

Transgender Children and Adolescents

Practical Information to Assist
with Custody Evaluations

Jane Robinson

The background consists of several diagonal bands of color. From top-left to bottom-right, the colors are yellow, orange, red, and dark red. A vertical line of a darker brown color runs through the middle of the image, separating the warm-toned left side from the cooler-toned right side.

Introduction

Introduction – About me



Lawyer—Not a doctor or psychologist



Parent



Legal issues relating to transgender people

Introduction – Terminology

“Transgender” or
“trans”

- A person who does not identify with the gender assigned to them at birth

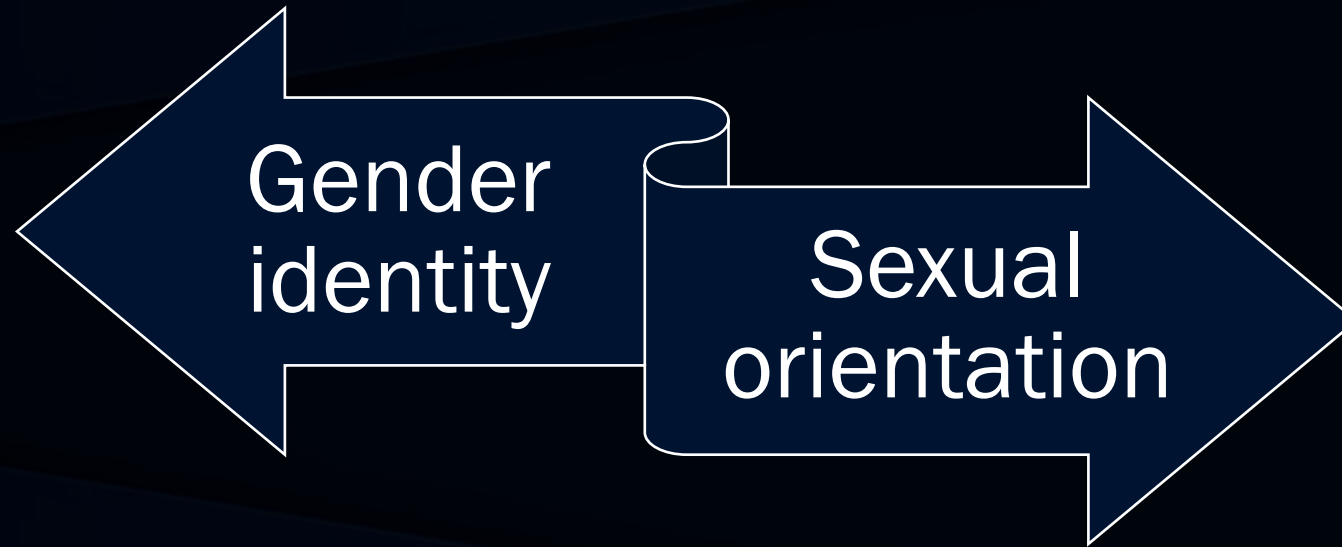
“Cisgender”

- A person who does identify with the gender assigned to them at birth

“Biological sex”

- Term is controversial because of difficulty defining it
- Generally, refers to gender assigned at birth

Introduction – Terminology



- **Sexual orientation:** Gender(s) to which person is sexually/romantically attracted
- Develops separately from gender identity

Introduction – Primary Sex Characteristics

(typically present at birth)

Reproductive
organs

Genitals

Introduction – Secondary Sex Characteristics

(typically develop at puberty)

Male-associated

- Body hair/facial hair
- Deepened voice
- Adam's apple

Female-associated

- Breasts
- Wider hips
- Menarche

Introduction – Terminology

- **Gender dysphoria:** discomfort or distress caused by a discrepancy between a person's gender identity and that person's sex assigned at birth (and the associated gender role and/or primary and secondary sex characteristics)
- **Affirmed gender:** When a person's gender identity, or concern about their gender identity, is communicated to and validated from others as authentic

Introduction – Terminology

- **Intersex:** people with intersex features, which is a general term describing a wide range of human variation—examples:
 - External and/or internal sex organs that do not correspond as expected to binary male/female categories
 - For example: both ovarian and testicular tissue
 - Chromosomes that are different from XX or XY
 - For example: XXY
 - May or may not be transgender
 - Similar representation in population as transgender people—approximately 1–2%

Introduction – Scope



Focusing on children who identify with a binary gender that is not the one assigned to them on birth



Not focusing on other gender identities

- Non-binary
- Gender fluid

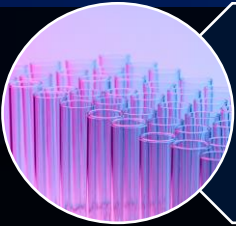


Responding to Common Concerns



“How do I know?”

