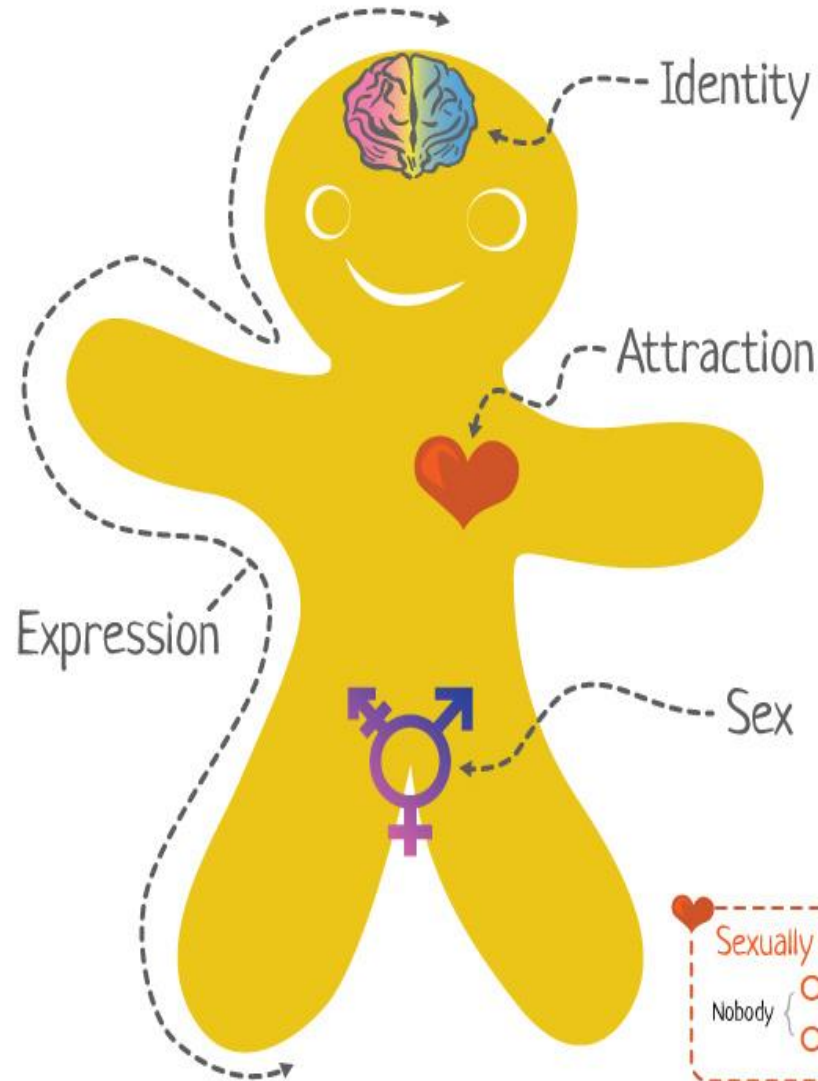
- Sexual Orientation = What is erotically attractive to an individual
- Leads to development of sexual identity
- Sexual Identity = The labeling of one's sexual orientation
- Sexual identity is a task of adolescence and young adulthood



The Genderbread Person v3.3

by its pronounced **METROsexual**.com

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.



Plot a point on both continua in each category to represent your identity; combine all ingredients to form your Genderbread. 4 (of infinite) possible plot and label combos

Gender Identity

Indicates a lack of what's on the right.

Woman-ness

Man-ness

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.

Labels: "woman", "man", "two-spirit", "genderqueer"

Gender Expression

Feminine

Masculine

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

Labels: "butch", "femme", "androgynous", "gender neutral"

Biological Sex

Female-ness

Male-ness

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

Labels: "male", "female", "intersex", "MtF Female"

Sexually Attracted to

Nobody

(Women/Females/Femininity)

(Men/Males/Masculinity)

Romantically Attracted to

Nobody

(Women/Females/Femininity)

(Men/Males/Masculinity)

In each grouping, circle all that apply to you and plot a point, depicting the aspects of gender toward which you experience attraction.

