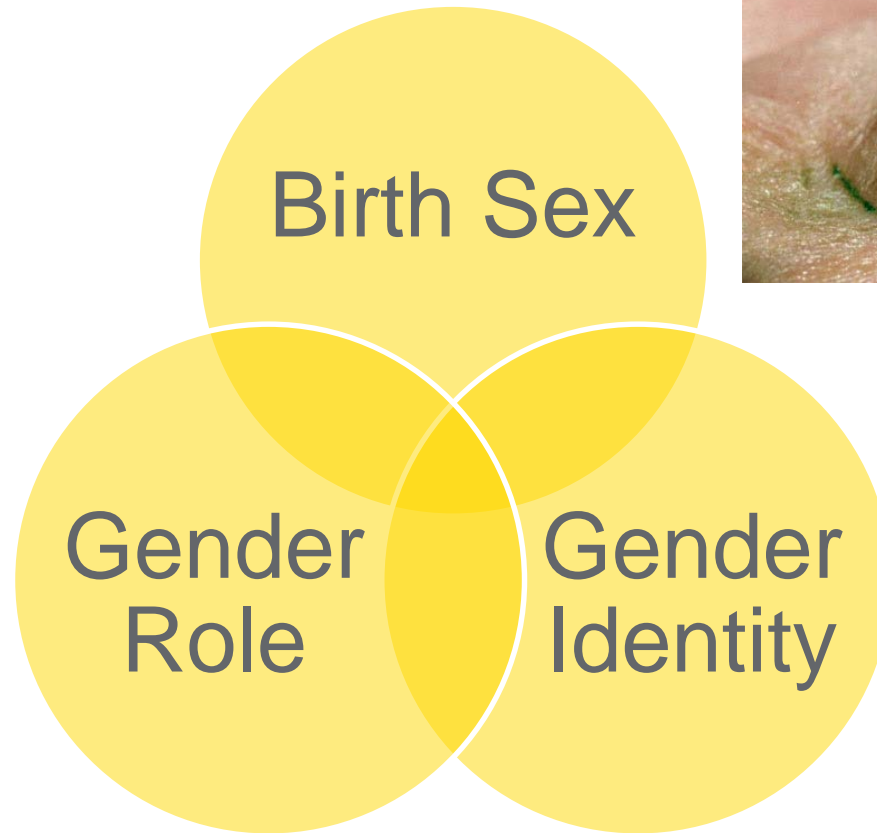


**Child Study Center  
Department of Child & Adolescent Psychiatry**

**Transgender Health Disparities:  
Challenges and Opportunities  
March 2017**



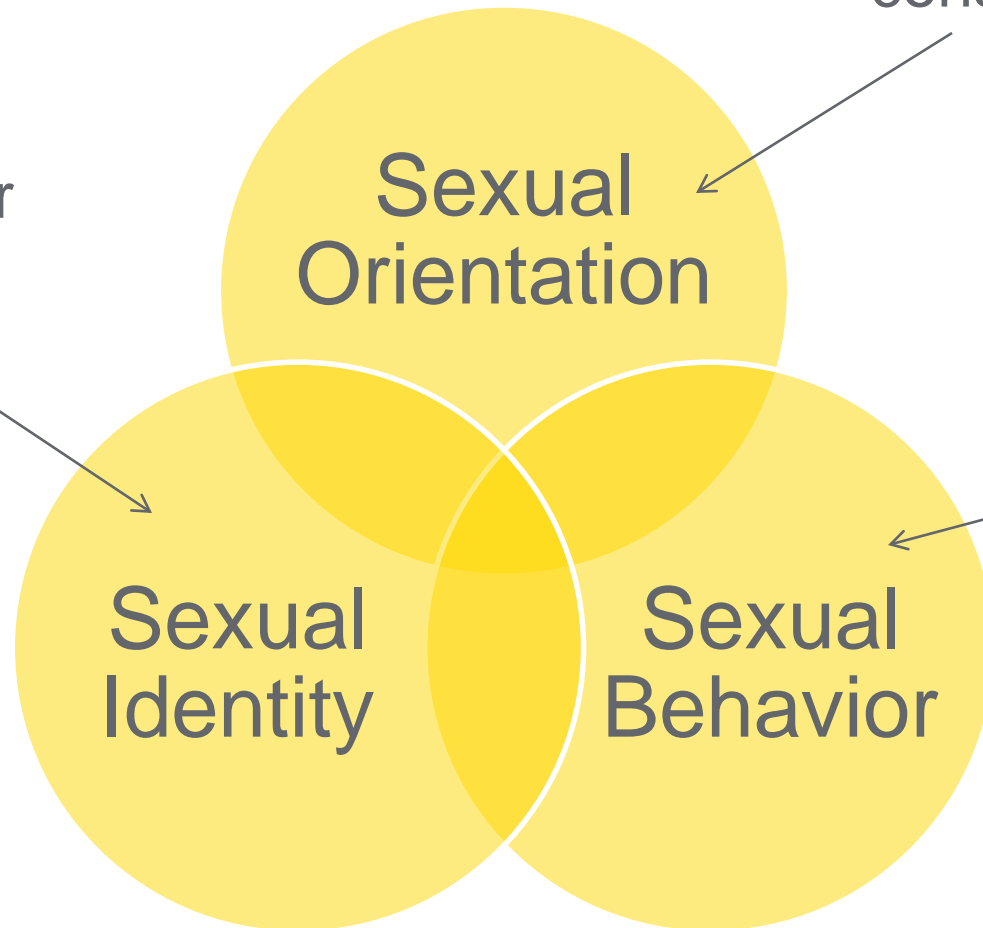
# Gender: What are the components?



