

The Gender Affirmative Care Model: Evidence & AAP Policy

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Disclosures



I have NO financial disclosure or conflicts of interest with the presented material in this presentation.

Off-label use of medications will be discussed in this presentation

Gender identity disclosure

The Most Vulnerable Population

- 41% Lifetime suicide attempts reported in adults
- 57% diagnosed with depression
- 40% diagnosed with anxiety
- 53% self-harmed
- 63% victim of sexual assault
- 61% victim of physical assault
- High rates of poverty, sex work, HIV+, substance abuse, homelessness, employment and housing discrimination

Gender & Mental Health

“Socially transitioned transgender children who are supported in their gender identity have developmental normative levels of depression and only minimal elevations in anxiety, suggesting that psychopathology is not inevitable within this group.”

Olson et al. (2016). Mental Health of Transgender Children Who Are Supported in their Identities. *Pediatrics*. 137, 3, e20153223.

Gender Diverse Children

Can young children really know if they are transgender?

Research suggests that children who assert a gender diverse identity know their gender as clearly and consistently as their developmentally matched peers and benefit from the same level of support, love, and social acceptance.

Gender development is a normal process for all children. Some children will exhibit variations in expression, similar to all areas of human health and behavior.

Informed Consent Model

- Requires healthcare provider to effectively communicate benefits, risks and alternatives of treatment to patient
- Requires healthcare provider to judge that the patient is able to understand and consent to the treatment
- Informed consent model does not require or preclude mental health care
- Recognizes that prescribing decision ultimately rests with clinical judgment of provider working together with the patient
 - (“shared decision-making”; NOT “treatment on demand”)
- Informed consent approaches are consistent with SOC 7, and more fully embraced in SOC 8

What about Adolescents?

- Since most adolescents are not emancipated, the informed consent model inherently does not work because the adolescent is not able to make their own treatment decisions.
- Additional considerations (complications?) when working with minors:
 - Developmental maturity and capacity
 - Family/Guardian involvement
 - Irreversible endogenously driven development

Original Premises of the GAC Model

- Transgender identities and diverse gender expressions do not constitute a mental disorder.
- Variations in gender identity and expression are normal aspects of human diversity, and binary definitions of gender do not always reflect emerging gender identities.
- Gender identity evolves as an interplay of biology, development, socialization, and culture.
- If a mental health issue exists, it most often stems from stigma and negative experiences, rather than being intrinsic to the child's gender identity.

(Hidalgo et al 2013)

Gender Affirmative Care

- Current research suggests that, rather than predict or prevent who a child may become, it is better to value them for who they are now, even at a young age. This fosters secure attachment and resilience.
- Gender affirmative care is based on the belief that all children benefit from love and support.
- The goal of gender affirmative care is NOT treatment, it is to listen to the child and, with the help of parents and families, build understanding that allows the youth to feel valued and cared for.

Gender Affirmative Care



- Through strong, nonjudgmental partnerships with patients and their families, providers create an environment of safety in which complicated emotions, questions, and concerns related to gender can be appreciated and explored fostering understanding and acceptance.
- Gender affirmative care is most effective in a collaborative system with access to medical care, mental health, and social services, including specific resources for parents and families.

Definition



An approach to caring for Transgender and Gender Diverse Youth that is focusing on understanding and validating the youth's experience of gender in the context of their physical, cognitive, emotional, and social development.

It aims to engage the youth and their family in nonjudgmental exploration and reflection in order to foster resiliency and self-discovery related to the youth's authentic sense of self.

Elements of GAC



- Terminology Note: “Transition,” although commonly used, implies the TGD person is changing. “Affirmation” implies the person is allowed to be their true self and society changes in order to accept and value them.
- There are multiple ways that a person can be “affirmed”
 - No sequence, prerequisites, assumptions, or requirements of interventions that make someone gender diverse
 - Each intervention needs to be evaluated independently for appropriateness in the context of each individual patient

Elements of GAC: Psychosocial Support

	Definition	Age	Reversibility
Emotional Affirmation	Creating a safe space for patients and families to explore gender, share concerns and emotions openly, and learn to advocate. It includes early identification of dysphoria and other mental health concerns	Any	Reversible
Social Affirmation	Adopting gender-affirming hairstyles, clothing, name, gender pronouns, restrooms and other facilities	Any	Reversible
Legal Affirmation	Changing gender and name recorded on birth certificate, school records and other documents	Any	Reversible