Gender Identity Terms/Definitions

- Transgender
- “Who you are vs. Who you love”

2.8%



Gender Identity Terms

- Non-Binary
- Bigendered
- Genderqueer
- Gender Fluid
- Gender expansive
- Cis-gendered
- FTM/MTF
- Omnigender



Other words to know:

- Cisgender
 - “Dead name”
 - “Misgendered”
 - “Preferred name”
-
- Words to avoid: transsexual, transvestite, tranny, he/she, hermaphrodite



Terms and Definitions



Risk and Health Disparities



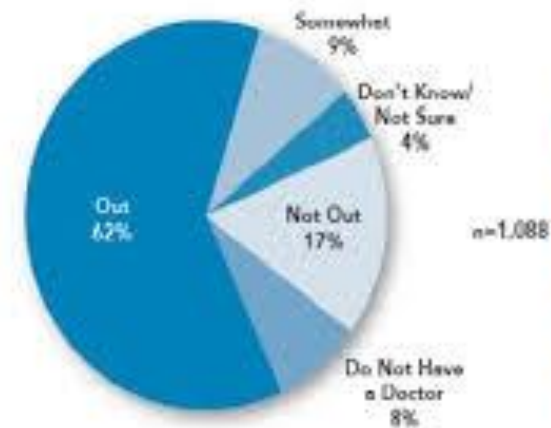
Barriers to Adequate Care



Strategies to Improve Care

LGBTQ Health Disparities: Understanding Risk Factors

- Risk factor = Ways that LGBTQ patients are targeted that contribute to health disparities
- A result of stigma and discrimination based on sexual orientation and/or gender identity and expression

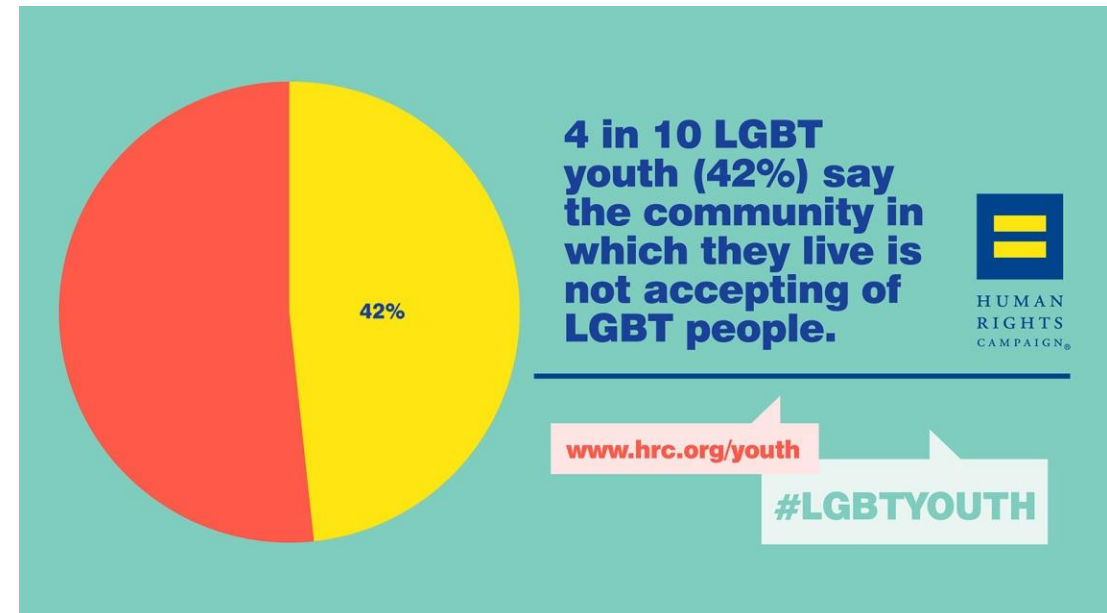


LGBTQ Respondents Out to Doctor

“I don’t want my doctor to know because I fear they will treat me different.”

