

Children and Adolescents Year in Review

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**Azienda
Ospedaliero
Universitaria
Careggi**



**UNIVERSITÀ
DEGLI STUDI
FIRENZE**

Increase in Publications

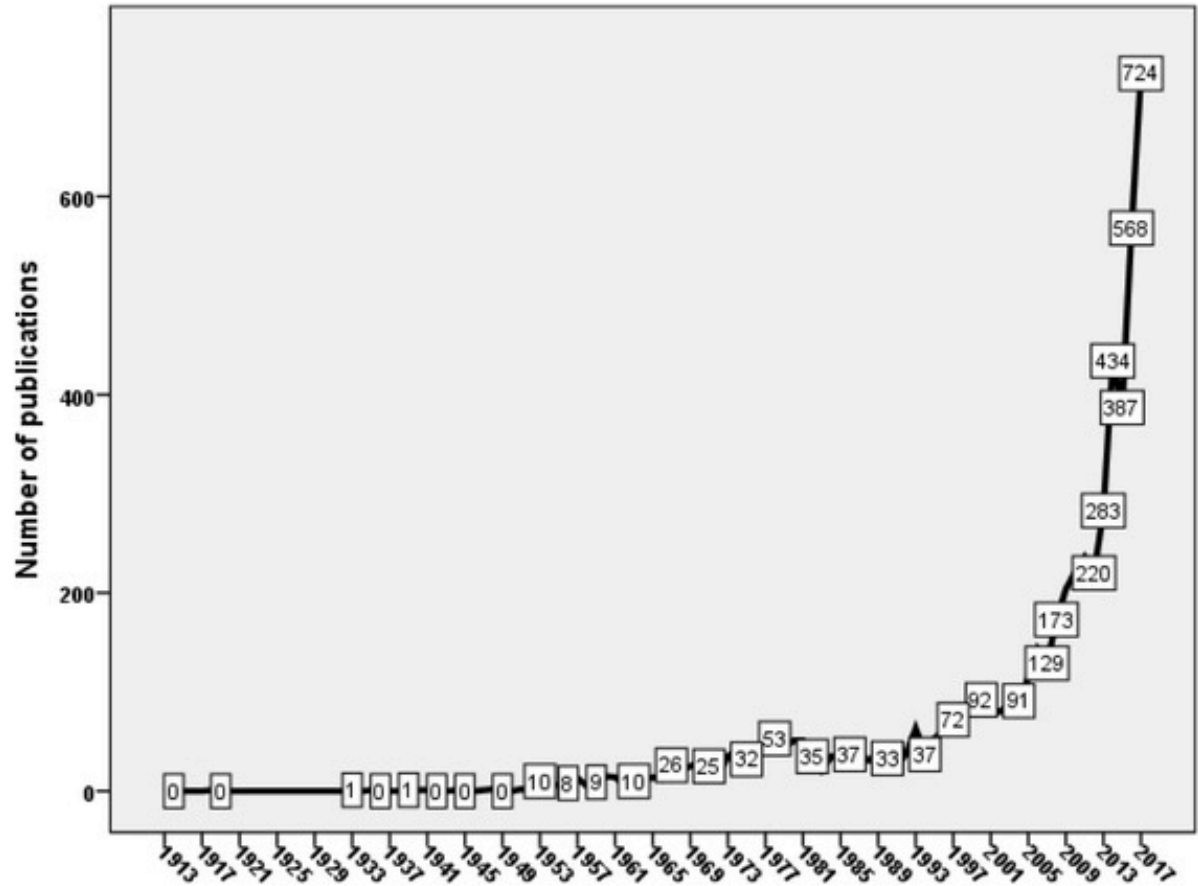
[BMC Int Health Hum Rights](#). 2018 Mar 21;18(1):16. doi: 10.1186/s12914-018-0155-5.

Bibliometric analysis of peer-reviewed literature in transgender health (1900 - 2017).

[Sweileh WM](#)¹.

Transgender healthcare
increasing
matter of interest.

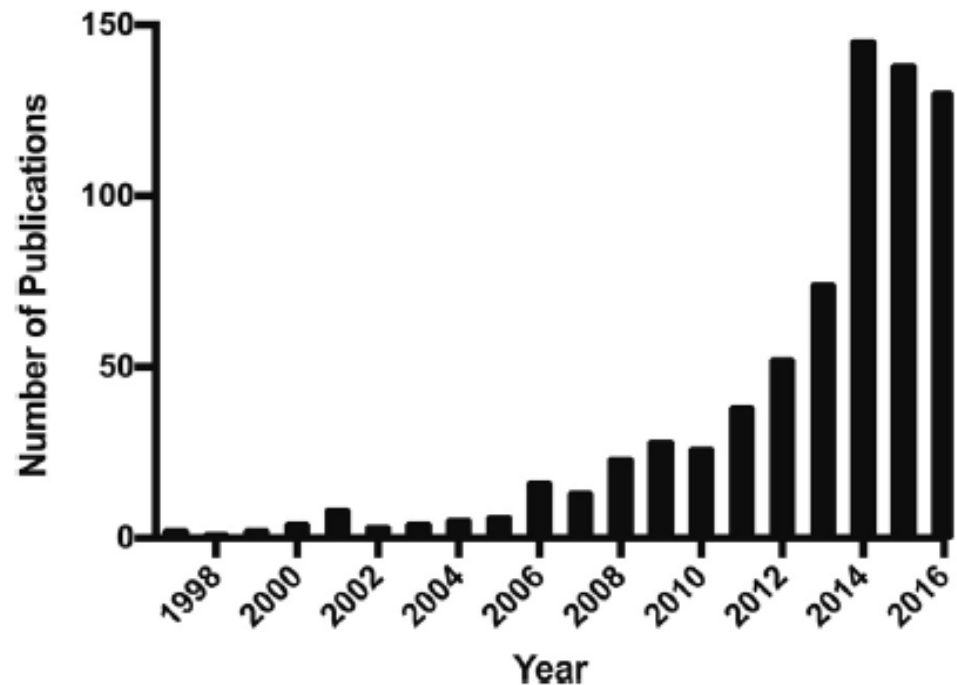
Maximum number of
publications in **2017**.



Annual growth of publications within transgender health issues

Increase in Publications

FIGURE 1 PubMed indexed publications from 1997 to 2016 using the search term "transgender youth."



**ALSO REGARDING
CHILDREN AND
ADOLESCENTS**

**"Gender Dysphoria" and Autism Spectrum Disorder:
Is the Link Real?**


Jack L. Turban, MD, MHS, and Gerrit I. van Schalkwyk, MBChB



2018

Annual growth of publications within transgender health issues

7 Reviews in 2017

 **Research Review: Gender identity in youth: treatment paradigms and controversies.**
Turban & Ehrensaft J Child Psychol Psychiatry 2017

 **Epidemiology of gender dysphoria and transgender identity.**
Zucker KJ Sex Health 2017

 **Gender dysphoria assessment and action for youth: Review of health care services and experiences of trans youth in Manitoba.**
Heard et al. J Paediatr Child Health 2017

 **Transgender Youth in the Inpatient Psychiatric Setting: A Literature Review and Case Report.**
Hill & Shapiro J Psychiatr Pract 2017

 **The Complexities of Treatment Planning for Transgender Youth with Co-Occurring Severe Mental Illness: A Literature Review and Case Study.**
Janssen, Busa & Wernick Arch Sex Behav 2017

 **The Experiences of Youth Who Identify as Trans* in Relation to Health and Social Care Needs: A Scoping Review.**
McCann et al. Sage 2017

 **Gaps in transgender medical education among healthcare providers: A major barrier to care for transgender persons**
Korpaisarn & Safer Rev Endocr Metab Disord 2018

10 Reviews in 2018



Gender dysphoria in adolescence: current perspectives

Kaltiala-Heino et al. Adolesc Health Med Ther 2018



Transgender medicine- transitioning transgender children to adulthood

Abramowitz J Rev Endocr Metab Disord 2018



A Review of Evidence Based Treatments for Transgender Youth Diagnosed with Social Anxiety Disorder

Busa, Janssen & Lakshman Transgender Health 2018



Gender-affirming hormones and surgery in transgender children and adolescents

Mahfouda et al. Lancet Diabetes Endocrinol 2018



A Review Update on Gender Dysphoria and ASD and Response to Corrections

Nordahl-Hansen, Cicchetti & Øien Rev J Autism Dev Disord 2018



Gender Dysphoria, Sexuality and Autism Spectrum Disorders: A Systematic Map Review

Øien, Cicchetti & Nordahl-Hansen Rev J Autism Dev Disord 2018



Transgender medicine - puberty suppression

Panagiotakopoulos L Rev Endocr Metab Disord 2018



The Biological Contributions to Gender Identity and Gender Diversity: Bringing Data to the Table

Polderman et al. Behav Genet 2018



Assessment and support of children and adolescents with gender dysphoria

Butler et al. Arch Dis Child 2018



Gender dysphoria in youth: a review of recent literature

Cartaya & Lopez Curr Opin Endocrinol Diabetes Obes 2018

3 Reviews in 2019



Management of gender dysphoria in adolescents in primary care

Bonifacio et al. CMAJ 2019



Puberty blocking in gender dysphoria: suitable for all?