# Sexuality: Components?

How an individual defines their sexuality

“immutable, stable, and resistant to conscious control”



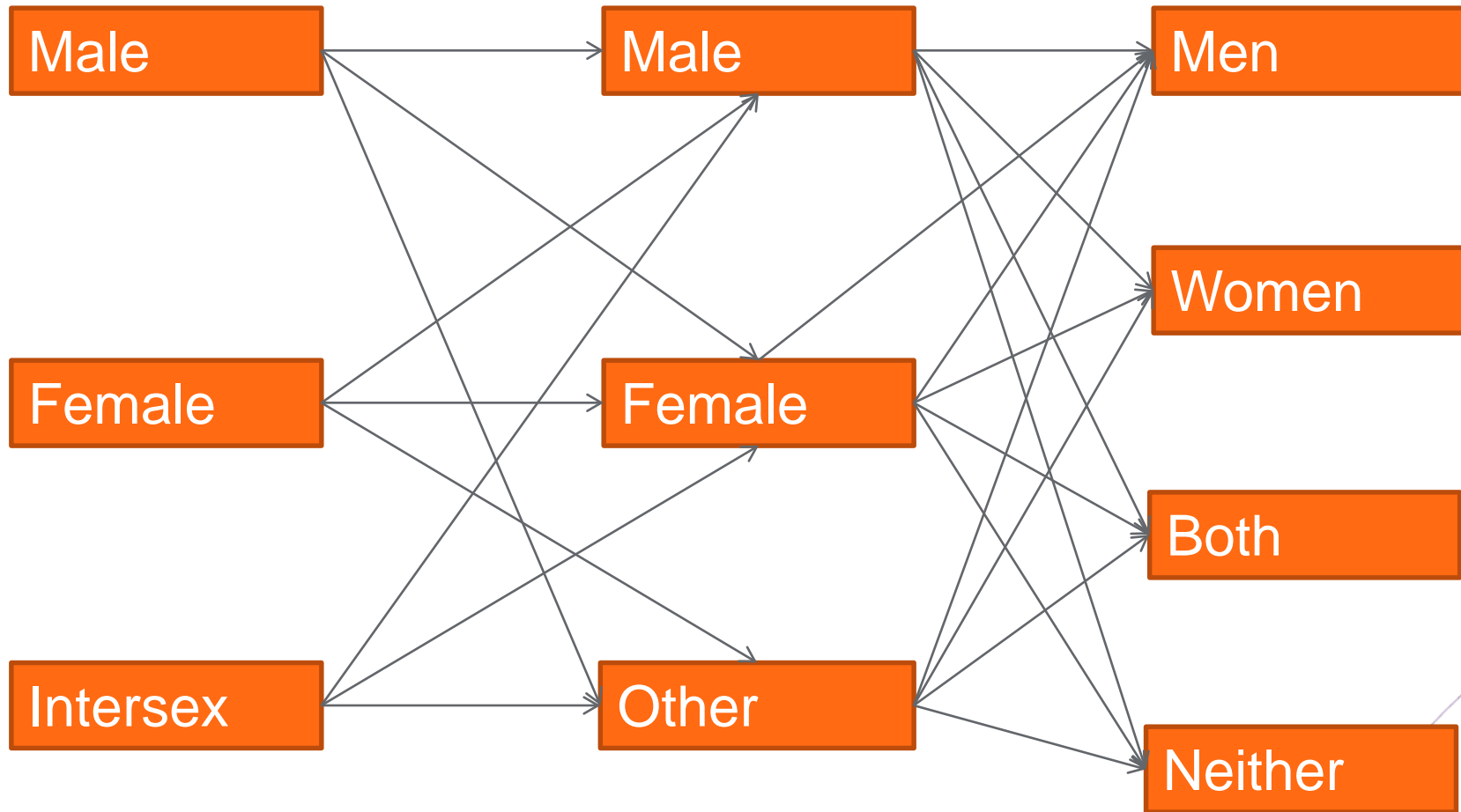
What is “sex” anyway?