LGBTQ Health Disparities: Social rejection and Isolation

- Common fears:
 - Will my family and/or friends reject me?
 - *Mental and physical consequences of high parental rejection*
 - Is it safe to “come out”?



LGBT Youth Health Disparities: Social rejection and Isolation



LGBT Youth Health Disparities: School Violence

- Bullying is most common around issues of sexual orientation, non-conforming gender behaviors and dress
- Nearly 3 in 5 Minnesota gay and lesbian students (58%) report ever being harassed or bullied because of their sexual orientation or perceived sexual orientation in the last 30 days, with 16% reporting daily harassment or bullying.
 - As compared to race/religion (33%) or those in a special education program (19%)

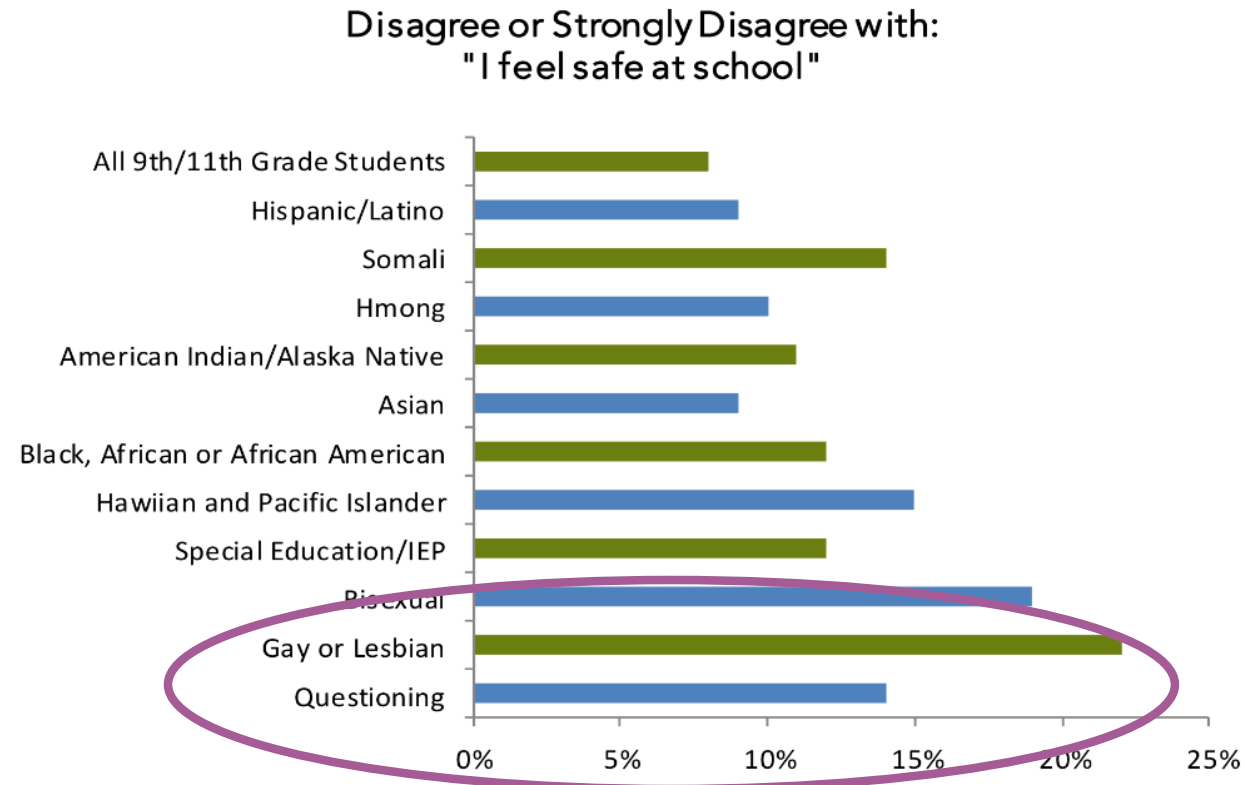
LGBT Youth Health Disparities: Bullying and School Violence

