

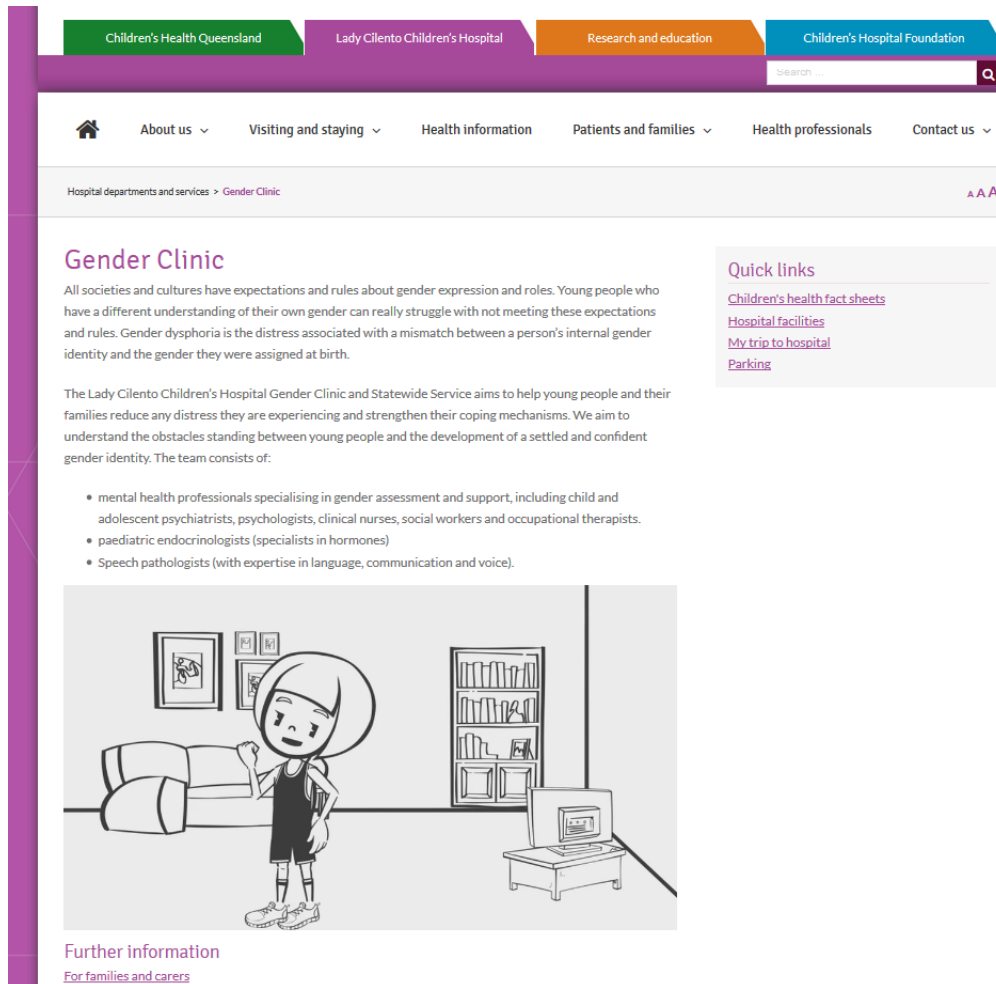
Childhood Gender Variance The Lady Cilento Children's Hospital Gender Clinic & Statewide Service

Olivia Donaghy
Coordinator LCCH Gender Clinic & Statewide Service (Psychologist)

Iris Best Practice in Transgender Health Workshop February, 2018



LCCH Gender Clinic & Statewide Service



The screenshot shows the website for Children's Health Queensland. The top navigation bar includes links for Children's Health Queensland, Lady Cilento Children's Hospital, Research and education, and Children's Hospital Foundation. Below this is a search bar. The main navigation menu includes links for About us, Visiting and staying, Health information, Patients and families, Health professionals, and Contact us. The page is titled 'Gender Clinic' under the 'Hospital departments and services' section. The content includes a paragraph about gender expression and roles, a list of services provided by the Gender Clinic and Statewide Service, and a cartoon illustration of a child in a room. A 'Quick links' section on the right provides links to 'Children's health fact sheets', 'Hospital facilities', 'My trip to hospital', and 'Parking'. At the bottom, there is a 'Further information' section with a link for 'For families and carers'.