# Sexual Orientation and Gender Identity

Born as:

Identify as:

Attracted to:



# Overview

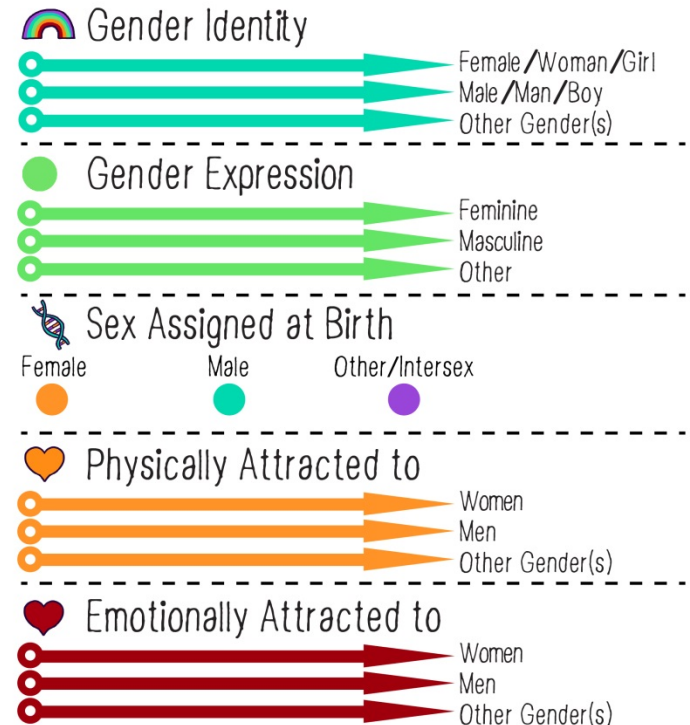
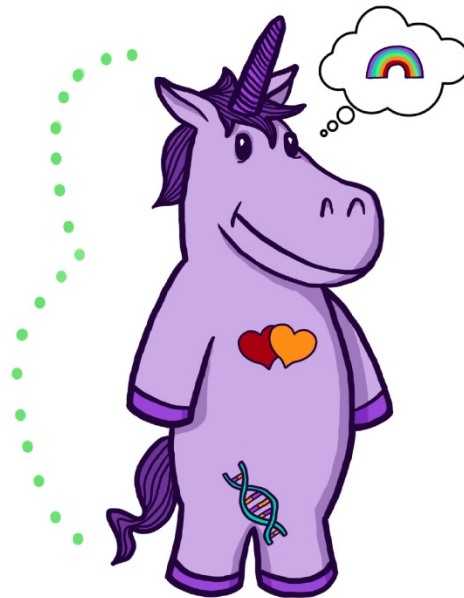
- What is the developmental timeline for gender?
- How many transgender folks are in the US?
- What are their mental health & medical needs?
- What is their experience of health care?
- How are we educating clinicians about TG health?
- What can we do about it?

## Definitions

mismatch

# The Gender Unicorn

Graphic by:  
**TSER**  
Trans Student Educational Resources



To learn more, go to:  
[www.transstudent.org/gender](http://www.transstudent.org/gender)

Design by Landyn Pan and Anna Moore

# When: Developmental Timeline

Sexual Behavior

So what comes first?  
Gender identity,  
Sexual orientation,  
sexual behavior?

Sexual Orientation

Can begin as early as 4-5 but typically develops just prior to noticeable signs of puberty