- 75.4% of GLBT high school students heard derogatory or homophobic remarks “frequently or often” at school (ex: “fag”, “dyke”)
- 89.2% heard the term “gay” used to mean stupid or worthless (ex: “that’s so gay”)
- GLBT students hear anti-gay slurs about 26 times/day
- Once every 15 min



LGBT Youth Health Disparities: Bullying and School Violence

- From the 2013 MN Student Survey (MSS):



LGBT Youth Health Disparities: Bullying and School Violence

Among those asked to describe the most important problem facing their lives right now:

LGBT youth identified

1 Non-accepting families (26%)

2 School/bullying problems (21%)

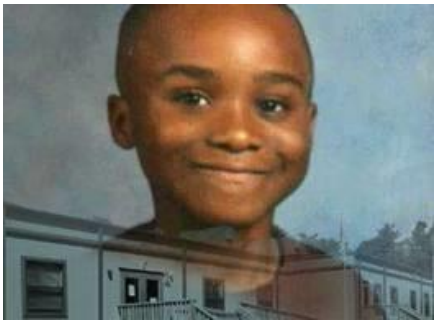
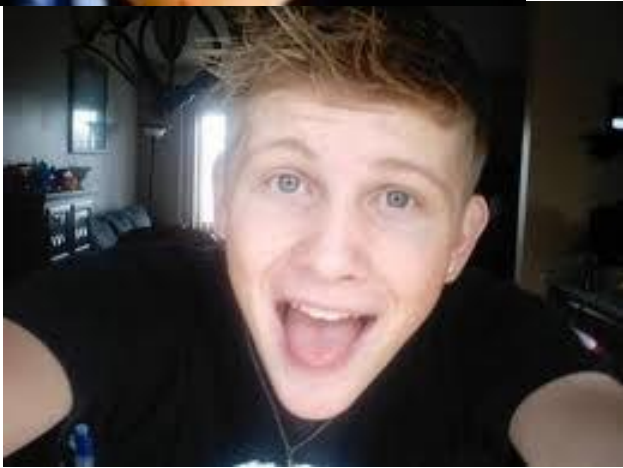
3 Fear of being out or open (18%)

Non-LGBT youth identified

1 Classes/exams/grades (25%)

2 College/career (14%)

3 Financial pressures related to college or job (11%)



LGBT Youth Health Disparities: Suicide

- Suicide is the leading cause of death among GLBT youth
- GLBT youth 3-5 times more likely to attempt suicide
- Comprise 30% of all completed suicides
- GLBT Youth experiencing high rates of rejection from parents are 8 times more likely to attempt suicide
- One GLBT youth attempts suicide every 35 minutes and one GLBT youth completes suicide every 6 hours

41-50% of Transgender Youth will attempt suicide

9 times the national average

High parental rejection increases all risk
• 57%

78 % trans kids harassed at school

63% of trans people experience discrimination that “changes their lives”

Transgender Youth at high risk bullying and violence, including murder
•2000% more likely



Terms and Definitions



Risk Factors and Health Disparities



Barriers to Adequate Care



Strategies to Improve Care

Seeking care:

Unique obstacles for LGBTQ people

Heterosexism, Homophobia

- Most healthcare providers assume heterosexuality (75%)
- Many healthcare providers not knowledgeable about issues relevant to LGBTQ community; patients fear judgment and shame
- Families feel invisible, often not represented in marketing materials

Transphobia

- May be unwilling to seek health care that involves disrobing
- May use different terms for their body parts based on identity
- Sex-segregated services may prevent them from accessing services

Healthcare discrimination

- LGBTQ, especially transgender, people have been victimized and assaulted while seeking healthcare (trans folks 26%)
- 6% of trans folks in 2004 FORGE survey sexually abused by health care or social services provider
- Historically troubling relationship to mental health professionals and LGBTQ folks

