

Caring for transgender adolescents: future perspectives

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Since 1990' s: 'Early' start (16-18 y) Gender Reassignment

Conclusion: Selection of adolescent applicants for GR possible

However:

treatment after age 16 y not ideal:

- Frustration about waiting while body develops

- Physical appearance in unwanted direction

- e.g. Voice

(Cohen-Kettenis & Van Goozen, 1997, Smith et al., 2001)



Since 2000: 12 - 16 years 'Puberty Blockers'

Fully Reversible

Not gender reassignment but; extended diagnostic phase:

Creating time for a balanced decision regarding GR

Optimizing psychological health and well being

Passing successfully in the identified gender after GR



Development of clinical protocol

The Feasibility of Endocrine Interventions in Juvenile Transsexuals

Louis Gooren, PhD
Henriette Delemarre-van de Waal, PhD

Journal of Psychology & Human Sexuality, Vol. 8(4) 1996
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Clinical management of gender identity disorder in adolescents: a protocol on psychological and paediatric endocrinology aspects

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Criteria for Puberty Suppression

Life long gender dysphoria

Exacerbation when start puberty

No interfering comorbidities

Supportive family / social network

A good understanding of the effects of treatment

Puberty Tanner 2 – 3

Delemarre vd Waal, 2006, Cohe-Kettenis, 2008



Puberty Suppression and Clinical Guidelines

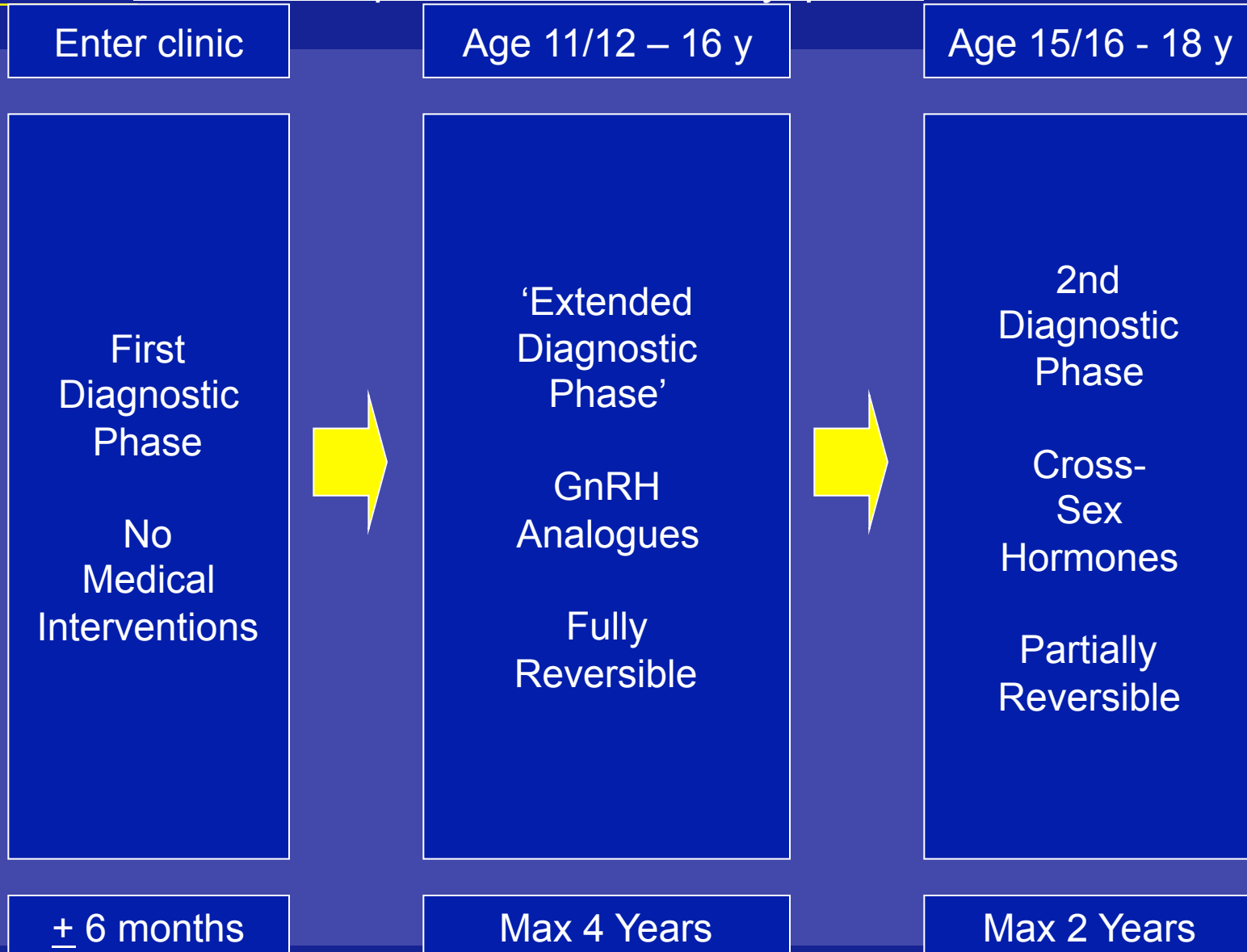
WPATH Standards of Care 5th version(1998) and onwards