Gender Identity

Gender Stability

Gender Constancy

Birth

age 2-3

age 4-5

age 5-7

←puberty-----adolescence→

adulthood

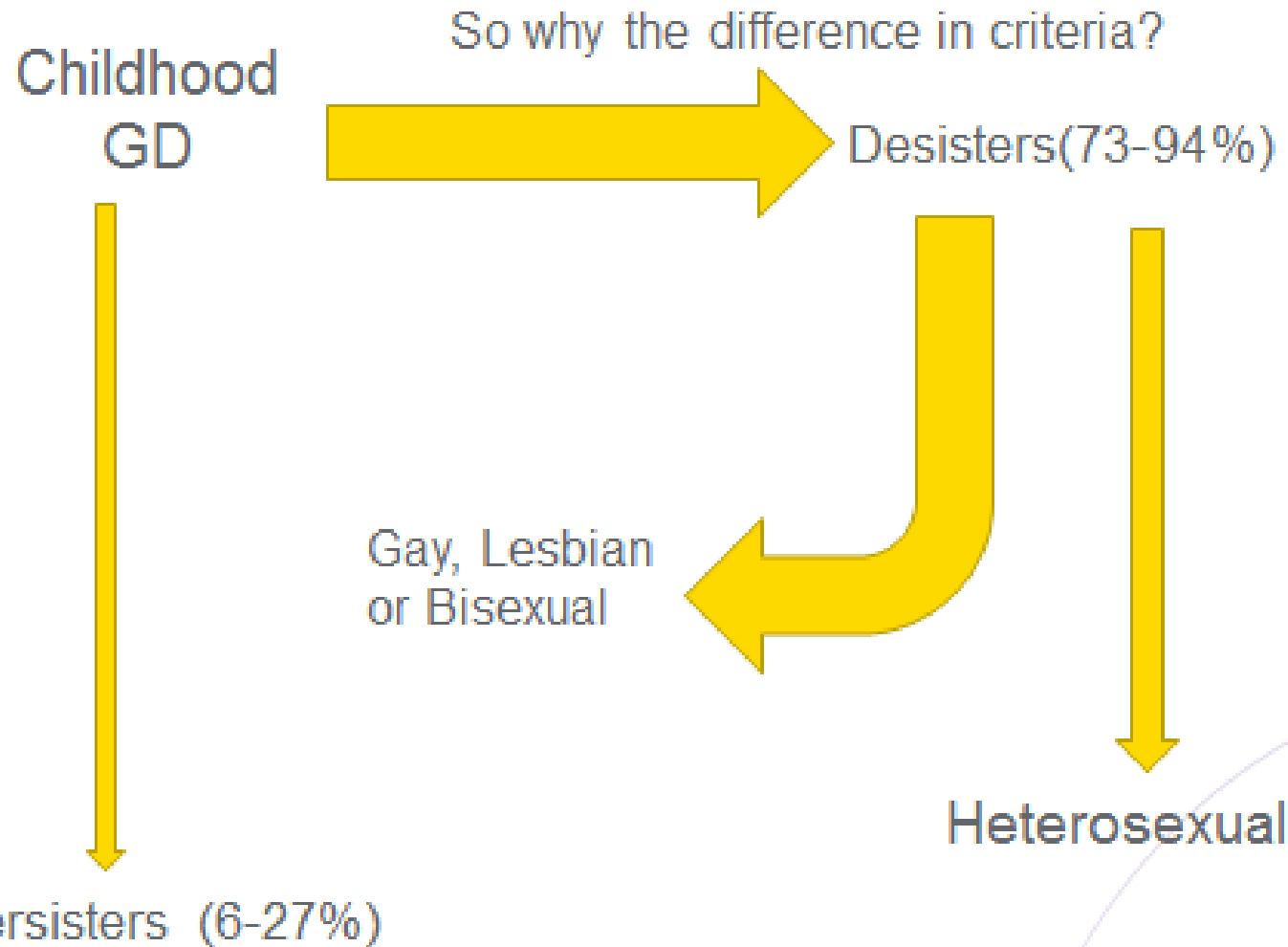
Transgender Identity Development

# Gender Fluidity & Gender Identity Development

- DSD/Hormones
  - Androgens and male-typical behavior
- Imaging/Structure (Baudewijntje PC et. al. 2016)
  - Early onset androphilic MTF and gynephilic FTM with gross morphology similar to natal sex but white matter microstructure is more similar to self-reported gender identity
  - Study limitations
- Cognitive (Olson et. al. 2015)
  - 5-12yo transgender identified youth
  - w/ both implicit/explicit measures, patterns of cognition consistent with expressed gender equivalent to cisgender controls
- Limitations
  - Less is known about gender fluid/gender queer experience and development as well as those with post-pubertal onset; challenge w/ the diagnostic system