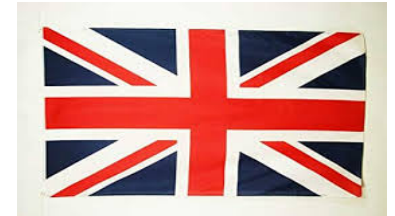
Butler, Wren & Carmichael Arch Dis Child 2019



Suicidal behaviour among sexual-minority youth: a review of the role of acceptance and support

Poštuvan et al. Lancet Child Adolesc Health 2019

Increase in Referrals

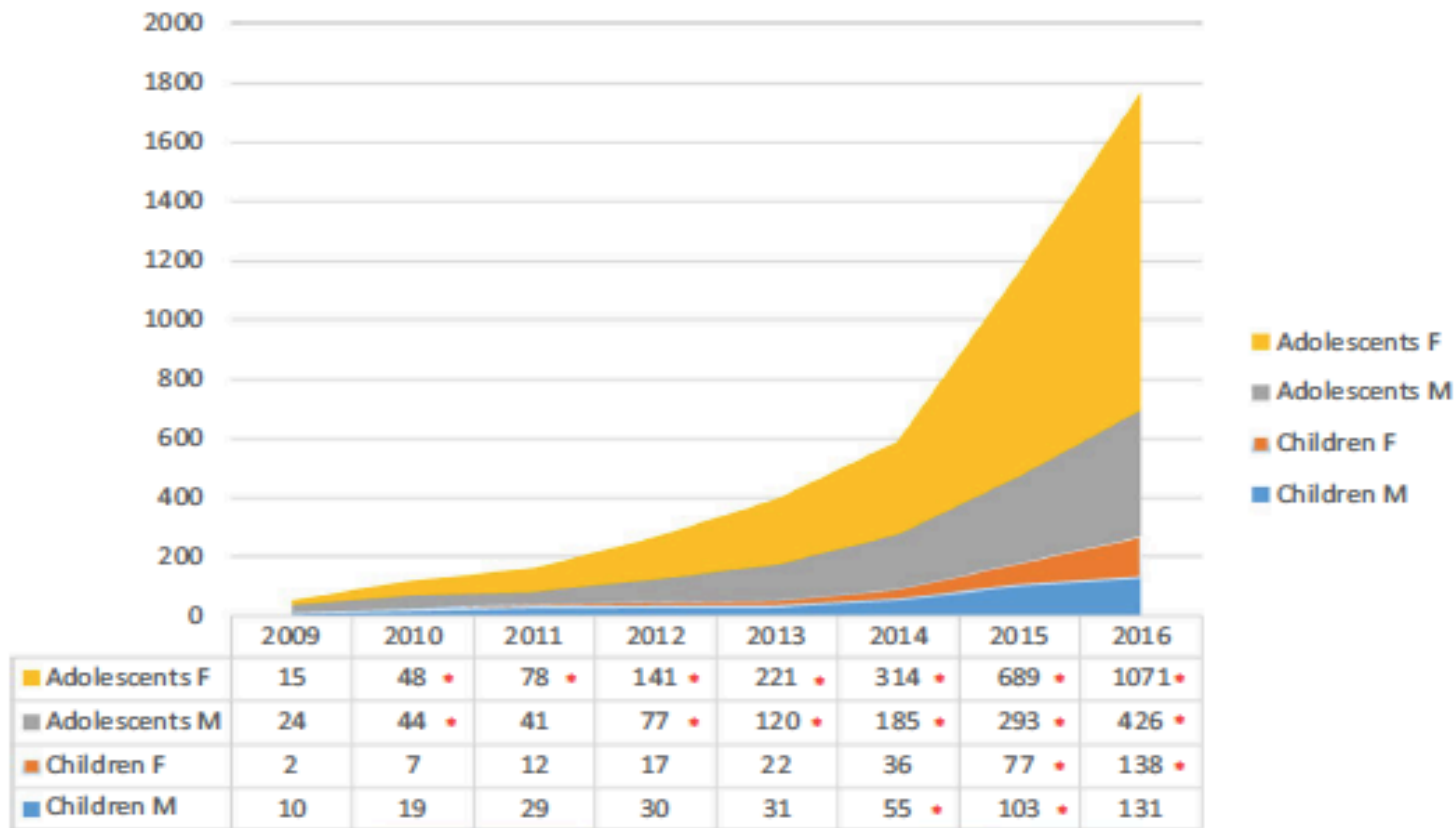


Sex Ratio in Children and Adolescents Referred to the Gender Identity Development Service in the UK (2009–2016)

Nastasja M. de Graaf^{1,2} · Guido Giovanardi^{1,3} · Claudia Zitz¹ · Polly Carmichael¹

Archives of Sexual Behavior

<https://doi.org/10.1007/s10508-018-1204-9>



AFAB = assigned female at birth; AMAB = assigned male at birth

* Indicates $p < .05$ which shows a significant increase of referrals compared to the previous year

Increase in Referrals



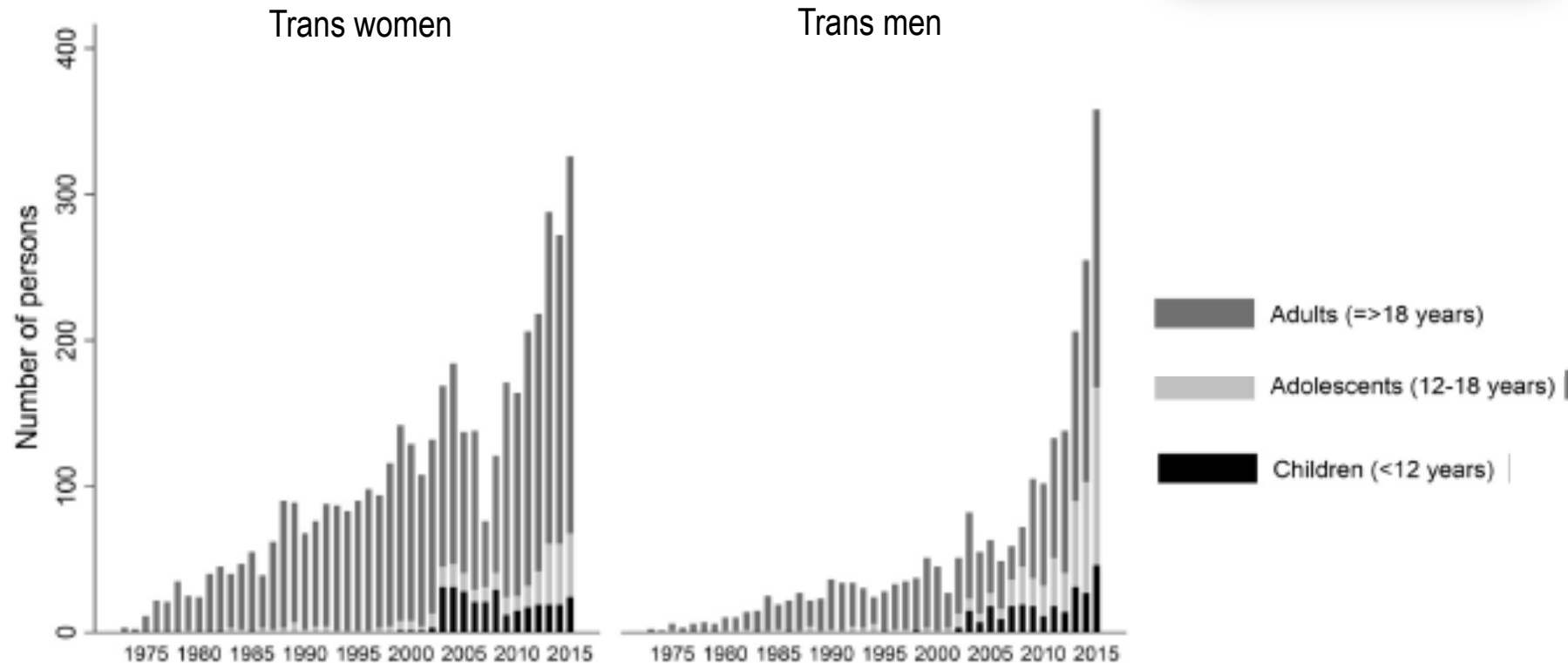
THE JOURNAL OF
SEXUAL MEDICINE

ORIGINAL RESEARCH

The Amsterdam Cohort of Gender Dysphoria Study (1972–2015): Trends in Prevalence, Treatment, and Regrets