Children's Health Queensland

Lady Cilento Children's Hospital

Research and education

Children's Hospital Foundation

Search

Home About us Visiting and staying Health information Patients and families Health professionals Contact us

Hospital departments and services > Gender Clinic

Gender Clinic

All societies and cultures have expectations and rules about gender expression and roles. Young people who have a different understanding of their own gender can really struggle with not meeting these expectations and rules. Gender dysphoria is the distress associated with a mismatch between a person's internal gender identity and the gender they were assigned at birth.

The Lady Cilento Children's Hospital Gender Clinic and Statewide Service aims to help young people and their families reduce any distress they are experiencing and strengthen their coping mechanisms. We aim to understand the obstacles standing between young people and the development of a settled and confident gender identity. The team consists of:

- mental health professionals specialising in gender assessment and support, including child and adolescent psychiatrists, psychologists, clinical nurses, social workers and occupational therapists.
- paediatric endocrinologists (specialists in hormones)
- Speech pathologists (with expertise in language, communication and voice).

Quick links

- [Children's health fact sheets](#)
- [Hospital facilities](#)
- [My trip to hospital](#)
- [Parking](#)

Further information

[For families and carers](#)

Children's Health Queensland funded by QLD Department Health Connecting Care to Recovery Mental Health (2016) and Sexual Health Strategy (2016) to provide a statewide specialist gender identity clinic located at Lady Cilento Children's Hospital from 1 July 2017

Led by Child and Youth Mental Health Service in partnership with the Division of Medicine, Endocrine Department

Google: 'Lady Cilento Gender' - factsheets, video, referral info

<https://www.childrens.health.qld.gov.au/departmentservicegender-clinic/>

Lady Cilento Children's Hospital Gender Clinic & Statewide Service

- 6 FTE, 11 staff
- Coordinator/Team Leader
- Child & Adolescent Psychiatrist
- Paediatric Endocrinologist
- Mental Health Professionals: Psychology, Social Work
- Speech Pathologist
- Psychiatry Registrar
- Clinical Nurse – Sexual Health
- Administration Officer



Terminology & Respectful Language is very important

Gender Incongruence

- marked incongruence between one's experienced OR expressed gender and assigned gender (rather than a focus on cross-gender behaviour)

Gender Dysphoria

- discomfort or distress that is caused by a discrepancy between a person's gender identity and that person's sex assigned at birth

Assigned sex /assigned gender

- The sex/gender that was assigned to a person at birth based on physical anatomy. This is the sex registered on birth certificates

Trans

- Trans individuals describes their gender in different ways e.g. non-binary, agender, genderqueer, and more

Transphobia

- A fear and/or prejudice of people who are Trans or do not confirm to normative ideas of male and female, feminine and masculine