# Trajectory: Current Thinking (why changes were needed)

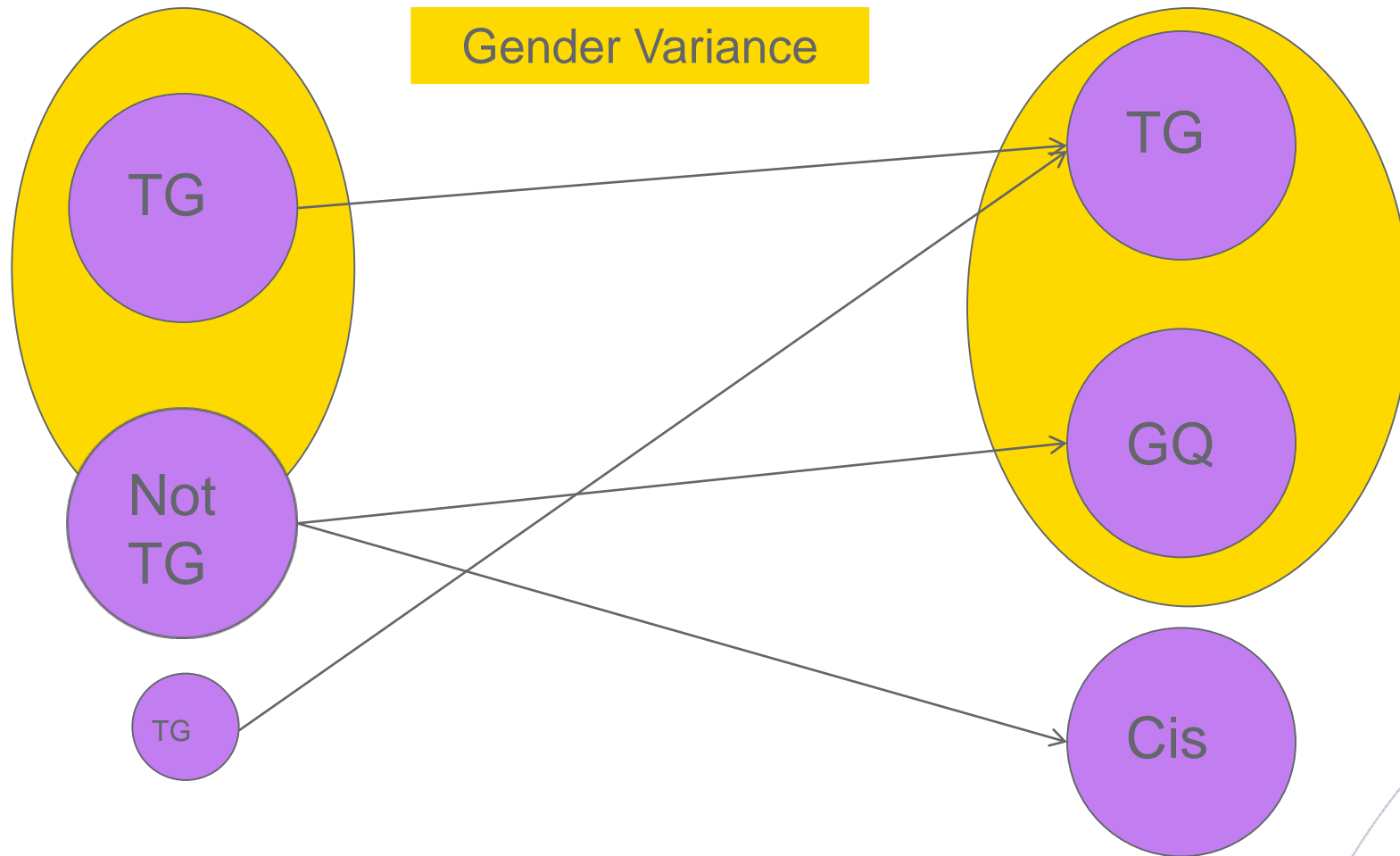




# Trajectory: new proposal

Childhood

Adolescence/Adulthood



# Prevalence

- Methodological challenges – recruitment biases, measurement differences, diagnostic changes, fluidity of gender expression/identity
- Cohen-Kettenis & Pfafflin (2003) -- Dutch youth assessed with CBCL

	<b>“Behaving like other sex”</b>	<b>”Identifying as other sex”</b>
Children	2.5- 5%	1.4-2%
Adolescents	1.1-3.1%	0.2-0.4%

- Kuyper & Wijzen (2014) -- Large Dutch sample; N=9064, aged 15-70 years old

	<b>Natal Males</b>	<b>Natal Females</b>
“Ambivalent” Gender ID	4.6%	3.2%
“Incongruent” Gender ID	1.1%	0.8%

- Compared to what is quoted in the DSM...(0.005 – 0.014% of the population)

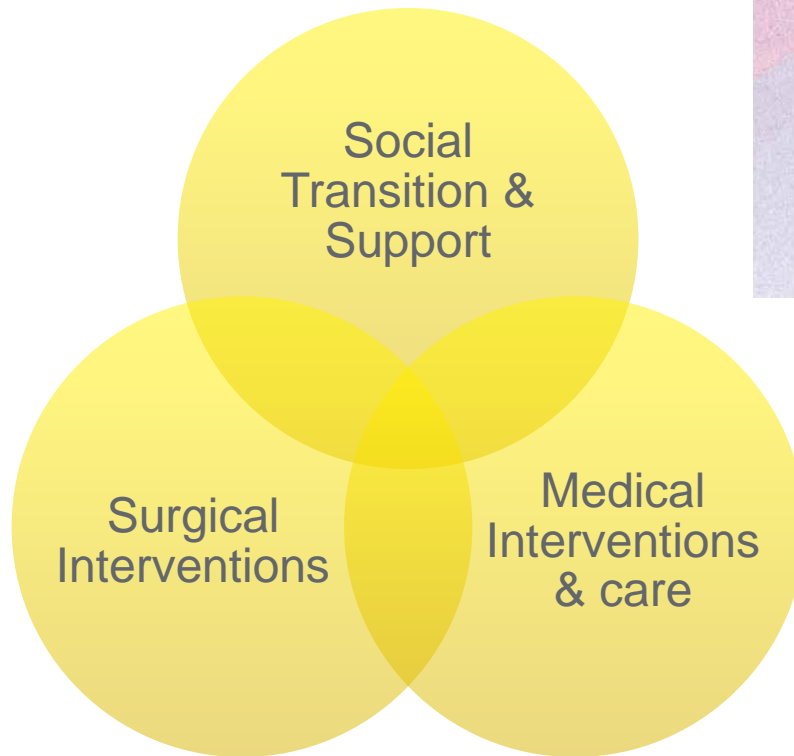


# US Specific Data

- Williams Institute (2016)
  - Utilizes CDC CDC's Behavioral Risk Factor Surveillance System (BRFSS)
  - Asks question “do you consider yourself to be transgender?”
  - Total US percentage: 0.56% (GA: 0.75%, DC – 2.77%)
    - Age 18-24: 0.7%
    - Age 25-64: 0.6%
    - Age 65+: 0.5%



# What are the specific health care needs for TG patients?



WPATH  
2012

Standards of Care 7  
for the Health of Transsexual,  
Transgender, and Gender  
Nonconforming People

The World Professional Association for Transgender Health

The Endocrine Society's  
CLINICAL GUIDELINES

Endocrine Treatment  
of Transsexual Persons:  
An Endocrine Society Clinical Practice Guideline