Chantal M. Wierpjes,^{1,2} Nienke M. Nota,^{1,2} Christel J. M. de Blok,^{1,2} Maartje Klaver,^{1,2} Annelou L. C. de Vries,^{2,3}
S. Annelijn Wensing-Kruger,^{2,4} Renate T. de Jongh,¹ Mark-Bram Bouman,^{2,5} Thomas D. Steensma,^{2,4}
Peggy Cohen-Kettenis,^{2,4} Louis J. G. Gooren,^{1,2} Baudewijntje P. C. Kreukels,^{2,4} and Martin den Heijer, MD, PhD^{1,2}

J Sex Med 2018;■:1–9



Decrease of Median Age



THE JOURNAL OF
SEXUAL MEDICINE

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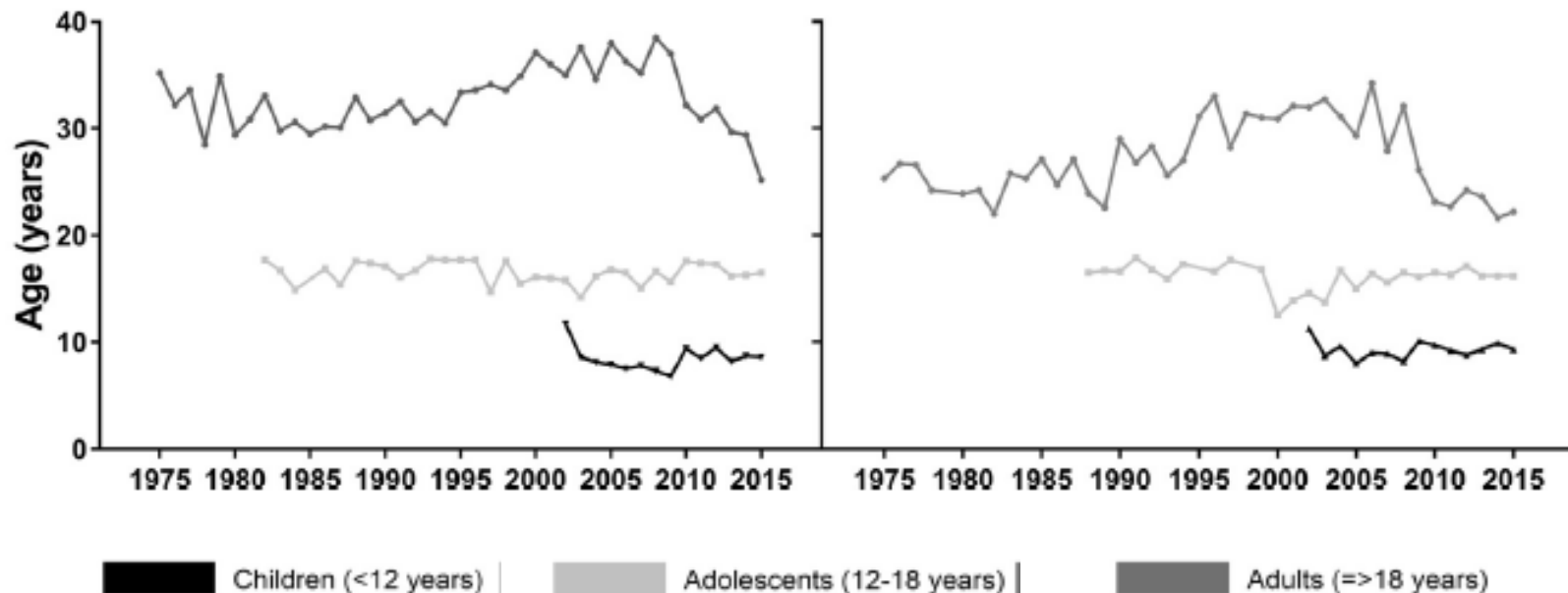
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J Sex Med 2018;■:1–9



Trans women

Trans men



Does an increase in referrals
reflect
an increase in prevalence?



Prevalence

THE JOURNAL OF
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Chantal M. Wierpjes,^{1,2} Nienke M. Nota,^{1,2} Christel J. M. de Blok,^{1,2} Maartje Klaver,^{1,2} Annelou L. C. de Vries,^{2,3}
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J Sex Med 2018;■:1–9

Age (y)	Total population		Male sex assigned at birth (transwomen)		Female sex assigned at birth (transmen)	
	Per 100,000	1 per	Per 100,000	1 per	Per 100,000	1 per
≥12	26.9 (26.1–27.8)	3,700	34.8 (33.5–36.2)	2,900	19.3 (18.3–20.3)	5,200
≥16	27.7 (26.8–28.6)	3,600	36.4 (35.0–37.8)	2,800	19.3 (18.3–20.3)	5,200
12–18	16.0 (13.9–18.4)	6,300	11.1 (8.8–14.1)	9,000	21.0 (17.7–25.1)	4,800
18–30	35.7 (33.5–38.2)	2,800	30.3 (27.4–33.4)	3,300	41.4 (37.9–45.1)	2,400
30–50	30.5 (29.0–32.2)	3,300	40.1 (37.6–42.8)	2,500	21.0 (19.2–23.0)	4,800
≥50	23.0 (21.9–24.2)	4,300	37.6 (35.5–39.8)	2,700	9.7 (8.7–10.8)	10,300

*Data are presented as number (95% CI).

Total population in The Netherlands in 2015: 13,870,426

Clinically-based data may underestimate the real size



Prevalence: general population

Current and recalled childhood gender identity in community youth in comparison to referred adolescents seeking sex reassignment *Journal of Adolescence 56 (2017) 34–39*

Maria Sumia^a, Nina Lindberg^b, Marja Työläjärvä^a, Riittakerttu Kaltiala-Heino^{a, c, d, *}

Table 1

Distribution (%) of Gender Identity/Gender Dysphoria Questionnaire (GIDYQ-A) item responses among 16-19-year-old boys (n = 381) and girls (n = 401) in the community.

GIDYQ-A item	Always	Often	Some-times	Rarely	Never	Missing
Satisfied being of own sex ^a						
Girls	66.8	28.2	3.5	0.7	0.5	0.2
Boys	86.7	9.4	2.5	0.6	0.6	0.9
Felt uncertain about own gender						
Girls	0.7	1.0	3.2	8.2	86.5	0.2
Boys	2.2	0.9	2.5	3.5	90.6	0.3
Thought of oneself as hermafrodite/intersex						
Girls	—	0.5	1.7	2.7	93.0	2.0
Boys	0.6	0.6	0.6	1.9	95.9	0.3
Thought of oneself as transgendered person						
Girls	—	0.2				
Boys	1.3	0.6				
Thought of oneself as a being of opposite sex						
Girls	—	0.7				
Boys	0.9	0.6				
Thought of oneself as a being of own sex ^a						
Girls	90.8	6.0				
Boys	92.1	2.5				

- 4% reported Incongruent Gender Identity
- 1.3 % scored <3 on the GIDYQ-A
($p = 0.04$; 2.2% boys and 0.5 % girls)

Note. Median score was 1 in all items marked with^a, and 5 in all other items, similarly among both girls and boys.

^a Item was reverse coded when calculating total sum score.



Prevalence: general population

Gender identities in adolescent population: Methodological issues and prevalence across age groups

Riittakerttu Kaltiala-Heino^{a,b,c,*}, Nina Lindberg^d

European Psychiatry 55 (2019) 61–66

What is your sex?

Do you perceive yourself as: boy, girl, both, none, my perception varies

Proportions of boys and girls reporting cisgender identity, identification with opposite sex, and other gender identity among the whole sample, among those not screening positive and those screening positive for invalid responding, in Finnish adolescents aged less than 21 years. (%).^a

	Boys, all n = 65829	Girls, all n = 67945	Boys, not positive for mischievous responding n = 62943	Girls, not positive for mischievous responding n = 66183	Boys positive for mischievous responding n = 2886	Girls positive for mischievous responding n = 1762
cis-gender	95.2	95.1	96.8	95.6	59.5	76.4
identifies with opposite sex	0.6	0.8	0.4	0.8	3.2	1.8
other gender identity	4.3	4.0	2.8	3.6	37.3	21.7

95.2% cisgender

0.5% transgender

4% non binary

(p < .001)

SCHOOL HEALTH PROMOTION SERVICE

N = 139.829 students 8° and 9° grade (48.9% boys and 50.4 % girls)

Mean age: 15.73 ds 1.3



Prevalence: general population

Prevalence of Adolescent Gender Experiences and Gender Expression in Germany

Inga Becker, M.A.^{a,b,*}, Ulrike Ravens-Sieberer, Ph.D.^a, Veronika Ottová-Jordan, Ph.D.^a, and Michael Schulte-Markwort, M.D.^a

Journal of Adolescent Health xxx (2017) 1–8

Table 5
Gender experience and expression categories

Gender experience/identification categories	Girls (n = 493)		Boys (n = 447)	
	Valid % (n)	95% CI	Valid % (n)	95% CI
(1) Congruent gender experience category				
(A) Completely congruent gender identification	83.9 (413)	80.7–86.8	92.4 (413)	89.8–94.7
(B) Somewhat congruent gender identification	10.3 (51)	7.7–13.1	5.4 (24)	3.3–7.5
(2) Variant gender experience category				
(A) Incongruent gender identification	2.4 (12)	1.2–4.0	.7 (3)	.0–1.5
(B) Ambivalent gender identification	1.4 (7)	.4–2.5	.7 (3)	.0–1.5
(C) No gender identification	2.0 (10)	1.0–3.3	.9 (4)	.0–1.8
Gender expression/role categories	Valid % (n)	95% CI	Valid % (n)	95% CI
1) Conforming expression category				
(A) Completely conforming gender role ^a	45.2 (223)	40.7–50.0	72.7 (325)	68.7–76.6
(B) Somewhat conforming gender role ^a	50.7 (250)	46.1–54.9	25.5 (114)	21.7–29.7
2) Nonconforming expression category				
(A) Nonconforming gender role ^a	4.1 (20)	2.4–6.1	1.8 (8)	.7–3.2

CI = confidence interval.