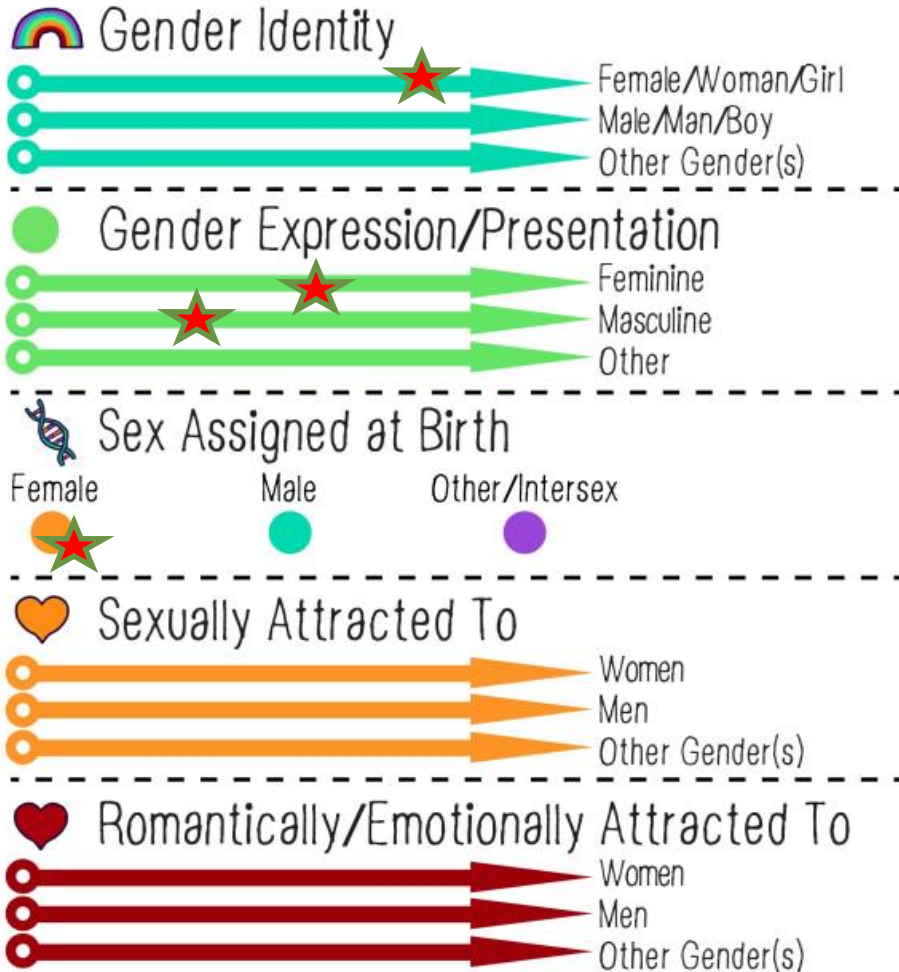
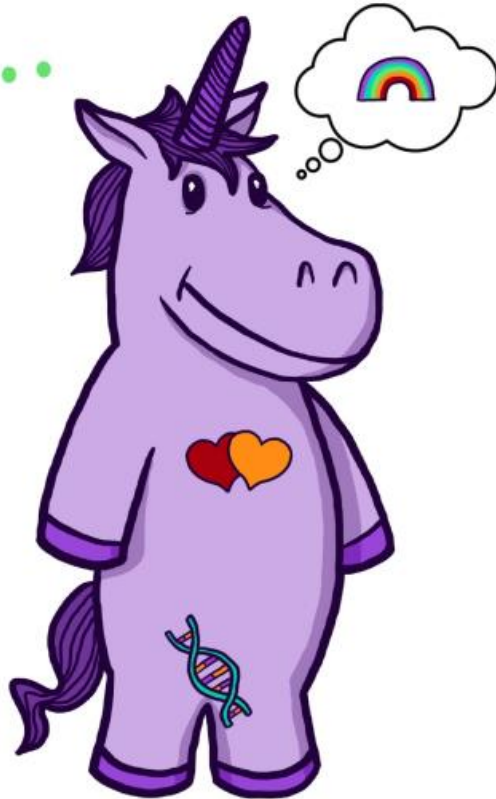
Presentation today

1. Gender Expression vs Gender Identity
2. Affirmative Care – Prepubertal
3. Affirmative Care - Adolescent
4. LCCH Gender Clinic Process :Stage 2 post
Re: Kelvin FamCA 2017
5. School Support