“How do I know?”



No blood test for gender identity

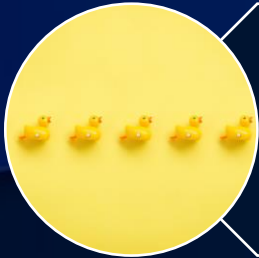


Natural for children to explore identity,
including gender identity



Consistent/Insistent/Persistent

“How do I know?”



Consistent

- Gender identity is consistent (when child feels comfortable expressing it)



Insistent

- Intensity of experience; child feels strongly



Persistent

- Period of months or years

“How do I know?”



Consistent/Insistent/Persistent
→ Unlikely to change in the
future

Leads to next topic. . .



“The other parent is behind this”

“The other parent is behind this”



No evidence that gender identity arises from influence of other people



Evidence supports opposite conclusion: desires and influence of others have no effect on gender identity

“The other parent is behind this”

Research: Familial acceptance or rejection has little influence on the gender identity of youth.

- Rafferty, *Pediatrics* (2018)

Transgender people faced with rejection and discrimination may wish to have been born cisgender

- No evidence that this is effective

“The other parent is behind this”

Ineffectiveness of conversion therapy

- **Research**: both **ineffective** and **harmful**
 - Rafferty, *Pediatrics* (2018)
- Opposed by:
 - American Medical Association
 - American Psychological Association
 - American Psychiatric Association
 - American Academy of Pediatrics
 - Texas Medical Association
 - List goes on

“The other parent is behind this”

Lessons from surgical interventions on intersex infants

- Cosmetic surgical intervention may have goal of providing child with binary gender presentation, so child is raised as a “boy” or “girl”
- Does not always conform to child’s gender identity
- (May have other adverse effects)

“The other parent is behind this”

- Hearing more and more about transgender people—children and adults
 - More trans people are comfortable being out
 - More trans people have the language to describe their experience
- Still relatively uncommon—approximately 1–2% of the population

**“The other parent is
behind this”**

Thought Experiment

If children's gender identity
were formed by
parents'/society's
expectations and wishes . . .



“They’re too young to make permanent decisions”

“They’re too young to make permanent decisions”



Social affirmation (clothes, hair, name, pronouns)—100% reversible



Medical interventions—described in more detail later



Purpose is to slow down the process and avoid permanent changes as long as possible

“They’re too young to make permanent decisions”



Adolescents must go through puberty, so some permanent change is unavoidable—whether or not child receives affirming treatment



Failure to affirm can have lasting emotional impact



“It’s a difficult life”

“It’s a difficult life”

- Scary statistics

- Study—56% of transgender youth reported suicidal ideation; 31% reported a previous suicide attempt
 - Compare: 20% and 11% among cisgender youth, respectively
 - Source: Rafferty, *Pediatrics* (2018) at 3

- Targets of violence

- Targets of discrimination

“It’s a difficult life”

- Familial acceptance/non-acceptance . . .
 - Does not affect gender identity
 - Does affect children’s mental health
- Study: Suicide attempts in 433 trans adolescents
 - 4% among those with strongly supportive parents
 - 60% among those with unsupportive parents

Source: Travers R, Impacts of Strong Parental Support for Trans Youth (2012); Rafferty, *Pediatrics* (2018)

“It’s a difficult life”

- Affirming trans minors results in significant gains in psychological and emotional development
 - APA Position Statement (2020)
- Affirming care leads to improved psychological functioning in adolescence and young adulthood
 - Rafferty, *Pediatrics* (2018)
- Gender-affirming medical interventions are associated with lower odds of depression and suicidality over twelve months
 - Tordoff, JAMA Network Open (2022)

“It’s a difficult life”

- American Academy of Pediatrics:
 - Child outcomes improve significantly with just **one supportive parent**.
 - Any additional measure of acceptance from parents/guardians, even if it is short of full acceptance, improves outcomes.