^a According to sex assigned at birth.



Prevalence: general population

Sexual Health

<https://doi.org/10.1071/SH17067>

Review

Epidemiology of gender dysphoria and transgender identity

Kenneth J. Zucker

Received 24 March 2017, accepted 22 May 2017, published online 25 August 2017

<1% AMAB e 1.2% AFAB
«Wishes to be of opposite sex»
(CBCL; parent report)

4.8% «Behaves like opposite sex»
(CBCL; parent report)



6-11 years

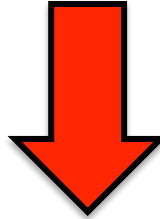
3.1% AMAB and 3% AFAB
«Wishes to be of opposite sex» (YSR)

0.17-2.7% adolescents identify as transgender



12-18 years

Increase in prevalence?



Studies on the general youth population describe higher % than:

- ✓ estimates based on treatment-seeking (Arcelus et al., 2015)
- ✓ adults (Kuyper & Wijsen, 2014)

OPEN QUESTIONS:

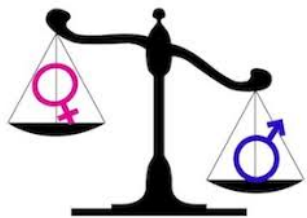
Is GI more common in younger cohorts?

Are transgender youth more comfortable in coming out
(social acceptance, depathologization and awareness of therapeutic options)?

Non binary youth are more common than binary: is gender identity more fluid in adolescence?

Important for planning of health education and services planning.

RESEARCH



SEX RATIO

Sexual Health
<https://doi.org/10.1071/SH17067>

Review

Epidemiology of gender dysphoria and transgender identity

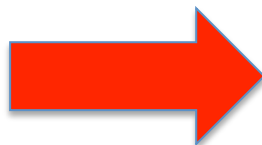
Kenneth J. Zucker

Received 24 March 2017, accepted 22 May 2017, published online 25 August 2017

In favour of AMAB



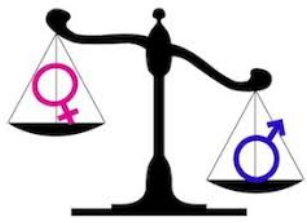
Childhood



Shift favouring AFAB

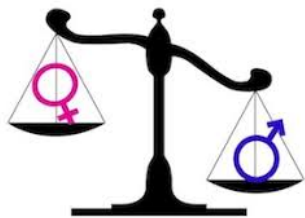


Adolescence



SEX RATIO

Authors & Paper	N	Age (years)	Sex ratio AMAB:AFAB
De Graaf et al., (2018) Evidence for a change in the sex ratio of children referred for gender dysphoria: data from the Gender Identity Development Service in London (2000-2017). <i>Journal Sexual Medicine</i> , 1-3.	1.215	3-9	1.27:1 (p <.001)
Chiniara, Bonifacio & Palmert (2018) Characteristics of Adolescents Referred to a Gender Clinic: Are Youth seen Now Different from Those in Initial Reports? <i>Horm Research in Pediatrics</i> ,89:434-441.	203	12-18	1:3.3 (47 AMAB:156 AFAB)
De Graaf et al., (2018) Sex ratio in children and adolescents referred to the Gender Development Service in the UK (2009-2016). <i>Arch Sex Behaviour</i> ,	719 3787	Children: < 12 Adolescents:12-18	56.7% AMAB 68% AFAB

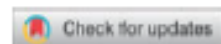


SEX RATIO

JOURNAL OF SEX & MARITAL THERAPY
2018, VOL. 0, NO. 0, 1–3
<https://doi.org/10.1080/0092623X.2018.1437580>

 **Routledge**
Taylor & Francis Group

LETTER TO THE EDITOR



Evidence for a Change in the Sex Ratio of Children Referred for Gender Dysphoria: Data from the Center of Expertise on Gender Dysphoria in Amsterdam (1988–2016)

Thomas D. Steensma^a, Peggy T. Cohen-Kettenis^a, and Kenneth J. Zucker^b

Table 1. Number of birth-assigned males and birth-assigned females as a function of age group.

Age Group	Males	Females	Male–Female Sex Ratio
3–4 years	6	1	6.00:1
5 years	35	10	3.50:1*
6 years	69	20	3.45:1*
7 years	79	38	2.07:1*
8 years	65	48	1.35:1
9 years	64	65	1:1.01
10 years	49	63	1:1.28
11 years	65	81	1:1.24
12 years	46	56	1:1.21

* $p < .001$ (binomial test).

Up till the age of 8,
in favour of AMAB

New→
Inversion may start
in late childhood

Is health care
in line with the needs of
transgender children and adolescents?

Priority objectives in the fight against inequalities



(Thomas R et al. Bull World Health Organ. 2017; Joint statement on ending violence and discrimination against lesbian, gay, bisexual, transgender and intersex people. Geneva: Office of the High Commissioner for Human Rights;2015.http://www.ohchr.org/Documents/Issues/Discrimination/Joint_LGBTI_Statement_ENG.PDF)

Professional associations, including AAP, are increasingly calling for equity in transgender HCS.

POLICY STATEMENT Organizational Principles to Guide and Define the Child Health Care System and/or Improve the Health of all Children

American Academy
of Pediatrics



DEDICATED TO THE HEALTH OF ALL CHILDREN™

2018

Ensuring Comprehensive Care and Support for Transgender and Gender-Diverse Children and Adolescents

Jason Rafferty, MD, MPH, EdM, FAAP, COMMITTEE ON PSYCHOSOCIAL ASPECTS OF CHILD AND FAMILY HEALTH, COMMITTEE ON ADOLESCENCE, SECTION ON LESBIAN, GAY, BISEXUAL, AND TRANSGENDER HEALTH AND WELLNESS

What is the current situation?



Health and Care Utilization of Transgender and Gender Nonconforming Youth: A Population-Based Study

2018

G. Nicole Rider, PhD,^a Barbara J. McMorris, PhD,^a Amy L. Gower, PhD,^c Eli Coleman, PhD,^a Marla E. Eisenberg, ScD, MPH^c



TABLE 3 Health Status and Care Utilization of MSS Participants by Gender Identity (*N* = 80 929)

9 ^o - 11 ^o grade	TGNC (<i>n</i> = 2168), <i>n</i> (%)	Cisgender (<i>n</i> = 78 761), <i>n</i> (%)	<i>P</i> ^a
Health status			
General health			<.001
Poor, fair, or good	1299 (62.1)	25 496 (33.1)	
Very good or excellent	793 (37.9)	51 504 (66.9)	
Long-term physical disabilities or health problems			<.001
Yes	522 (25.2)	11 633 (15.2)	
No	1551 (74.8)	65 050 (84.8)	
Long-term mental health problems			<.001
Yes	1220 (59.3)	13 304 (17.4)	
No	838 (40.7)	63 096 (82.6)	
Stayed home sick (last 30 days)			<.001
1+ times	1096 (51.5)	33 367 (42.6)	
None	1031 (48.5)	44 871 (57.4)	
Care utilization			
Nurse office visits (last 30 days)			<.001
1+ times	877 (41.2)	20 298 (25.9)	
None	1252 (58.8)	57 954 (74.1)	
Preventive medical check-up			<.001
During the last year	1248 (60.0)	49 570 (64.7)	
Not in the last year	832 (40.0)	27 052 (35.3)	
Preventive dental check-up			<.001
During the last year	1477 (71.1)	62 854 (82.0)	
Not in the last year	601 (28.9)	13 803 (18.0)	

^a χ^2 tests of associations were used to examine differences in health status and care utilization.