Visual aid for discussing gender and sexuality

The Gender Unicorn

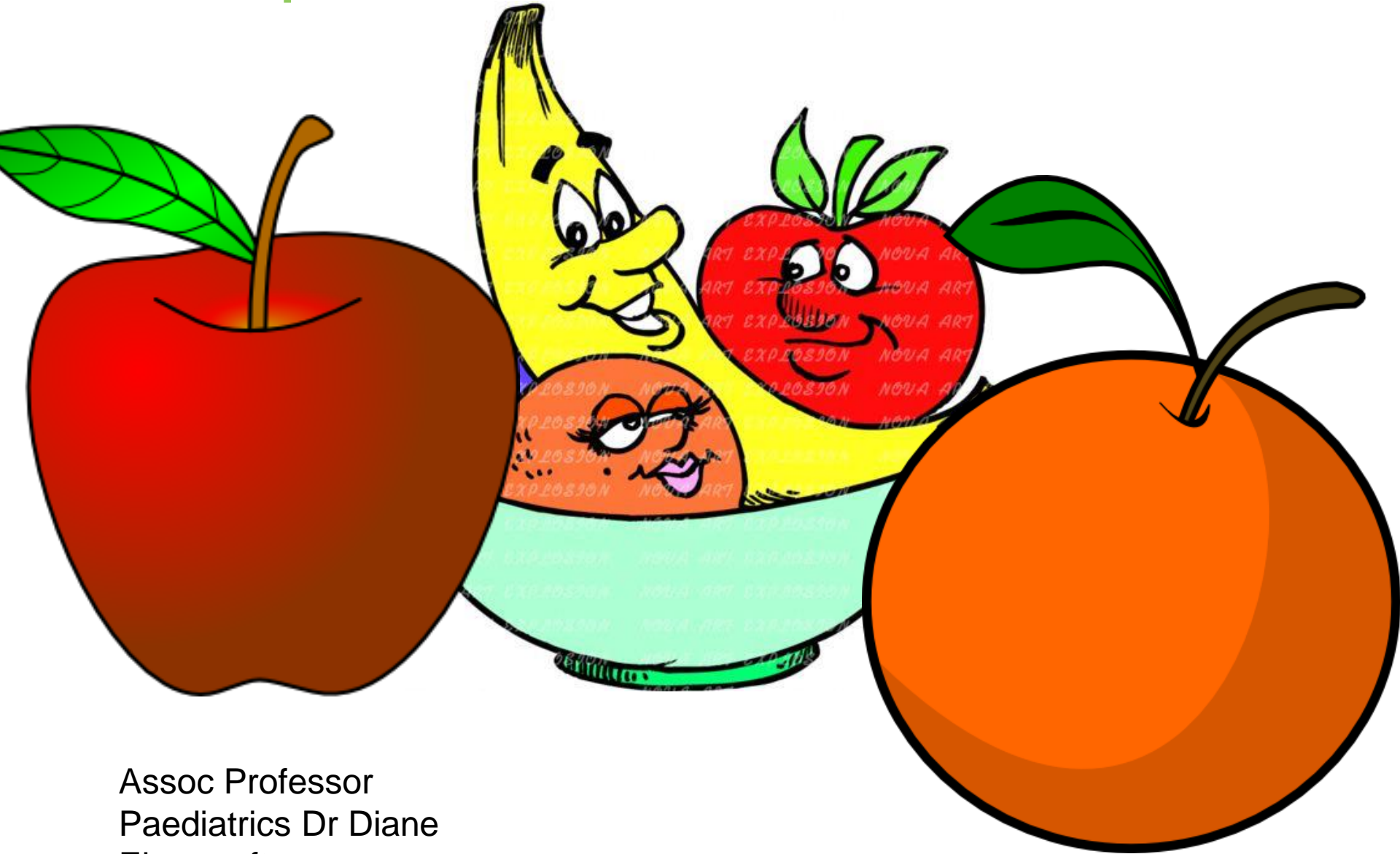
Graphic by:
TSER
Trans Student Educational Resources