See Rafferty, *Pediatrics* (2018)

“It’s a difficult life”


- American Academy of Pediatrics, American Psychological Association, American Psychiatric Association, WPATH:
 - No evidence that the risk of mental illness is inherently attributable to transgender identity.
 - Risk stems from:
 - Internal conflict between one’s appearance and identity;
 - Limited availability of mental health services;
 - Low access to healthcare providers with relevant expertise;
 - Discrimination, stigma, and social rejection
 - If these factors can be alleviated, outcome improves

Source: Rafferty, *Pediatrics* (2018)

“It’s a difficult life”

- Parents/guardians can have a significant, positive effect on children’s immediate and long-term well-being





Understanding the Parents' Journey

Understanding the Parents' Journey

Parents are likely grappling with uncertainty and anxiety

- Is this “real”?
- Is this permanent?
- Am I doing the right thing?
- What will the long-term effects be?

Parents may be managing the responses of family, friends, and colleagues as they struggle with their own concerns

Understanding the Parents' Journey

Some parents—process similar to grieving

- Adjusting to a new understanding of their family
- May experience shock, denial, anger, feelings of betrayal, fear, self-discovery, and pride

Rafferty, *Pediatrics* (2018)

DROs—Encounter families during time of increased stress

Understanding the Parents' Journey



May find parents at various stages of a journey toward acceptance



Each measure of acceptance improves outcome for child



American Academy of Pediatrics: Most benefit comes when family members and youth are supported and encouraged to engage in reflective perspective taking and validate their own and the other's thoughts and feelings despite divergent views



Medical Treatment

Medical treatment—Overview

Lay perspective—not a technical medical discussion

Framework: Guidelines supported by the World Professional Association for Transgender Health (WPATH), the Endocrine Society, and the Pediatric Endocrine Society

Medical treatment—Overview

- Texas Medical Association: “These standards **have been recognized and endorsed in the clinical guidance and publications of every American medical association** that has addressed this area, as well as the in guidelines of the American Psychological Association.”
- Includes: American Medical Association; American Psychiatric Association; American Academy of Pediatrics; American College of Obstetrics and Gynecology; and American College of Physicians

Medical treatment—No rush

- Parents and children may feel a sense of urgency, but medical gender care is slow, thoughtful process
- Puberty typically takes around five years
- Goal is to delay irreversible changes . . . but change cannot be delayed indefinitely



Before puberty — no medical treatment

Pre-pubertal affirmation for trans youth is social only

Changing clothes and hairstyle

Using child's preferred name and pronouns

No medical treatment



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Psychological assessment



Determine if there are other or co-existing mental health concerns



Explore the nature and characteristics of child's or adolescent's gender identity



For adolescents, inform youth and families about the possibilities and limitations of different treatments and options

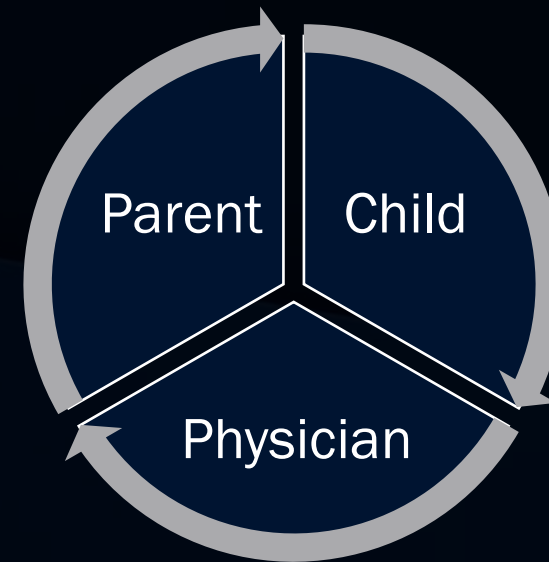
- Informed consent
- Diagnostic assessment