Royal College of Psychiatrists UK (1998)

Endocrine Society (2009)



Center of Expertise on Gender Dysphoria



Puberty Suppression: New and controversial

Three views (2007)

1. No physical treatment, before legal adulthood
2. Adolescents should experience puberty at least to Tanner Stage 4 or 5
3. Adolescents may be eligible for hormonal suppression of puberty after Tanner Stage 2 or 3

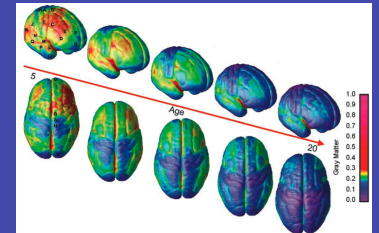
De Vries & Cohen-Kettenis, 2007



Criticism

Too young to make choices with life long consequences

Pubertal brain development necessary for gender identity development

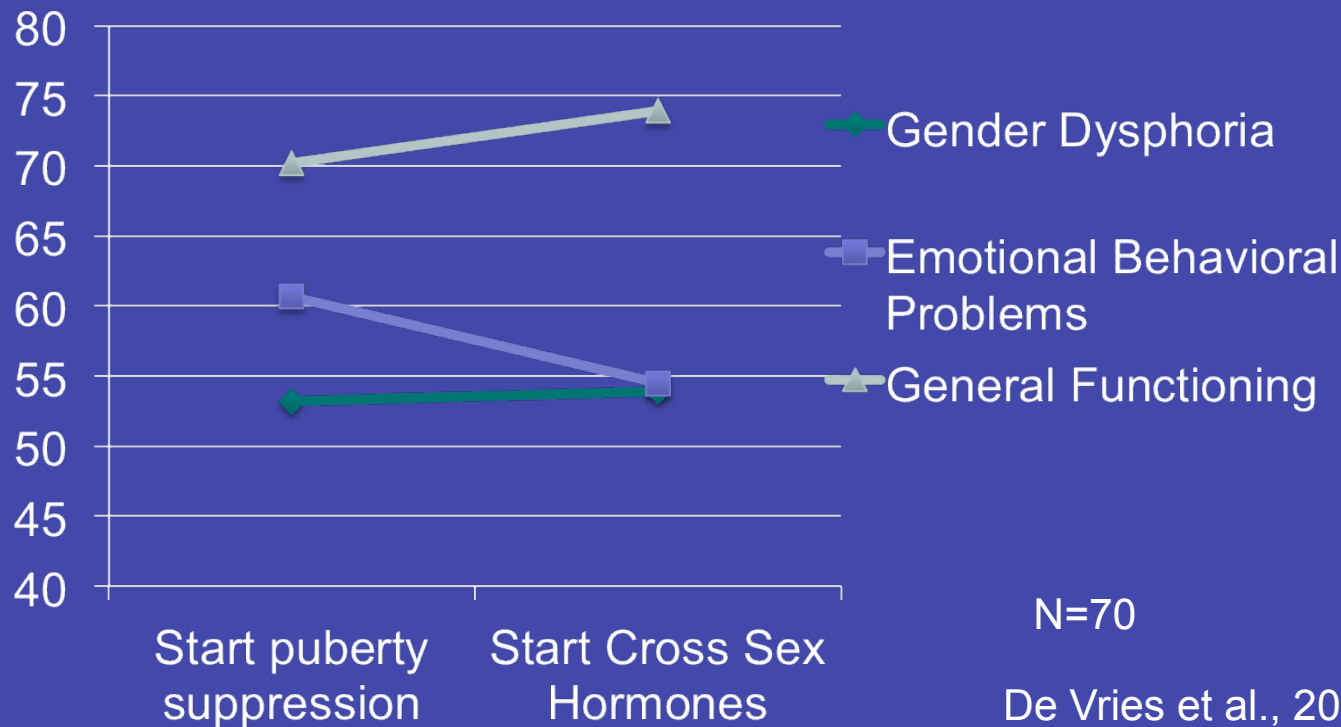


Physical side-effects with regard to adult outcomes uncertain > experimental treatment

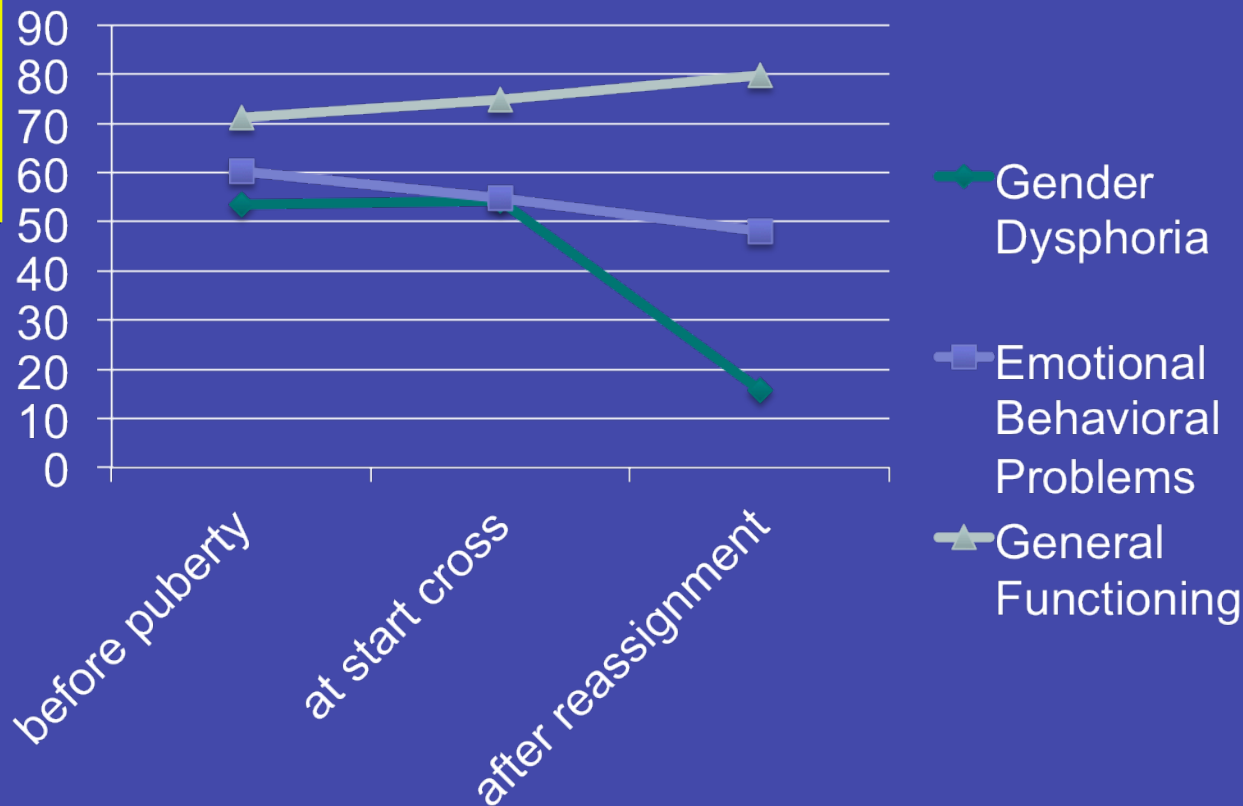
'Societal' evidence: TV, magazines, internet