Endo Society  
2009

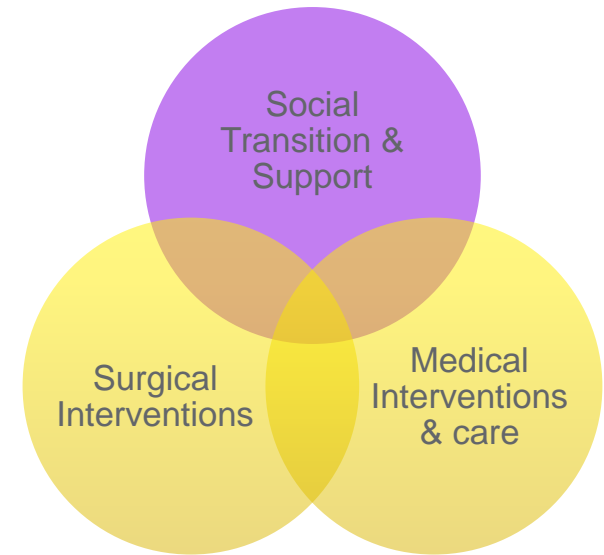


THE JOURNAL OF  
CLINICAL  
ENDOCRINOLOGY  
& METABOLISM

# Trans-specific care

## Social Transition & Support

- Living in desired gender role
- Community & Family support
- Insurance coverage, employment



# LGBT Youth Stressors and Outcomes

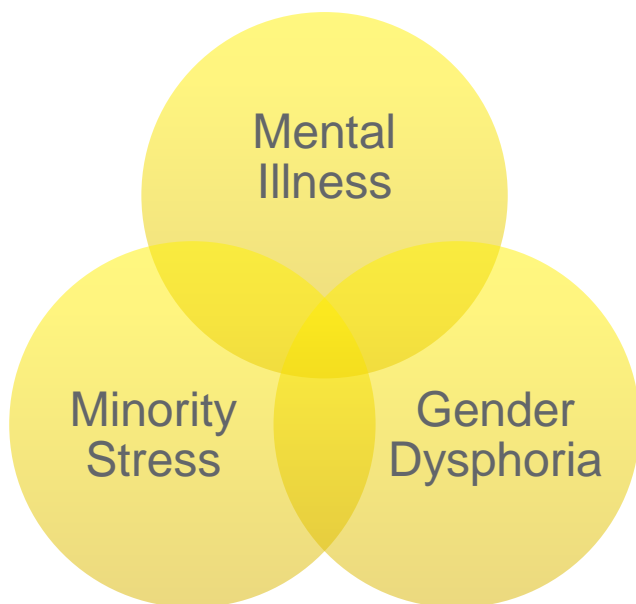
- CDC Report on High-School Students
- Extrapolation for transgender and gender variant youth
- Challenge in identifying, understanding trans and gender variant youth

	Heterosexual	LGB students
Skipped school due to safety	4.6%	12.5%
Forced into unwanted sexual intercourse	5.4%	17.8%



# Do kids with GD have more mental illness?

Children with Gender Variance face discrimination, and can be thought of within a minority stress theory framework<sup>1</sup> and we might expect increased rates of psychopathology.



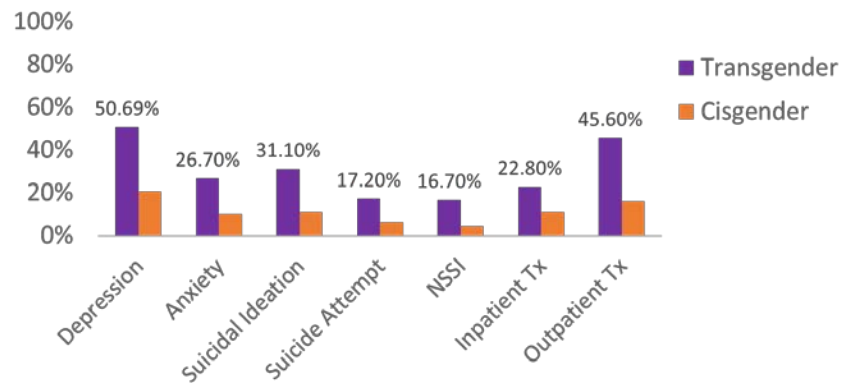
- Demographics: Cohen-Kettenis et al.
  - Average IQ
  - CBCL Data
  - Peer Relations
    - Gender based play correlation
- Psych Comorbidity: Wallien et al.<sup>3</sup>
  - 56% of boys & 47% of girls met criteria for an additional diagnosis (compared to 62% of ADHD control group)
  - 31% anxiety disorder, 23% DBD (including ADHD), 6% mood disorder
- ASD overlap: deVries et al.; Janssen et. al.
  - Increased rates in both groups
  - Rates of psychopathology higher than general population (21% met criteria) but lower than clinic referred population; lower numbers more recently.
  - Tx delays increase risk for psych comorbidity

# Psychiatric Co-occurrence in children (acceptance is protection)

Reisner et al., 2015; Retrospective cohort study of EHR data

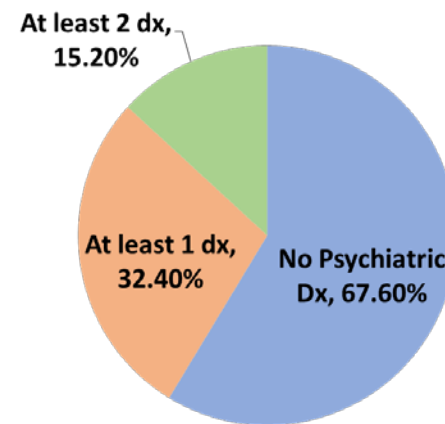
Participants –Patients aged 12-29yo seen at community health center