To learn more go to:
www.transstudent.org/gender

Design by Landyn Pan

Gender Expansive Children

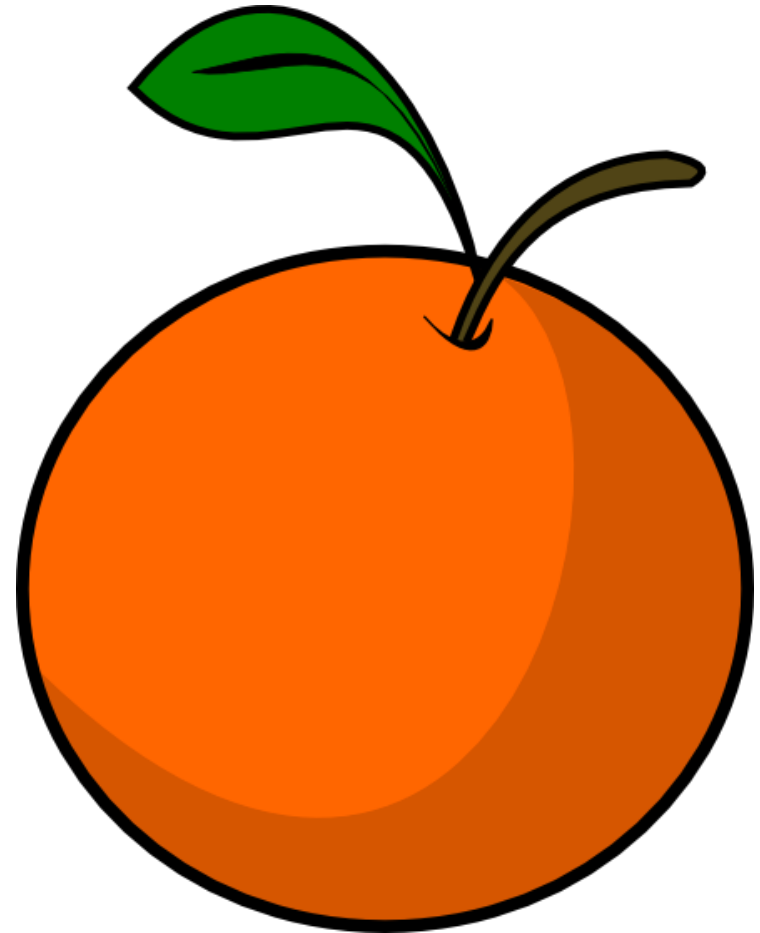


Assoc Professor
Paediatrics Dr Diane
Ehrensaft

Gender non conforming behaviour in children

Oranges

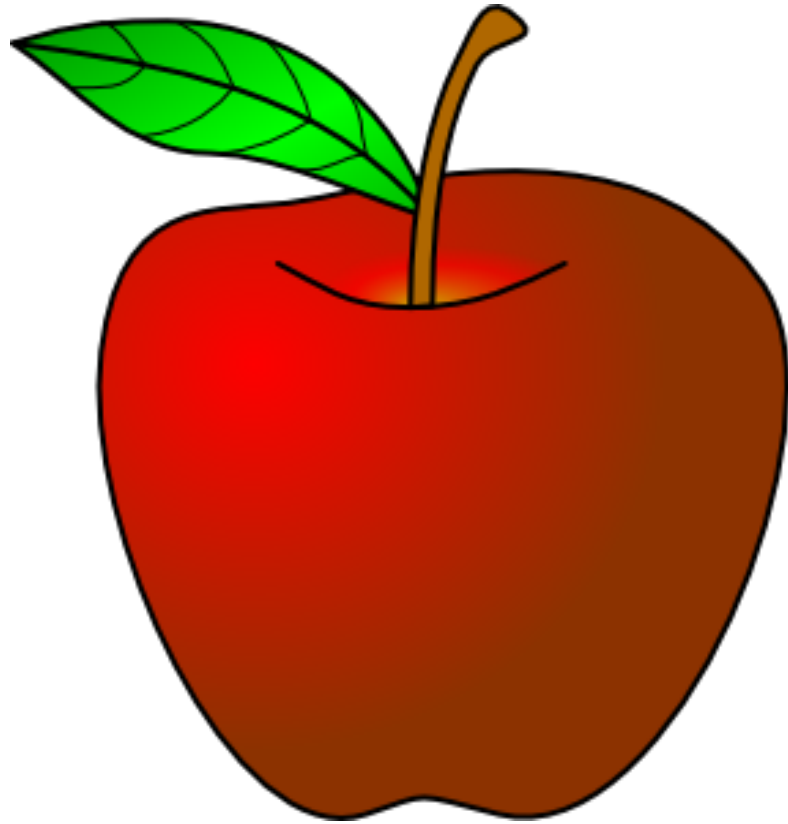
- Some children are exploring or affirming their gender expression (oranges)
- Gender non-conforming but do not renounce their assigned sex at birth
- Large numbers of these children are exploring gender on the way to discovering sexuality
- May engage in fantasy play or ruminations about life in another body