TGNC adolescents reported:

- 2/3 poor general health vs. 66.9 % of CIS;
- Visiting the nurse office more often;
- poorer health status, lower rates of preventive checkup;
- TGNC adolescents whose gender expression strongly matched their birth-assigned gender had better health and fewer long-term mental health problems compared with other gender presentations.

NEED FOR CARE

Health Care Barriers

The Experiences of Youth Who Identify as Trans* in Relation to Health and Social Care Needs: A Scoping Review

Youth and Society, 1-25

Edward McCann¹, Brian Keogh¹, Louise Doyle¹, and Imelda Coyne¹

2017

- Most participants reported NOT feeling confident about accessing care;
- Lack in training in trans specific issues reported as one of the main barriers.

Special Issue Article

Improving health access for gender diverse children, youth, and emerging adults?

Clinical Child Psychology and Psychiatry, 1-6

Pierre-Paul Tellier
McGill University, Canada

Clinical Child Psychology

2018


- Health care system not always welcoming for gender diverse youth, but often hostile.

**TGNC YOUTH'S NEEDS
UNMET !**



VIEWPOINT

2018

Transgender adolescents and legal reform: How improved access to healthcare was achieved through medical, legal and community collaborationMichelle Telfer ¹, Fiona Kelly,² Debi Feldman,¹ Georgie Stone,³ Rebekah Robertson³ and Zeffie Poulakis¹¹Department of Adolescent Medicine, Royal Children's Hospital, ²School of Law, La Trobe University and ³Transcend, Melbourne, Victoria, Australia

Abstract: Transgender children and adolescents face hardships in all domains of their lives, with many experiencing family rejection, social exclusion, discrimination, bullying and assaults. The mental health implications of these experiences include high rates of depression, anxiety, self-harm and attempted suicide. Gender-affirming social support and medical treatment has been shown to ameliorate the poor mental health outcomes of transgender youth, with those who are supported in their social and medical transition reporting rates of depression and self-worth equivalent to general population levels. Advocacy efforts that improve access to support and medical treatment are therefore likely to produce significant positive health and well-being outcomes for this vulnerable population. The transgender community in Australia identified the legal restrictions placed on children and adolescents accessing medical treatment as a significant barrier to positive psychological well-being. Australian law, unique internationally, required the parents of transgender adolescents to apply for court authorisation prior to the commencement of their child's gender-affirming medical treatment. Concerned by the harm created by this process, a coalition of experts, including transgender children, adolescents and their parents, as well as academic and clinical experts in the fields of law and medicine, was created to advocate for reform. Over a period of approximately 4 years, a collaborative process was undertaken, which ultimately led to law reform and improved access to medical treatment for the transgender community.



What about studies on mental health
in transgender youth?

Authors	Study design	Sample (N)	Age range (yrs)	Mental Health	Implications
Coulter et al., 2017	Cross-sectional	316.766	12-17	More substance use in LGBT	Substance use mediated by gender and sexuality based harassment at school.
Feder et al., 2017	Restrospective review	97	12-18 Mean age: 15.7 (SD 1.4)	ED symptoms	Higher risk ED symptoms in trans males. Standard screening for ED and DG should be considered.
Fisher et al., 2017	Case-control	46	12-18 Mean age: 16 (SD 1.49)	Body uneasiness, impaired psychological functioning, depression, anxiety, social problems, suicidal risk.	Need for integrated and early interventions.
Nahata et al., 2017	Retrospective medical records review	79	Mean age: 15	Depression, anxiety, PTSD, ED, ASD and bipolar disorder, suicidal ideation, self harm.	High rates of MH concerns in TGNC → proper access to care.
De Graaf et al., 2017	Cross-country (NL, Belgium; UK and Switzerland)	959	Mean age 15.11 (SD 1.7)	Emotional and behavioral problems most prevalent in UK and Switzerland. AFAB > behavioral problems and AMAB > internalizing	Differences in clinical presentation across countries.
VanderLaan et al., 2017	Maternally reported	360 mothers of AMAB	Mean age: 6.86 (SD 2.31)	Separation-anxiety	SA common in AMAB but linked to generic risk factos (parental marital status and internalizing problems).
Ristori et al., 2018	Case report	2	Mean age:15 (SD 0.40)	ED symptoms	Standard screening for Ed and DG should be considered
Becerra-Culqui et al., 2018	Electronic medical records	588 AMAB and 745 AFAB	3-9 yrs and 10-17 yrs	ADHD, depression, self harm.	TGNC youth present with MH conditions requiring evaluation and clinical, social & educational support.
Becker et al., 2018	Cross-sectional	82	Mean age: 16.72 (SD 1.87)	Body image	Medical gender affirming interventions beneficial for body image.
Chodzen et al., 2018	Retrospective chart review	109	Mean age: 15.46 (SD 1.55)	GAD, Major Depressive Disorder	TGNC more vulnerable population. Adolescents with high levels of internalized transphobia worse on MDD and GAD.
Donaldson et al., 2018	Case report	5	Mean age: 16.6 (SD 3.38)	ED, self harm	Interdisciplinary approach; inquire about ED
Ream, 2018	Cross sectional?	2209	12-29	Suicide	24% of 12-14 yrs old were LGBT Attention to LGBT suicidality can be counterproductive
Van der miesen et al., 2019		3097 parents	Parents of 6-12 yrs		
Alberse et al., 2019	Cross-sectional	305 children (162 AMABs and 143 AFABs)	Mean age: 9.05 (SD 1.17)	Self perception	Lower self perception deserves clinical attention

Studies describe transgender adolescents
as a more vulnerable population



TRANSFOBIA

~~STIGMA~~

Health and Well-Being of Cisgender, Transgender and Non-Binary Young People

2018

Marta Evelia Aparicio-García ^{1,*} , Eva María Díaz-Ramiro ¹, Susana Rubio-Valdehita ¹,
María Inmaculada López-Núñez ¹ and Isidro García-Nieto ²



International Journal of
*Environmental Research
and Public Health*

Table 2. Associations between gender group and violence or personal safety.

Violence or Personal Safety	n (%)	Odds Ratio (95% Confidence Interval)	p
Excluded by your peer group at some time			0.167
Cisgender (n = 526)	128 (24.3%)	1.00	
Transgender (n = 120)	22 (18.3%)	0.63 (0.37–1.08)	
Non-binary (n = 41)	8 (19.5%)	0.67 (0.28–1.58)	
Verbal attacks at school			0.000
Cisgender (n = 524)	132 (25.2%)	1.0	
Transgender (n = 165)	71 (43.0%)	1.74 (1.16–2.61)	
Non-binary (n = 68)	29 (42.6%)	1.99 (1.14–3.45)	
Verbal attacks out of school			0.000
Cisgender (n = 527)	155 (29.4%)	1.0	
Transgender (n = 173)	76 (43.9%)	1.87 (1.28–2.76)	
Non-binary (n = 68)	38 (55.9%)	3.17 (1.84–5.45)	
Physical attacks at school			0.000
Cisgender (n = 527)	43 (8.2%)	1.0	
Transgender (n = 170)	38 (22.4%)	2.72 (1.59–4.63)	
Non-binary (n = 66)	9 (13.6%)	1.94 (0.88–4.29)	
Physical attacks out of school			0.018
Cisgender (n = 340)	82 (24.1%)	1.0	
Transgender (n = 173)	27 (15.6%)	0.60 (0.37–0.99)	
Non-binary (n = 65)	8 (12.3%)	0.46 (0.21–1.02)	
Cyberbullying			0.000
Cisgender (n = 479)	144 (30.1%)	1.0	
Transgender (n = 177)	37 (20.9%)	0.46 (0.29–0.73)	
Non-binary (n = 70)	29 (41.4%)	1.49 (0.87–2.57)	
Discrimination when looking for a job			0.000
Cisgender (n = 462)	95 (20.6%)	1.0	
Transgender (n = 133)	71 (53.4%)	6.81 (4.18–11.09)	
Non-binary (n = 49)	27 (55.1%)	6.56 (3.31–13.00)	

➤ **Transgender** adolescents often **victims** of verbal and physical attacks in and out of schools;



N= 856

Age= 14-25 (mean age 20.36; DS=3.12)

532 cisgender (68%)

180 transgender (23%)

70 non-binary (9%)

Health and Well-Being of Cisgender, Transgender and Non-Binary Young People

2018

Marta Evelia Aparicio-García ^{1,*} , Eva María Díaz-Ramiro ¹, Susana Rubio-Valdehita ¹,
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➤ Non-binary adolescents often the target of cyber bullying;



N= 856

Age= 14-25 (mean age 20.36; DS=3.12)

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70 non-binary (9%)

Minority stress and internalized transphobia play a role on mental health

➔ Minority Stress Factors Associated With Depression and Anxiety Among Transgender and Gender-Nonconforming Youth

Gia Chodzen^{a,*}, Marco A. Hidalgo, Ph.D.^{b,c}, Diane Chen, Ph.D.^{a,d,e,f}, and Robert Garofalo, M.D., M.P.H.^{a,f}