10 Things Transgender People Face in Healthcare

- Waiting room anxiety
- Misgendering
- Treatment Refusal
- Provider Ignorance
- Incomplete Screening
- Invasive Questions
- Mental Illness
- Proving their Identity
- Lack of Insurance
- Assault



Pandemic Implications for LGBTQ youth

- Physical distancing = decrease in positive social interactions
- School closings = loss of extracurricular activities and support
- Shelter in place = increase in negative social interactions
- Housing instability and homelessness
- Unemployment and lack of access to health and mental health resources
- Increased risk of suicidality





Terms and Definitions



Risks and Health Disparities



Barriers to Adequate Care



Strategies to Improve Care



Optimizing Care for LGBTQ Youth

Improving LGBTQ Healthcare

- ✓ Encourage LGBT diversity in staff and clinicians
- ✓ Non-discrimination policy for hiring
- ✓ Zero tolerance policy for LGBT discrimination
- ✓ LGBT ERG
- ✓ Cultural competency training for all staff
- ✓ Gender neutral restrooms
- ✓ Display non-discrimination policy
- ✓ Display LGBT signs and stickers
- ✓ LGBT representation in marketing materials
- ✓ LGBT inclusive forms (including preferred name and pronoun)



Practical Strategies to Optimize Care: Caring for LGBTQ patients

- MAKE NO ASSUMPTIONS
- Use gender neutral language when asking about relationships
- Don't disclose sexual orientation or gender identity unless the information is needed for their care
- Confidentiality is key



Practical Strategies to Optimize Care: Caring for Transgender Patients



- Always use a patient's preferred gender pronouns and preferred names
- If you are unsure about a person's preference or identity: ASK
 - What name would you like to be called? Which pronoun do you use?
- Focus on care and issues at hand;
 - *Don't indulge in questions out of curiosity and avoid asking unnecessary questions*
- *It is inappropriate to ask transgender people about their genital status*

Practical Strategies to Optimize Care: Caring for Transgender patients

Continue to use preferred name and pronoun even when your patient is not present

- Introduce yourself with your name and pronouns
- Document patient's name and pronoun for others
- It's okay to apologize for a mistake
- The platinum rule:
“Treat others the way *they* want to be treated”

Hello

My name is

My preferred pronoun is

Zzztest, Appdev2	Preferred name: Samantha (they/them/theirs)	Age: 9 years
Weight: 30 kg 03/26/19	Precautions: Not Specified	DOB: 3/21/2010 MRN: 2512823
Dosing Wt: 24 kg 01/09/19	MDRO: MDRO, MRSA, VRE	Female Acct#: 12423798
	** Allergies **	MyChildren's Self/Patient - Active

Practical Strategies to Optimize Care: Effective Patient Interviews

- Typical behaviors of all adolescents
 - Trying on new identities
 - Exploring values
 - Tight peer groupings
 - Need for privacy
 - Challenging limits



Practical Strategies to Optimize Care:

Assess risk factors: Home/School

- Does anyone in your home/family know you are GLBT? How have they responded?
 - Kids experiencing high rejection at greatest risk
- Do you feel safe in your home?
- Do you feel safe at work/school? (on the bus, etc)
- Do any of your friends/classmates know? How have they responded?
- Assess for suicide risk



Practical Strategies to Optimize Care: Create Safe Spaces

- Visual cues: posters, brochures, magazines, buttons/stickers
- Educate yourself and your staff
- Use inclusive forms
 - Gender Identity
 - Sexual Identity (optional)
 - Parents (not just mom and dad!)
- Access to safe bathrooms



Preferred Name (optional)

Date of Birth (MM/DD/YY)

Gender (Transgender)

Preferred Pronouns(optional)



RESOURCES FOR LGBTQ YOUTH IN MINNESOTA



Practical Strategies to Optimize Care: Connect Patients with Resources

- Social, Legal & School support:



- Large resource list
- Statewide Advocacy Organization
- Community organizing, public policy, anti-violence, law, education and training