Elements of GAC: Medical Affirmation

	Definition	Age	Reversibility
Puberty blockers	Gonadotropin-releasing hormone analogs such as leuprolide and histrelin	Early Adolescence. Limited benefit after Tanner 5, & WPATH recommends not using after age 16.	Reversible
Gender affirming hormone therapy	<ul style="list-style-type: none">• Testosterone (assigned female at birth & masculinizing)• Estrogen plus androgen inhibitor (assigned male at birth and feminizing)	Early Adolescence on	Partially Reversible

Elements of GAC: Surgical Affirmation

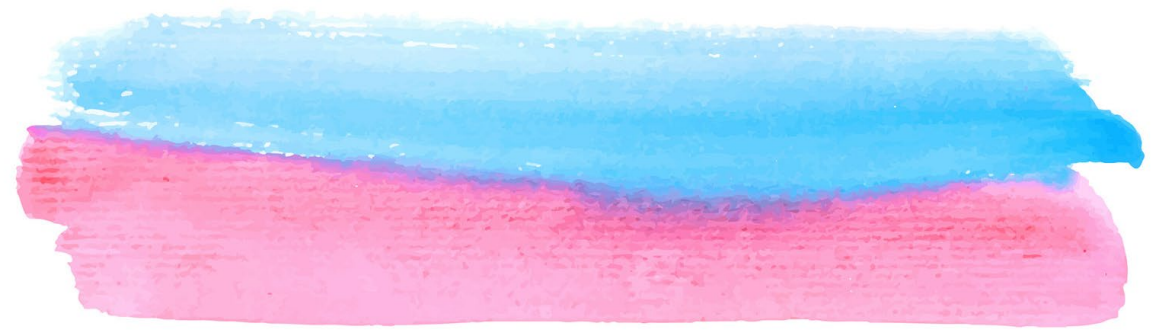
	Definition	Age	Reversibility
Gender-affirming surgeries	<ul style="list-style-type: none">• “Top” surgery (to create a male-typical chest shape or enhance breasts)• “Bottom” surgery (surgery on genitals or reproductive organs)	Typically, Adults (Adolescent based on clinical situation)	Not Reversible

Acceptance



- Acceptance (and rejection) is not all-or-none...it is complicated and often described as a process with many hurdles along the way.
- It is a process everyone in a TGD child's life must go through at their own pace

Family Acceptance



Family acceptance of adolescent gender diversity is associated with young adult positive outcomes:

- Self-esteem

- Social support

- General Health

Also protective for negative health outcomes:

- Depression

- Substance abuse

- Suicide ideation & attempts



Family Acceptance

What's the right thing to do for my child?

- Focus on family acceptance as the most important factor in the child's adjustment to their development and future outlook on life
- Any rejection may lead youth to have shame that becomes internalized leading to "going underground" with secretive thoughts, feelings, and behavior that over time contributes to negative mental health outcomes
- Research shows that even a little less rejection (or even access to just one supportive adult) has improved self-esteem and life-satisfaction, and decreased risk for depression, suicide, substance abuse, and HIV

Is there any evidence to support gender affirmative care in adolescents?

Gender Affirmative Care Model.

Hidalgo M. et al. (2013). The Gender Affirmative Model: What We Know and What We Aim to Learn. *Human Development* (This was the original description of the Gender Affirmative Care Model). 56(5), 285-290.

Wanger J et al. (2019). Psychosocial Overview of Gender Affirmative Care. *J Pediatr Adolesc Gynecol*. 32(6), 567-573.

Social Affirmation:

Olson KR, et al. (2016). Mental Health of Transgender Children Who are Supported in their Identities. *Pediatrics*. 137(3), e20153223.

Russell ST, et al. (2018). Chosen name use is linked to reduced depressive symptoms, suicidal ideation, and suicidal behavior. *Journal of Adolescent Medicine*. 63(4), 503-505.

Is there any evidence to support gender affirmative care in adolescents?