Gender non conforming behaviour in children

Apples

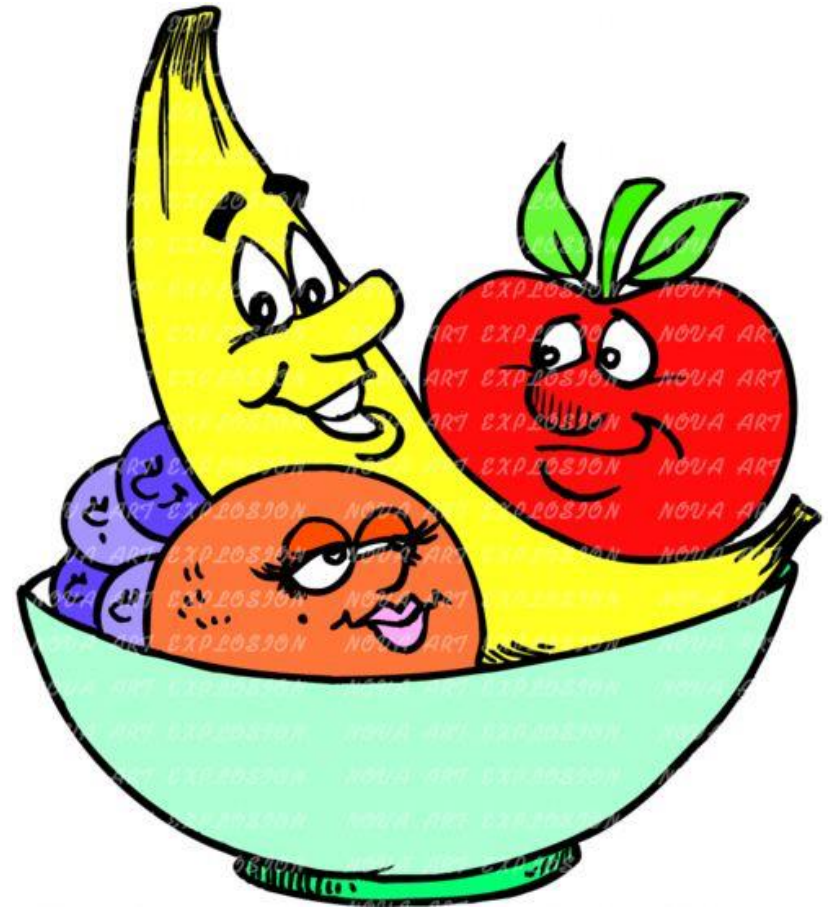
- Some children are exploring or affirming their gender identity (apples)
- Often cross gender identification early in life
- 'I am a ...' rather than 'I wish I was a ...'
- Many express body dysphoria
- Gender exploration typically doesn't present as play but work



Dr Diane Ehrensaft

Fruit Salad

- Some children are exploring or affirming both (fruit salad)
- Tapestry of self is neither male nor female but own creative understanding of gender both in identity and expressions
- These children resist gender boxes
- May live in gender middle ground, where no either/or but instead all and any
- Agender, pangender, gender fluid, gender queer may be labels they identify



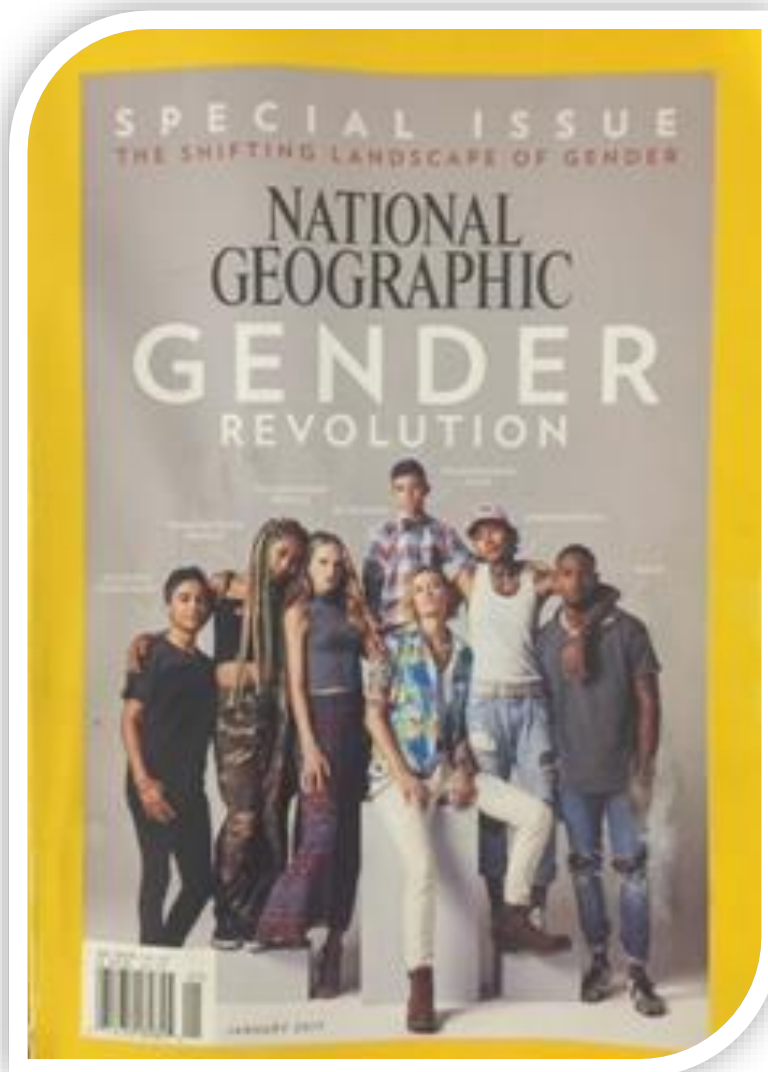
Gender Diversity Prevalence - Adolescents