180 transgender individuals matched to cisgender controls



deVries et al., 2011

Interviewed 105 parents of adolescents with full or subthreshold DSM-IV GID



\*note, while rates are high, not sig higher than co-occurrence rates w/ ADHD

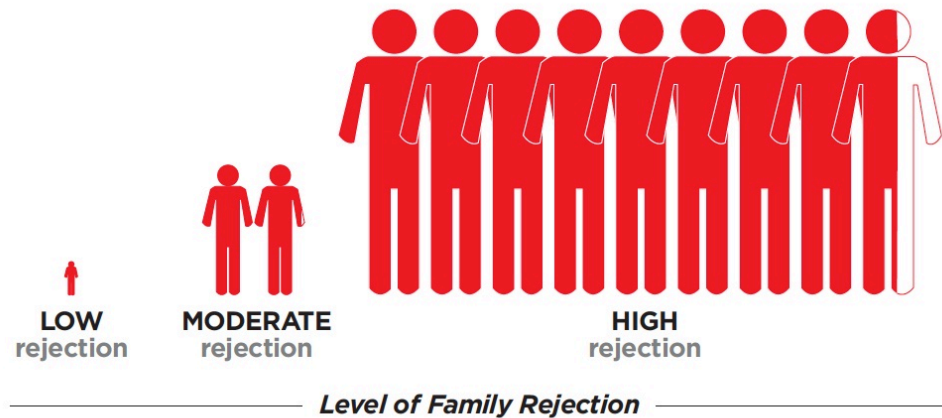
\*National Transgender Discrimination Survey – 40% suicide attempt rate



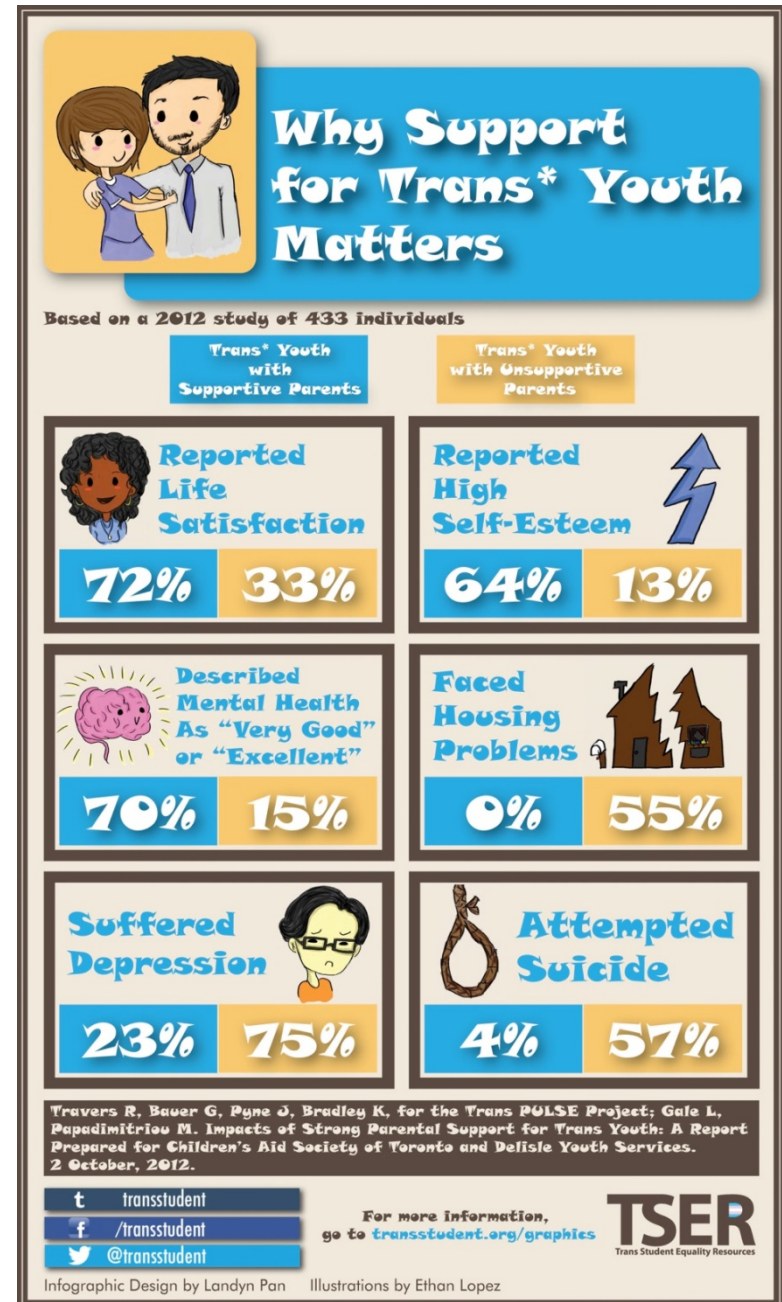
# Acceptance = Protection

## Lifetime Suicide Attempts for Highly Rejected LGBT Young People

(One or more times)