Journal of Adolescent Health (2018) 1-5

Table 2
Odds ratios and 95% confidence intervals for predictors in binary logistic regression model (N = 109)

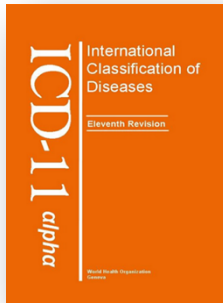
	Meets diagnostic criteria – depression			Meets diagnostic criteria – anxiety		
	OR	95% CI	p	OR	95% CI	p
Gender identity appearance congruence	.45	.23–.86	.01	1.00	.59–1.71	.99
Negative future expectations	1.06	.99–1.13	.09	1.01	.97–1.09	.33
Internalized transphobia	1.06	1.00–1.12	.04	1.06	1.01–1.11	.02
Community connectedness	1.02	.92–1.13	.75	0.99	.90–1.09	.87

➔ Aparicio-Garcia et al., 2018



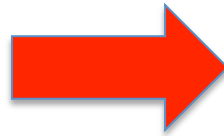
Health or Well-Being Indicators	n (%)	Odds Ratio (95% Confidence Interval)	p
Feeling isolated			0.000
Cisgender (n = 355)	103 (29.0%)	1.0	
Transgender (n = 176)	71 (40.3%)	1.35 (0.90–2.04)	
Non-binary (n = 70)	38 (54.3%)	2.61 (1.50–4.52)	
Ever think about suicide			0.000
Cisgender (n = 520)	211 (40.6%)	1.0	
Transgender (n = 172)	121 (70.3%)	2.82 (1.89–4.20)	
Non-binary (n = 68)	53 (77.9%)	4.43 (2.40–8.18)	

Destigmatization: changes in formal classifications

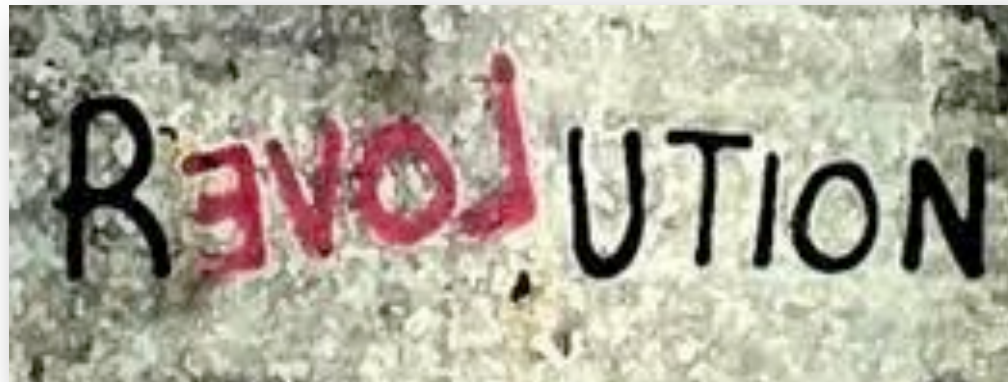


- GENDER INCONGRUENCE of Childhood (code HA61)
- GENDER INCONGRUENCE of Adolescence or Adulthood (code HA60)
- In *Conditions related to Sexual Health*

Profound change the way
Science and Psychology
views transgender youth



NO more as
mental disorder



- ☐ Online preview
- ☐ Will be presented in May 2019 at the World Health Assembly to be adopted by members. <https://icd.who.int/browse11/l-m/en>

What does ICD-11 mean for child health professionals?

The Lancet Child & Adolescent Health

Volume 2, Issue 8, August 2018, Page 543

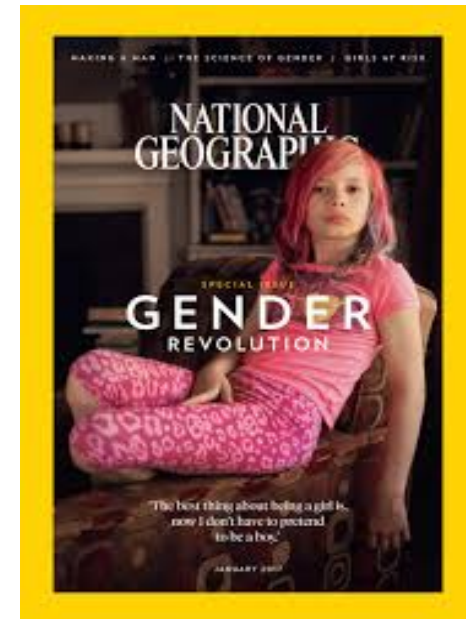
Gender Incongruence

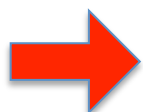
- “characterised by a marked and persistent incongruence between an individual’s experienced gender and the assigned sex”.
- Gender variant behavior and preferences alone do not form the basis for diagnosis.

Removes stigma

Improves social acceptance of gender variant children and adolescents

Ensures access to health care interventions.

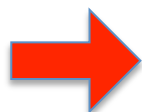





Gender Incongruence of Childhood: Clinical Utility and Stakeholder Agreement with the World Health Organization's Proposed ICD-11 Criteria 2017

Titia F. Beek^{1,2*}, Peggy T. Cohen-Kettenis^{1,2}, Walter P. Bouman³, Annelou L. C. de Vries^{1,4}, Thomas D. Steensma^{1,2}, Gemma L. Witcomb⁵, Jon Arcelus^{3,6}, Christina Richards³, Griet De Cuypere⁷, Baudewijntje P. C. Kreukels^{1,2*}

Possible response	Country of data collection		
	NL (n = 182)	UK (n = 319)	Total (n = 501)
Neurologic disorders and diseases	8 (4.4%)	13 (4.1%)	21 (4.2%)
Hormonal disorders and diseases	8 (4.4%)	18 (5.6%)	26 (5.2%)
Urogenital disorders and diseases	0 (0.0%)	2 (0.6%)	2 (0.4%)
Psychiatric disorders and diseases	11 (6.0%)	5 (1.6%)	16 (3.2%)
It should be part of several medical chapters simultaneously	12 (6.6%)	44 (13.8%)	56 (11.2%)
<u>A separate chapter dealing with symptoms / disorders regarding sexual and gender health</u>	91 (50.0%)	97 (30.4%)	<u>188 (37.5%)</u>
It should be a Z-code	30 (16.5%)	104 (32.6%)	134 (26.7%)
It should not be in the ICD at all	12 (6.6%)	24 (7.5%)	36 (7.2%)
Other, namely	10 (5.5%)	12 (3.8%)	22 (4.4%)



A Qualitative Study of the Acceptability of the Proposed ICD-11 Gender Incongruence of Childhood Diagnosis Among Transgender Adults Who Were Labeled Due to Their Gender Identity Since Childhood

Ingrid Vargas-Huicochea¹ · Rebeca Robles²  · Tania Real² · Ana Fresán³ · Jeremy Cruz-Islas⁴ · Hamid Vega-Ramír
María Elena Medina-Mora⁵


Received: 3 August 2017 / Revised: 7 April 2018 / Accepted: 23 May 2018
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Autism and GI

A Review Update on Gender Dysphoria and ASD and Response to Corrections

Anders Nordahl-Hansen¹  · Domenic V. Cicchetti² · Roald A. Øien^{3,4}

Journal of Autism and Developmental Disorders

2018

<https://doi.org/10.1007/s10803-018-3863-8>

Gender Dysphoria, Sexuality and Autism Spectrum Disorders: A Systematic Map Review

Roald A. Øien^{1,2} · Domenic V. Cicchetti² · Anders Nordahl-Hansen³

Journal of Autism and Developmental Disorders

2018

<https://doi.org/10.1007/s10803-018-3686-7>

Research on GD and ASD is becoming a fast and growing field with a 13% increase in published studies only in the past few months.