Practical Strategies to Optimize Care: Connect Youth with Resources

- **Homelessness :**
 - **The Bridge**
 - Provides safe shelter, family conflict resolution
 - GLBTQ support group
 - www.bridgeforyouth.org
 - **Avenues for Homeless Youth**
 - GLBT Host Home Program
 - info@avenuesforyouth.org



Practical Strategies to Optimize Care: Connect Youth with Resources

- **School support:**

- **Out4Good (Minneapolis)**

- <http://health.mpls.k12.mn.us/Out4Good.html>
 - **GLBTQ speakers bureau for youth**

- **Out for Equity (St. Paul)**

- **Public school program to create safe and supportive schools**
 - **The Broom Closet (Youth Activities)**
 - <http://equity.spps.org/outforequity>



Practical Strategies to Optimize Care: Connect Youth with Resources

- **Emotional Support/Building Resilience :**

- **Reclaim**

- Mental Health support services; ages 13-25
- LGBTQ support group
- www.reclaim-lgbyouth.org



- **The Family Partnership**

- MN Q Youth; counseling, education, advocacy
- Specific resources for those who have experienced abuse
- www.thefamilypartnership.org



The Family Partnership
Counseling Education Advocacy

Practical Strategies to Optimize Care: Transgender youth support

- **TransYouth Family Allies**

- Resources for Healthcare Providers
- Resources for Families
- <http://www.imatyfa.org/>



TransYouth Family Allies

- **PFLAG**

- Our Trans Children
- [Transforming Families support group](#)
- www.plfag.org





Supporting Parents of Transgender and Gender Diverse Children

We set the tone so that parents can relax and focus on the health of their kids

Messages we can help reinforce to parents:

- Affirm parents for seeking help for their child
- Remind them how critical their affirmation is to their child
- Let them know you are a resource
- Let child explore and experiment
- Support without steering
- Acknowledge that ambiguity is hard



Our message to transgender
and gender-diverse kids?

BE YOURSELF.

Trust the gender health team at
Children's Minnesota to support you
and your family with medical expertise,
coordinated care and compassion.
Wherever you are on your journey,
we'll follow your lead — and help
you grow up healthy, happy, safe
and strong.

GENDER HEALTH PROGRAM

Make an appointment.
Meet the doctors.

612.813.7950

childrensMN.com/genderhealth



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GENDER HEALTH PROGRAM

- **Compassionate and comprehensive care** for transgender and gender diverse children and adolescents
- **Exclusively pediatric** — an essential medical partner and resource for transgender youth and their families
- **Multidisciplinary** — coordinated appointments include gender consultation and assessment with these specialists: gender health, endocrinology and gynecology
- **Coordinated** — our gender health social worker and care navigator is with families supporting medical, legal, educational and social needs along their journey