Puberty Blockers

Turban JL et al (2020). Pubertal Suppression for Transgender Youth and Risk of Suicidal Ideation. *Pediatrics*. 145(2).

Van der Miesen, et al (2020). Psychological Functioning in Transgender Adolescents Before and After Gender-Affirmative Care Compared With Cisgender General Population Peers. *Journal of Adolescent Health*. 66(6), 699-704.

de Vries, AL, et al (2014). Young adult psychological outcome after puberty suppression and gender reassignment. *Pediatrics*, 134(4), 696-704.
doi:10.1542/peds.2013-2958

Is there any evidence to support gender affirmative care in adolescents?

Gender Affirmative Hormones:

Kuper, L. E., Stewart, S., Preston, S., Lau, M., & Lopez, X (2020). Body Dissatisfaction and Mental Health Outcomes of Youth on Gender-Affirming Hormone Therapy. *Pediatrics*. 145(4).

Allen, L., Watson, L., Egan, A., & Moser, C. (2019). Well-being and suicidality among transgender youth after gender-affirming hormones. *Clin Pract Pediatr Psychol*, 7(3), 302-311.

Timing of Gender Affirming Interventions:

Sorbara JC, et al. (2020). Mental health and timing of gender-affirmative Care. *Pediatrics*. 146(4).

Recommendations



The AAP works toward all children and adolescents, regardless of gender identity or expression, receiving care to promote optimal physical, mental, and social well-being. Any discrimination based on gender identity or expression, real or perceived, is damaging to the socioemotional health of children, families, and society. In particular, the AAP recommends the following:

1. that youth who identify as TGD have access to comprehensive, gender-affirming, and developmentally appropriate health care that is provided in a safe and inclusive clinical space;
2. that family-based therapy and support be available to recognize and respond to the emotional and mental health needs of **parents, caregivers, and siblings** of youth who identify as TGD;

Recommendations

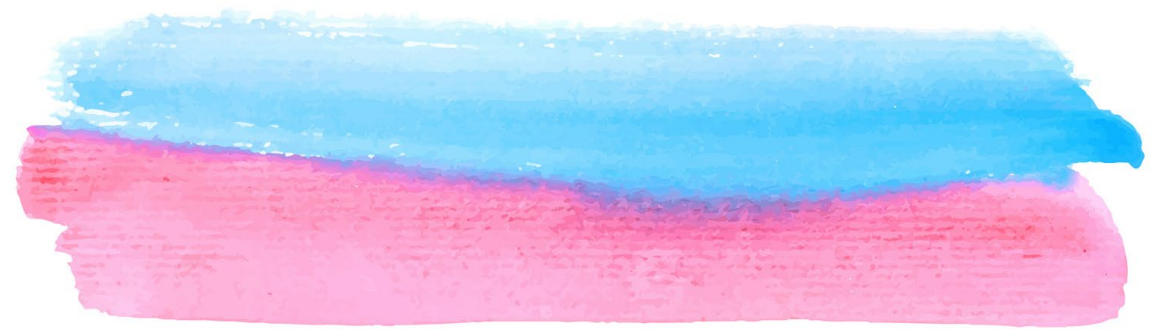


3. that **electronic health records, billing systems, patient-centered notification systems, and clinical research** be designed to respect the asserted gender identity of each patient while maintaining confidentiality and avoiding duplicate charts;

4. that **insurance plans** offer coverage for health care that is specific to the needs of youth who identify as TGD, including coverage for medical, psychological, and, when indicated, surgical gender-affirming interventions;

5. that **provider education**, including medical school, residency, and continuing education, integrate core competencies on the emotional and physical health needs and best practices for the care of youth who identify as TGD and their families;

Recommendations



that **pediatricians** have a role in...

5. ...advocating for, educating, and developing liaison relationships with school districts and other community organizations to promote acceptance and inclusion of all children without fear of harassment, exclusion, or bullying because of gender expression;

6. ...advocating for policies and laws that protect youth who identify as TGD from discrimination and violence;

Recommendations



7. that the **health care workforce** protects diversity by offering equal employment opportunities and workplace protections, regardless of gender identity or expression; and

8. that the **medical field and federal government** prioritize research that is dedicated to improving the quality of evidence-based care for youth who identify as TGD.