Psychological assessment

- Assess adolescent's psychological/emotional maturity
 - Compare: adults are presumed capable of making medical decisions for themselves
 - Psychological & emotional maturity varies significantly between individuals, even those of the same age

Medical intervention — partnership

- Physician determines whether treatment is medically necessary on case-by-case basis
- Parents and children decide whether to proceed, in consultation with physician



Puberty blockers – Reversible intervention

- Pre-pubertal patients are monitored for signs of the onset of puberty
 - Physical signs
 - Blood testing

Puberty blockers – Reversible intervention

- Once puberty begins, “puberty blockers” may be introduced
- GnRH analogues
 - Have been used since 1980s to treat precocious (early) puberty
 - Suppress endogenous estrogen or testosterone production
- Reversible: If blockers are stopped, endogenous puberty resumes
- Source: Rafferty, *Pediatrics* (2018)

Puberty blockers – Reversible intervention



Prescribed to delay development of secondary sex characteristics



Child has more time to mature psychologically



Provides time to child and family to explore gender identity, develop coping skills, and define appropriate treatment goals

Puberty blockers – Reversible intervention

- In trans adolescents, blockers are typically used for up to two years to delay the onset of puberty
- Wide variety of ages for onset of puberty—children on blockers usually continue to fit in with peers
- Without access to blockers, adolescents experience irreversible changes to secondary sex characteristics much earlier
- Access to blockers reduces the need for later surgery

Source: Rafferty, *Pediatrics* (2018)

Puberty blockers – WPATH criteria for use



Adolescent has demonstrated a long-lasting and intense pattern of gender nonconformity or gender dysphoria



Gender dysphoria emerged or worsened with the onset of puberty



Any co-existing psychological, medical, or social problems that could interfere with treatment have been addressed



Adolescent and parents/guardians have consented and are involved in supporting adolescent through treatment process

Hormones—Partially reversible

Puberty cannot be delayed indefinitely

- Social/psychological—puberty is normal part of development
- Medical—puberty hormones are important to physical development and health
 - Example: Bone mineralization

Hormones – Partially reversible

- When puberty must go forward, trans adolescents and their parents/guardians may consider hormone therapy
 - Trans boys: Testosterone
 - Trans girls: Estrogen
- (Continue to suppress endogenous puberty hormones)

Hormones—Partially reversible

Effect: Masculinize or feminize person's body to better align their physical characteristics with their gender identity

- Influences development of secondary sex characteristics in a way that aligns with gender identity

Development of secondary sexual characteristics is partially reversible—whether there is intervention or not

Surgery – Irreversible intervention

Hottest of hot-button issues—
gets a lot of
attention

Not typically
recommended or
practiced for
minors

“Top” Surgery

- Very rare in pediatric transgender patients
- Occasionally practiced in older pediatric transgender patients (e.g., 16–17 years old) to relieve unusually severe distress

See Rafferty, *Pediatrics* (2018)

“Top” Surgery

Context: Far more common in US for cisgender minors to have “top” surgery than trans minors

American Society of Plastic Surgeons (2020 estimates for females aged 13–19)

- 1,800 aesthetic breast reductions
- 3,200 breast augmentations

“Top” Surgery

- Some cisgender male minors have “top” surgery
 - Treats gynecomastia (overdeveloped or enlarged breasts in men; can occur at any age)
 - 2020: 2,800 breast reductions in males aged 13–19 for gynecomastia

Source: American Society of Plastic Surgeons

- Timely intervention with blockers and hormone therapy can make “top” surgery unnecessary for trans men

Source: Rafferty, *Pediatrics* (2018)

“Bottom” surgery — not performed on minors

Medical standard
of care: no
“bottom” surgery
on trans minors.

Only available to
adults.