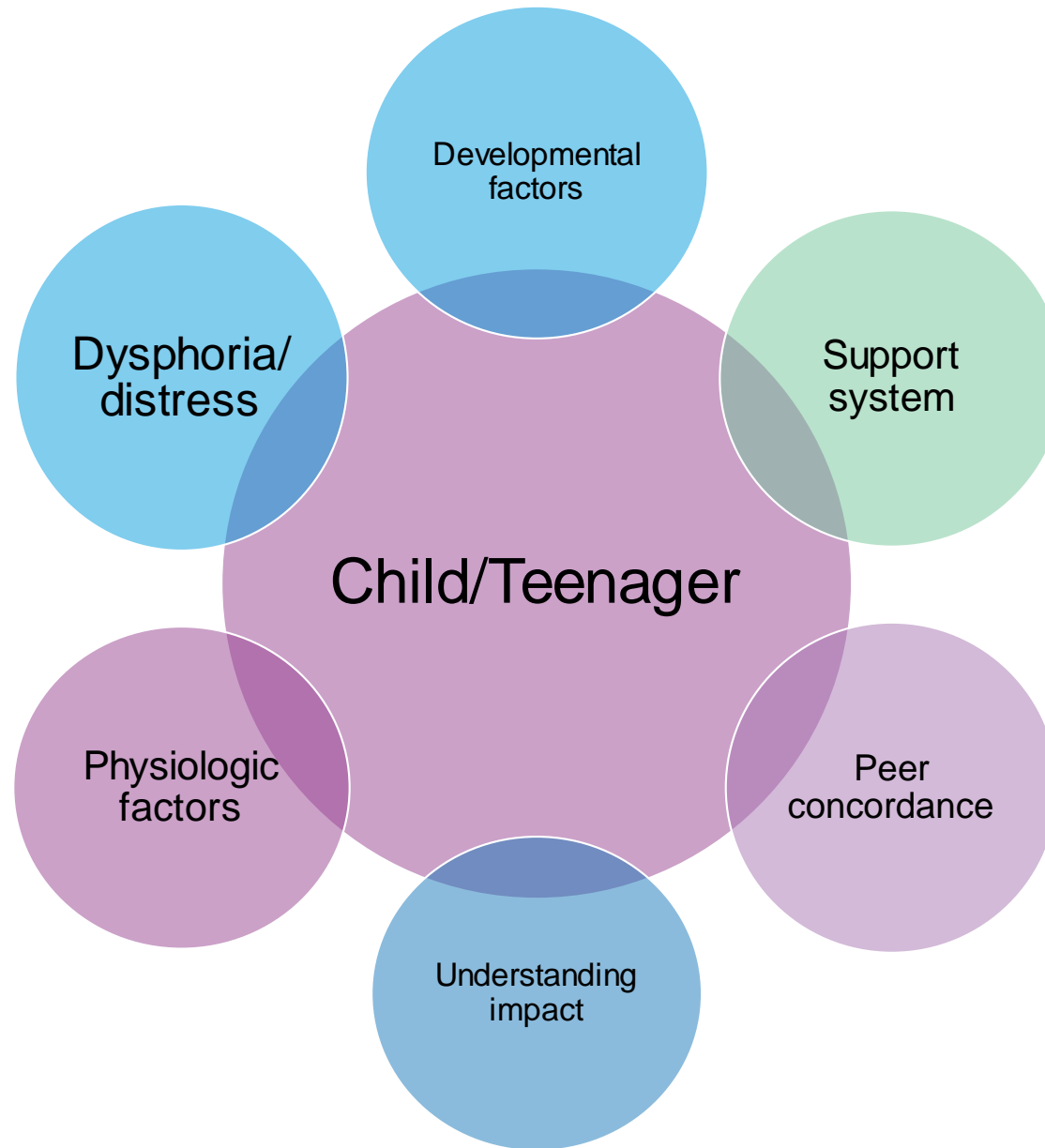
DEDICATED, COMPREHENSIVE AND COORDINATED CARE PLANS

Typical patient journey:

1. Start with a phone intake with our gender health program social worker/ care navigator
2. Meet one of our gender health program physicians in clinic
3. Referral for mental health support and resources as needed
4. Personalized care plan developed in partnership with patients and families

Care plans may include:

- Gender consultation
- Pubertal suppression
- Menstrual suppression
- Gender affirming (masculinizing and feminizing) hormone treatment
- Fertility preservation consultation



Affirming Medical Care for Transgender Children & Teens

Social transition:

Early childhood (until Tanner 2 or 10-14 years old)
Alleviates anxiety; important to make flexible

Fully reversible interventions: (past Tanner 2; ages 11-16)

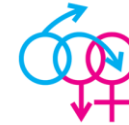
1. Suppression of puberty
2. Suppression of menses
3. Decrease androgen effects **

Partially reversible interventions:

(ages 14/15/16 and up)
Hormone therapy with Estrogen and Testosterone

Irreversible interventions (usually 18 and up **)

Surgical procedures



WPATH WORLD PROFESSIONAL
ASSOCIATION for
TRANSGENDER HEALTH

PES
PEDIATRIC ENDOCRINE SOCIETY



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