Autism and GI

Link between GI and ASD traits has been confirmed by recent studies:

- **Autistic Symptoms in Children and Adolescents with Gender Dyphoria.**
van der Miesen, de Vries, Steensma, & Hartman (2018). *Journal of Autism and Developmental Disorders*, 48:1537-1548.
- **Intense/ossessional interests in children with gender dysphoria: a cross-validation study using the Teacher's Report Form.**
Zucker et al. (2017). *Child Adolesc Psychiatry Ment Health*, 11.51
- **Prevalence of the Wish to be the Opposite Gender in Adolescents and Adults with Autism Spectrum Disorder.**
van der Miesen, Hurley, Bal, & de Vries (2018). *Archives Sexual Behavior*, 47:2307-2317.
- **Gender Variance and the Autism Spectrum: an Examination of Children Ages 6-12 years.**
Nabbijohn et al. (2018). *Journal of Autism and Developmental Disorders*,

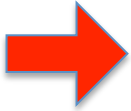


Autism and GI



"Gender Dysphoria" and Autism Spectrum Disorder: Is the Link Real? 2018

Jack L. Turban, MD, MHS, and Gerrit I. van Schalkwyk, MBChB



Potentially Reversible Social Deficits Among Transgender Youth 2018

Jack L. Turban¹

Journal of Autism and Developmental Disorders
<https://doi.org/10.1007/s10803-018-3603-0>

*Could apparent ASD symptoms
be social deficits secondary to minority stress?*

*Could, therefore, apparent ASD symptoms be
solved if youth are affirmed in their gender and
social stress reduced?*





Autism and GI

Revisiting the Link: Evidence of the Rates of Autism in Studies of Gender Diverse Individuals

To the Editor:

Many of us have served for years as gender care providers, witnessing the common co-occurrence with ASD

John F. Strang, PsyD
Aron Janssen, MD
Amy Tishelman, PhD
Scott F. Leibowitz, MD
Lauren Kenworthy, PhD
Jenifer K. McGuire, PhD
Laura Edwards-Leeper, PhD
Carla A. Mazefsky, PhD
Dana Rofey, PhD
Julia Bascom, HSD
Reid Caplan, BA
Veronica Gomez-Lobo, MD
Dianne Berg, PhD
Zosia Zaks, MEd
Gregory L. Wallace, PhD

Etiology and Research on Brain



➔ Brain functional connectivity patterns in children and adolescents with gender dysphoria: Sex-atypical or not?

Nienke M. Nota^a, Baudewijntje P.C. Kreukels^{b,*}, Martin den Heijer^a, Dick J. Veltman^c, Peggy T. Cohen-Kettenis^b, Sarah M. Burke^{d,1}, Julie Bakker^{b,e,1}

Psychoneuroendocrinology 86 (2017) 187–195

➔  **frontiers**
in Human Neuroscience

Brain Maturation, Cognition and Voice Pattern in a Gender Dysphoria Case under Pubertal Suppression

Maiko A. Schneider^{1}, Poli M. Spritzer^{1,2,3}, Bianca Machado Borba Soll¹, Anna M. V. Fontanari¹, Marina Carneiro⁴, Fernanda Tovar-Moll^{4,5}, Angelo B. Costa^{1,6}, Dhiordan C. da Silva¹, Karine Schwarz¹, Mauricio Anes⁷, Silza Tramontina^{1,8} and Maria I. R. Lobato^{1,9}*

Objectives: The aim of this clinical report is to review the effects of puberty suppression on the brain white matter (WM) during adolescence.

CASE REPORT

published: 14 November 2017
doi: 10.3389/fnhum.2017.00528

Authors	Study design	Sample (N)	Age range (yrs)	Conclusions	Implications
Heard et al., 2017	Restrospective chart review Internet-based survey	174	Mean age: 13.9	Improve care: transgender youth have high rates of anxiety and depression.	Need for gender affirming care
Janssen et al., 2017	Case study	1	13	Gender variance and GD may be present among people with severe and chronic mental illness	The importance of GD affirming treatments in the context of complex mental illness
Jarin et al., 2017	Retrospective medical exams/measurements	116	14-25	Safety of HT in adolescents with GD	Appropriateness and efficacy of the medical gender affirming treatment in adolescents with GD
Alastanos & Mullen, 2017	Case report	5	Mean age: 15.6	Anxiety, depression and suicidal ideation common comorbidites leading to psychiatric hospitalizations in transgender adolescents	Increase in psychiatric admission of adolescents with GD → no specific pharmacotherapy recommendations but the same approach used in treating cisgender adolescents
Parkinson, 2017	Review	-	-	The Safe School program promotes gender transitioning without expert medical and psychological advice	Safe School program deficits need to be solved to promote transgender health
Hill & Shapiro, 2017	Clinical case discussion	1	16	Incidents due to lack of education → need to educate the treatment team to ensure the best care	Need for pratical guidelines and greater education of mental health professionals to understand and communicate with transgender individuals
Lopez et al., 2017	Review	-	-	Optimal outcomes in transgender youth when their gender identity is affirmed. No data to support reparative or conversion therapy	Importance of an affirmative approach to the health care of transgender youth

Turban & Ehrensaft, 2017	Review	-	-	Affirmative care results in good mental health outcomes, non affirmative care results in significant mental health conditions	Effectiveness of gender affirmative care in promoting transgender health
Coolhart & Shipman, 2017	Case examples	2	Mean age: 11	Family therapy helps in incorporating the child's gender expression and creating a gender-affirming environment	Importance of gender-affirmative family therapy
Becerra-Culqui et al., 2018	Electronic medical records	588 AMAB and 745 AFAB	3-9 and 10-17	TGNC youth who received gender identity support don't experience elevated rates of mental health conditions	Need for clinical, social and educational gender identity support
Panagiotakopoulos, 2018	Review	-	-	Increase in the number of transgender youth treated with puberty suppression at a ever younger age	Support use of puberty suppression treatment
Lazaratou et al., 2018	Letter to the editor	-	-	In Greece, gender transition in adolescents is possible without having received psychiatric treatment or having done surgery	Science cannot provide clear answers to complex psychiatric issues
Lapinski et al., 2018	Clinician's Guide	-	-	Gender affirming approach facilitate a successful gender transition and leads to improved mental health outcomes	Gender affirming practice is an essential first step to providing competent care
Kimberly et al., 2018	Review	-	-	Risk and benefits of gender affirming treatment are discussed	Need to assess which gender affirming treatment options for youth are safe and effective
Lopez et al., 2018	Retrospective data analysis	92 transgender patients - 2240 patients with central precocious puberty (CPP)	Mean age: 14 - 1-16.8 Mean age 8.5	Increase of puberty blockers in transgender children in the USA (20-fold from 2014 to 2016)	Long term outcome researches on the consequences of these medications are needed

Martinerie et al., 2018	Review of SOC	-	-	Medical intervention is necessary for transgender adolescents	Support gender affirming medical care
Mahfouda et al., 2018	Review	-	-	Gender affirming medical treatment is associated with improvements in mental health and quality of life	Support gender affirming medical care. Increase in the number of transgender adolescents seeking medical treatment
Oransky & Steever, 2018	Interdisciplinary model	-	-	Interdisciplinary and gender affirming care are the best practices for transgender youth	Support gender affirming interventions. Additional research to evidence the value of this approach is needed.
Telfer et al., 2018	Australian Standards of Care	-	-	Increased acceptance of gender diversity in Australia → largest number of youth requesting gender affirming psychological and medical treatment	Gender affirming care during childhood and adolescence can significantly improve mental health and wellbein outcomes
Richards, Maxwell & McCune, 2018	Letter	-	-	Against the use of puberty blockers	The same scientific rigour demanded of other medical interventions is required
Spivey & Leeper, 2019	Review	-	-	High rates of psychosocial difficulties in transgender youth	Affirmative psychological interventions can strengthen resiliency and reduce psychological distress
Reilly et al., 2019	Special article	-	-	Rapid growth of clinical experiences → guidance for the medical management of youth with GD	Need for continued research about pre-pubertal GNC children to better understand their needs and the best care

FERTILITY ISSUES

Attitudes Toward Fertility and Reproductive Health Among Transgender and Gender-Nonconforming Adolescents



Diane Chen, Ph.D. ^{a,b,c,*}, Margaret Matson, M.P.H. ^d, Kathryn Macapagal, Ph.D. ^{b,d},
Emilie K. Johnson, M.D., M.P.H. ^{e,f}, Ilina Rosoklija, M.P.H. ^e, Courtney Finlayson, M.D. ^{c,g},
Celia B. Fisher, Ph.D. ^h, and Brian Mustanski, Ph.D. ^{b,d,f}

Journal of Adolescent Health 63 (2018) 62–68

Survey responses to fertility and family formation questions (N = 156) Mean Age:16.1

	n (%)
Interest in having children someday	
No	43 (27.6)
Yes	<u>76 (48.7)</u>
Do not Know/Unsure	37 (23.7)
Frequency of thinking about having children someday	
Never	24 (15.4)
Rarely	38 (24.4)
Sometimes	60 (38.5)
Often	27 (17.3)
Always	7 (4.5)
Interest in having biological children	
No	58 (37.2)
Yes	<u>56 (35.9)</u>
Do not Know/Unsure	41 (26.3)
Prefer not to answer	1 (.6)
Frequency of thinking about having biological children someday	
Never	55 (35.3)
Rarely	40 (25.6)
Sometimes	35 (22.4)
Often	19 (12.2)
Always	6 (3.8)
Prefer not to answer	1 (.6)
Interest in Adoption	
No	11 (7.1)
Yes	<u>110 (70.5)</u>
Do not Know/Unsure	34 (21.8)
Prefer not to answer	1 (.6)

TGNC adolescents interested:

- ◆ 70.5% in adoption
- ◆ 35.9% in biological parenthood
- ◆ More gender-non conforming youth (43.8%) than transgender youth (25.8%) expressed interest in biological fertility.