Ryan, Family Acceptance Project, 2009



## Olson, 2016

- But the world is changing, and more youth are socially transitioning earlier... is it effective?
- Olson et. al., “Mental Health of Transgender Children Who Are Supported in Their Identities.” Pediatrics, 2016.
  - Transgender Pre-Pubescent Youth (age 3-12) vs. age matched controls
  - Depression and Anxiety Measures
  - No elevation in depression and only slight increase in anxiety



# Trans-specific care

## Medical Interventions

### -Puberty Blockers

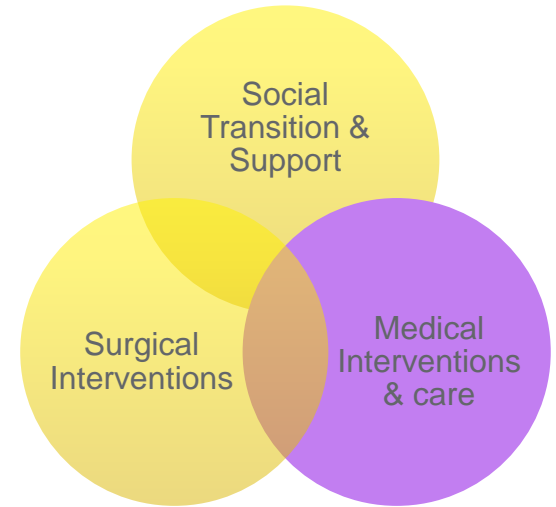
\*GnRH analogs (risks/benefits/requirements)

### -Cross Sex Hormones

\*Testosterone (risks/benefits/requirements)

\*Estrogen (risks/benefits/requirements)

### -Routine Medical Care



# Medical Needs - HIV

- Challenges: How are trans people captured in public health data? How do we ask trans people about sex?
- Rates
  - In 2013, a meta-analysis (Baral et al.) reported that the estimated HIV prevalence among transgender women was 22% in five high-income countries, including the United States.
  - Findings from a systematic review (Herbst et al.) of 29 published studies showed that 28% of transgender women had HIV infection (4 studies), while 12% of transgender women self-reported having HIV (18 studies). This discrepancy suggests many transgender women living with HIV don't know their HIV status.
  - In the systematic review, black/African American transgender women were most likely to test HIV positive, compared to those of other races/ethnicities: 56% of black/African American transgender women had positive HIV test results compared to 17% of white or 16% of Hispanic/Latina transgender women.
  - Among the 3.3 million HIV testing events<sup>a</sup> reported to CDC in 2013, the highest percentages of newly identified HIV-positive persons were among transgender persons.
  - Although HIV prevalence among transgender men is relatively low (0-3%), a 2011 study (Rowniak et al.) suggests that transgender men who have sex with men are at substantial risk for acquiring HIV.

# Trans-specific care

Dr. Aron Janssen | Fellowship of the Minds

9/26/15 6:00 PM

## Surgical Interventions

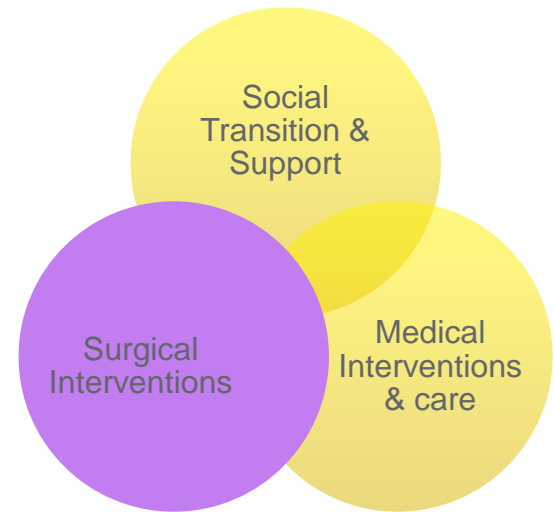
### -Benefits

### -FTM Surgeries

- \*mastectomy
- \*hysterectomy/salpingo-oophorectomy
- \*metoidoplasty
- \*phalloplasty

### -MTF Surgeries

- \*augmentation mammoplasty
- \*genital surgeries
  - penectomy
  - orchiectomy
  - vaginoplasty, clitoroplasty, vuvloplasty
- \*non-genital surgeries
  - facial feminization, tracheal shave, laser hair removal



iciary of the gender-reassignment policy, which

# Thoughts

- Referral rates are sky-rocketing
  - More and more youth are identifying as trans and as genderfluid/genderqueer
- How do we better understand the needs of these youth?
  - Who is following these kids longitudinally
- How do we train clinicians/researchers to be adequate in their care?
  - Patient and Family Centered Care



**Questions?**

**Aron Janssen, M.D.**

**Clinical Director, Gender and Sexuality Service**

**[aron.janssen@nyumc.org](mailto:aron.janssen@nyumc.org)**

**646-754-4885**