“Bottom” surgery – not performed on minors

- WPATH standards:
 - Genital surgery should **not** be carried out until:
 - (1) Patients reach legal age of majority, **and**
 - (2) Patients have lived continuously for at least twelve months in the gender role that is congruent with their gender identity
- Age threshold is a minimum criterion, not an indication for active intervention

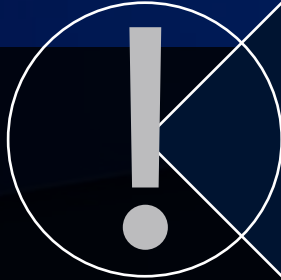
“Bottom” surgery – intersex children

- **Context:** Cosmetic “bottom” surgery is sometimes performed on intersex infants
 - Even when medically unnecessary
 - Designed to give child binary gender presentation
 - May result in an outcome that is not consistent with child’s gender identity

“Bottom” surgery — intersex children

- Bills in 2021 Legislature designed to prohibit gender-affirming treatment for transgender minors would have allowed surgery on intersex children of any age
 - See, e.g., HB 4014 (2021—87th Legislature)
- Intersex advocates oppose the practice of cosmetic genital surgery on intersex infants

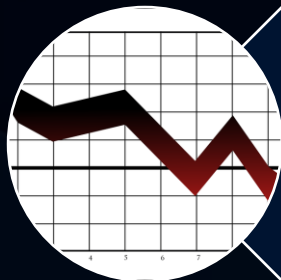
Non-intervention – not a neutral decision



Non-intervention is an affirmative choice



Puberty has irreversible effects on everyone



“Due to the dynamic nature of puberty development, lack of gender-affirming interventions . . . Is not a neutral decision; youth often experience worsening dysphoria and negative impact on mental health as the incongruent and unwanted puberty progresses.”

• APA Position Statement (2020)

Non-intervention – risks



Physical changes

- Development of secondary sex characteristics can worsen gender dysphoria
- Physical changes may not be fully reversible



Emotional effects—not affirmed by
parents/guardians



Some adolescents may seek dangerous alternatives

- Black-market/internet treatments

Sources/More information

- Rafferty, *Pediatrics* (2018)
 - Rafferty J, AMERICAN ACADEMY OF PEDIATRICS (AAP) COMMITTEE ON PSYCHOSOCIAL ASPECTS OF CHILD AND FAMILY HEALTH, AAP COMMITTEE ON ADOLESCENCE, AAP SECTION ON LESBIAN, GAY, BISEXUAL, AND TRANSGENDER HEALTH AND WELLNESS. Ensuring Comprehensive Care and Support for Transgender and Gender-Diverse Children and Adolescents. *Pediatrics*. 2018;142(4): e20182162; available at http://publications.aap.org/pediatrics/article-pdf/142/4/e20182162/1066566/peds_20182162.pdf
- Travers R, Impacts of Strong Parental Support for Trans Youth (2012)
 - Travers R, Bauer G, Pyne J, Bradley K, Gale L, Papadimitriou M; Trans PULSE; Children's Aid Society of Toronto; Delisle Youth Services. Impacts of Strong Parental Support for Trans Youth: A Report Prepared for Children's Aid Society of Toronto and Delisle Youth Services. Toronto, ON 2012; available at <https://transpulseproject.ca/wp-content/uploads/2012/10/Impacts-of-Strong-Parental-Support-for-Trans-Youth-vFINAL.pdf>

Sources/More information

- WPATH Standards of Care (2011)
 - World Professional Association for Transgender Health (WPATH), Standards of Care (SOC) for the Health of Transsexual, Transgender, and Gender Nonconforming People (7th ver. 2011); available at: <https://wpath.org/>
- APA Position Statement (2020)
 - American Psychiatric Association: Position Statement on Treatment of Transgender (Trans) and Gender Diverse Youth (Jul. 2020); available at <https://www.psychiatry.org/File%20Library/About-APA/Organization-Documents-Policies/Policies/Position-Transgender-Gender-Diverse-Youth.pdf>
- Tordoff, JAMA Network Open (2022)
 - Tordoff DM, Wanta JW, Collin A, Stepney C, Inwards-Breland DJ, Ahrens K. Mental Health Outcomes in Transgender and Nonbinary Youths Receiving Gender-Affirming Care. *JAMA Netw Open*. 2022;5(2):e220978. doi:10.1001/jamanetworkopen.2022.0978; available at <https://jamanetwork.com/journals/jamanetworkopen/fullarticle/2789423>
- American Society of Plastic Surgeons
 - <https://www.plasticsurgery.org/documents/News/Statistics/2020/plastic-surgery-statistics-full-report-2020.pdf>



Questions?

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