Clarke et al (2014) New Zealand Adolescent Health Survey (Youth'12)
n = 8,166, population randomized sample of high school students 13-17 yrs, self-report (tablet survey)

1.2% reported being transgender + 2.5% reported being not sure about their gender

70% of referrals to LCCH aged 10-17 years. Prevalence figures for children less than 10 years of age are more difficult to estimate but constitute 30% of referrals

QLD has 613,944 adolescents 10-19 years¹ ~ a gender diverse population approx between 7,367 – 22,715 adolescent Queenslanders .



¹ Australian Bureau of Statistics

Cautious with 'Prevalence' < 11 years of age

Variance in gendered 'behaviour' in childhood does not equate to being Transgender.

Distinction between differences in **gender expression vs gender identity**

Child Behaviour Checklist – many studies

➤ **“Behaves like Opposite Sex”**

7.6% total

2.6% assigned boys

5% assigned girls

➤ **“Wishes to be the opposite sex”** **3.4% total**

1.4% assigned boys

2% assigned girls

Variance Reduces with age

By what degree ?

Dutch Twin study –Children who had positive responses to either CBCL item

Same child	At 7 yrs	At 10yrs
Girls	5.2%	↓ 3.3%
Boys	3.2%	↓ 2.4%

Ref: CBCL (Achenbach & Edlbrock, (1983) . Dutch normative studies (Verhulst, van der Ende, & Koot, 1996) CBCL norms largely replicated in other studies in USA and Netherlands. Twin Study: van Beijsterveldt, Hudziak, & Boomsma, 2006

Aetiology. . .



It remains unclear. Biological and psychological studies thus far have yielded limited insight (Ehrensaft, D. 2017)

Prenatal hormone exposure role in early organization of the brain

“Thus, fetal testosterone predicts development of gray matter in directions that are congruent with observed sexual dimorphism and is indicative of the organizational nature of its influence on sexually dimorphic brain development”

Prenatal and postnatal hormone effects on the human brain and cognition. Auyeung, B. & Lombardo, M.V. & Baron-Cohen, S. (2013)

Heritability

“The results thus far show that heritability studies demonstrate that genetic components play a role in the causation of gender dysphoria”

Twin studies suggest cross-gender identification 70% heritable

Genetic Aspects of Gender Identity Development and Gender Dysphoria. Klink, D. & Den Heijer, M. in B.P.C. Kreukels et al. (eds.), *Gender Dysphoria and Disorders of Sex Development*: 25. Coolidge, Thede & Young, 2001; Van Beijsterveldt, Hudziak & Boomsma, 2006.