FERTILITY ISSUES

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Celia B. Fisher, Ph.D. ^h, and Brian Mustanski, Ph.D. ^{b,d,f}

Journal of Adolescent Health 63 (2018) 62–68

Frequency of discussing fertility with health-care provider	
Never	124 (79.5)
Rarely	19 (12.2)
Sometimes	11 (7.1)
Often	1 (.6)
Always	1 (.6)
Frequency of discussing fertility with SGM peers	
Never	78 (50.0)
Rarely	29 (18.6)
Sometimes	35 (22.4)
Often	14 (9.0)
Always	0 (0)
Frequency of discussing fertility with parent/guardian	
Never	101 (64.7)
Rarely	40 (25.6)
Sometimes	12 (7.7)
Often	1 (.6)
Always	2 (1.3)
Health-care provider has discussed how gender-affirming hormone treatments can affect fertility	
No	129 (82.7)
Yes	21 (13.5)
Do not Know/Unsure	4 (2.6)
Prefer not to answer	2 (1.3)
Interest in learning more about SGM fertility options	
No	39 (25.0)
Yes	95 (60.9)
Do not Know/Unsure	22 (14.1)
Comfort answering questions about fertility	
Very uncomfortable	7 (4.5)
Somewhat uncomfortable	18 (11.5)
Neither uncomfortable nor comfortable	45 (28.8)
Somewhat comfortable	31 (19.9)
Very comfortable	55 (35.3)

- ◆ Discussions about fertility and reproductive health were uncommon;
- ◆ 79.5% reported **never** have discussed with HCP
- ◆ 64.7% reported **never** have discussed with parents
- ◆ Only 13.5% had discussed effects of HT on fertility
- ◆ 60.9% interested in learning more

HCPs WORKING WITH TGNC ADOLESCENTS
SHOULD BE AWARE OF FERTILITY AND
REPRODUCTIVE HEALTH NEEDS

FERTILITY ISSUES

Survey

Knowledge, Practice Behaviors, and Perceived Barriers to Fertility Care Among Providers of Transgender Healthcare

Diane Chen, Ph.D.^{a,b,c,*}, Victoria D. Kolbuck, M.S.W.^a, Megan E. Sutter, Ph.D.^d, Amy C. Tishelman, Ph.D.^{e,f}, Gwendolyn P. Quinn, Ph.D.^g, and Leena Nahata, M.D.^{h,i}

Journal of Adolescent Health 000 (2018) 1–9

HCP (physicians, psychologists, MA-level MHP, 25 nurses) had:

- high levels of fertility related knowledge
 - 80% recognizing HT diminishing fertility
 - 95% recalling WPATH and ES recommendations
- Variability in knowledge of GnRHa effects on fertility.



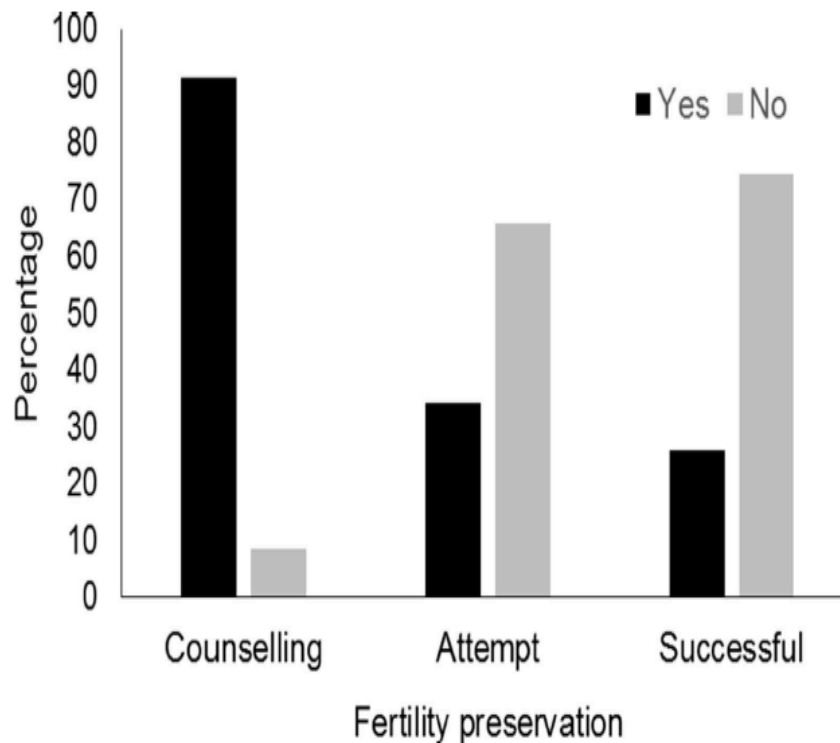
NOT IN LINE WITH ADOLESCENTS REPORTS: WHAT WENT WRONG?

Knowing is not the same as communication skills

FERTILITY ISSUES

Use of Fertility Preservation Among a Cohort of Transgirls in the Netherlands Journal of Adolescent Health xxx (2018) 1–5

Tessa Brik, M.D.^a, Lieke J. J. Vrouwenraets, M.Sc.^b, Sebastian E. E. Schagen, M.D.^a,
Andreas Meissner, M.D.^c, Martine C. de Vries, M.D., Ph.D.^a, and Sabine E. Hannema, M.D., Ph.D.^{a,*}



Review of 35 medical records of transgirls who underwent GnRHa (2011-2017)

- 91% received counselling
- 38% attempted FP
- 78% were successful

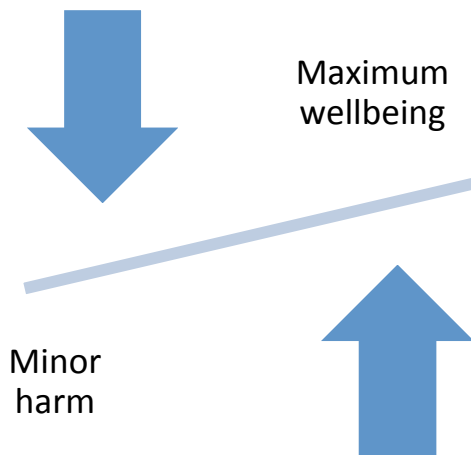
Conclusions: One third of adolescents attempted FP, which is much more than the percentage reported in previous studies from the United States. One third of the transgirls could not make use of FP because they were unable to produce a semen sample because of early pubertal stage. For these adolescents, alternatives need to be explored.

- **Nahata et al., (2017).** Low Fertility Preservation Utilization Among Transgender Youth, *Journ Adolesc Health* 1-5.
- **Chen et al., (2017).** Fertility Preservation for Transgender Adolescents, *Journ Adolescent Health*, 1-4.

Ethical Issues in Gender-Affirming Care for Youth

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GOAL



long-term patient outcomes. In the meantime, providers who work with TGNC youth and their families should endeavor to offer ethically sound, patient-centered, gender-affirming care based on the best currently available evidence.



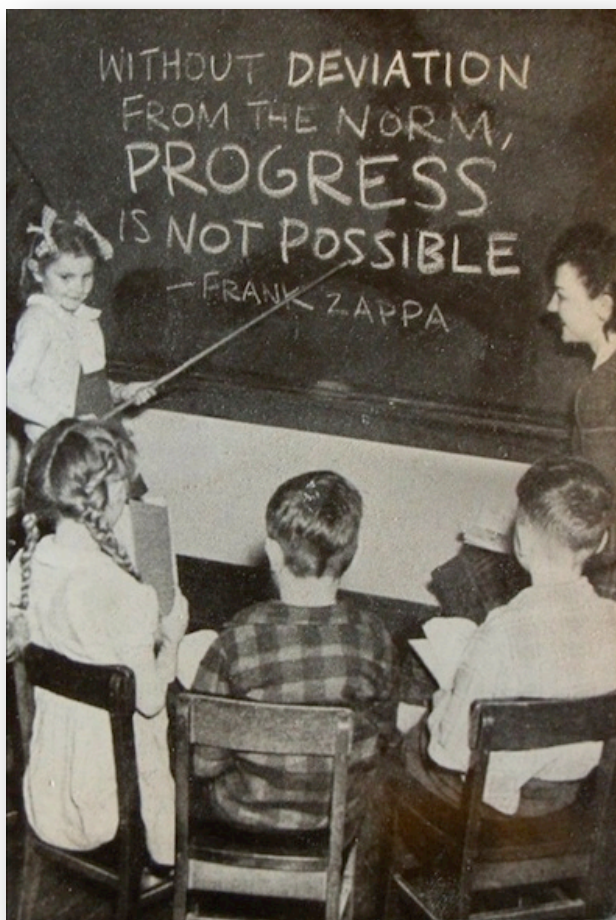
What about the future?

Further research is needed on:

- ✓ Non-binary adolescents;
- ✓ Link about GI and ASD;
- ✓ Longitudinal studies on the long term effects of puberty suppression and HT.



Thank you for your attention!



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