Research evidence I; during treatment



Research Evidence II; after gender reassignment



N=55

de Vries et al, 2014



Summary of Findings

Gender dysphoria resolved, satisfied with treatment

Psychological well being improved over time

QOL comparable with same age peers



Living situation and social support

67 % living with parents, (50% in Dutch population)

50% students, 38% working, 5.5% unemployed and 5.5 %
disability benefit \approx Dutch population

Satisfied with the support they had received from family and
friends, satisfied with their social lives, very few negative
reactions



Media 'evidence'

Why Do We Delay Puberty for Trans-Identifying Kids?

by [Steve Williams](#) | September 16, 2014 | 10:00 am

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68

9

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2

62

You may have heard about the practice of delaying puberty for children who consistently identify as the opposite gender to their birth-assigned sex, but what does that entail, why is delaying puberty a good idea and is it safe?

Why Would Parents Want to Delay Puberty for their Trans Kids?

If a child is diagnosed with gender dysphoria at an early age, the child's parents may allow them to self-identify as they see fit from that point on. In some instances, the child may grow out of this gender/sex mismatch, but in a significant number of cases gender dysphoria will continue into young adulthood, at which point they may begin to consider the physical aspects of a gender transition. Indeed, it is standard medical practice to defer decisions about any surgical aspects of a child's gender affirmation until the child is older, and usually well into their teenage years, so possibly 16-18, depending on whether they have parental consent.

In the meantime, the child will of course still face the prospect of going through puberty. As a result they could start to develop gendered characteristics that, obviously, could be undesirable and even emotionally hurtful. For instance, for someone who identifies as female to begin developing male features like a stronger jawline and a deeper voice could be incredibly distressing. Similarly, for someone who identifies as male, to begin to develop breasts and feminized hips may further exacerbate the stress they feel surrounding their gender expression.

As such, delaying puberty until the child/young adult is in a position to make informed choices about their



Conclusions

Puberty suppression appears a valuable element of clinical management of gender dysphoric adolescents

Adopted by the public, the media, the transgender population, transgender advocates

HOWEVER: findings are of only one clinic, highly selected sample, of one country, not on physical outcome, not on long-term outcome



24 clinics in Europe for C&A

Belgium (1)
Finland (2)
Germany (3)
Italy (4)
Netherlands (2)
Northern Ireland (1)
Serbia (>16 years)
Spain (3)
Sweden (2)
Switzerland (2)
UK (2)
Denmark (1)
France (starting)



What is reached for transgender youth in Europe?

A treatment protocol that helps

Available in North / West Europe (and Spain)

Costs are mostly covered

Increased visibility, awareness

Decreased stigmatization (in certain countries and
(sub)populations)



What more is needed for transgender youth in Europe?

Further evaluation of the protocol (competence to consent, side-effects, ages, other clinics)

Improve availability in South / East Europe

Costs should be covered everywhere completely

Further improve visibility, awareness (esp. S-E Europe, immigrants)

Further decrease stigmatization (esp. S-E Europe,)

Acknowledge co-occurring psychological problems and provide necessary care



Thank you for your attention

Portraits: Sarah Wong