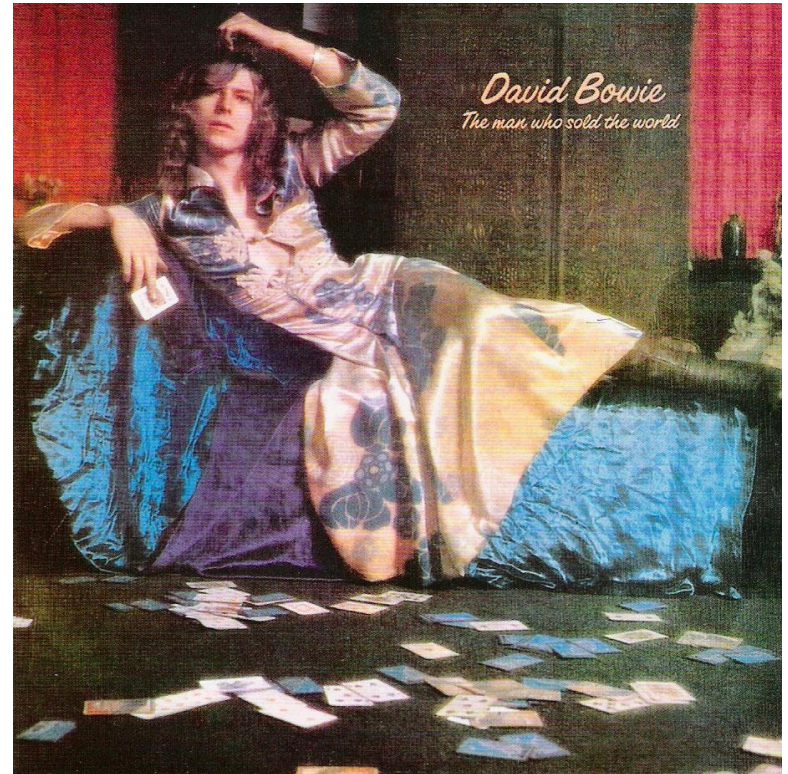
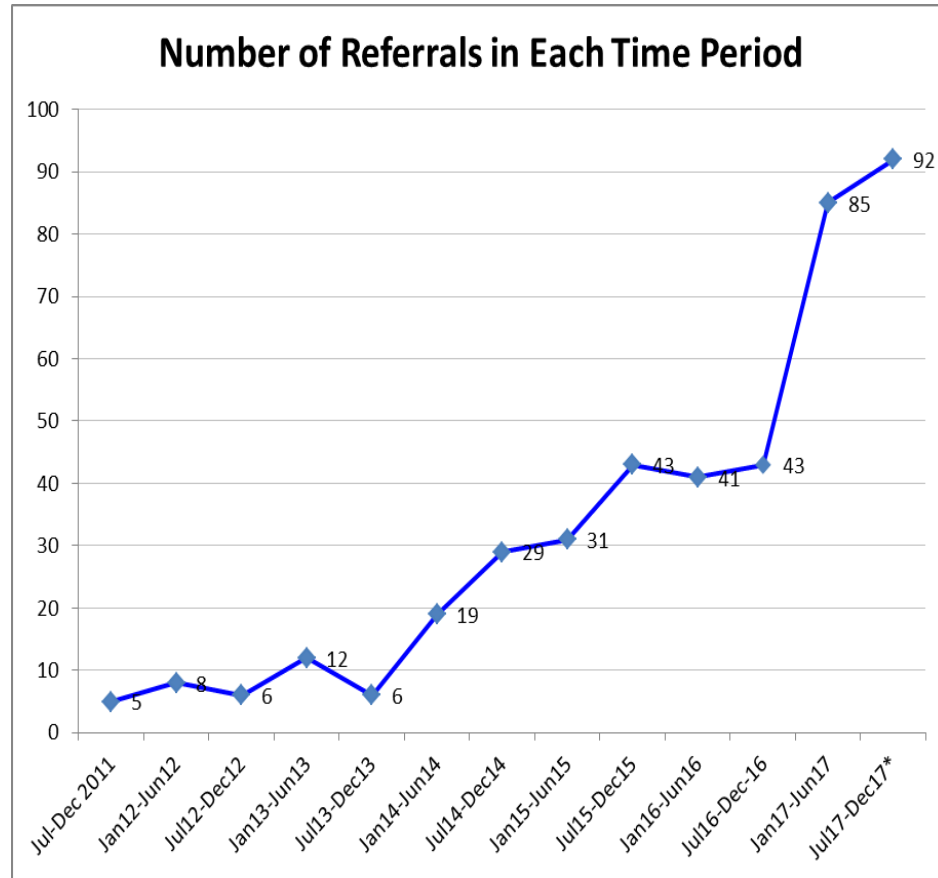
Gender has never been exclusively binary, anywhere

- **Australia** “My Grandmother told me when I was young that Sistergirls have always existed within Aboriginal culture, even before colonisation and Sistagirls are still here today” Brie Curtis, Tiwi Islands Arrente Sistagirl
- **American First Nations.** 1711 Jesuit missionary Joseph-François Lafitau documented his observations of 'Trans' men and women among the Iroquois [Native American Indians] and to this day in some nations
- **Persian** poets (14th Century) such as Sa'di, Hafiz, and Jami wrote of gender diversity in love poems
- Archaeological evidence of people of diverse sexuality and gender identity in **Ancient Greece, Ancient Rome and Egypt**

“The expression of gender characteristics, including identities, that are not stereotypically associated with one’s assigned sex at birth is a common and culturally-diverse human phenomenon which should not be judged as inherently pathological or negative..” WPATH Board of Directors, May 2010

- Ancient **Indian** caste of Hijra – still to this day
- **Fa'afafine** are people who identify themselves as a third-gender in Samoa
- In **Africa**, intersexed deities and spiritual beliefs in gender transformation are recorded in 28 nations and continue in some areas today

Increase in Child & youth referrals - worldwide



According to a biblical women's website

More child & youth referrals

- Social change in some communities and countries has allowed more people to disclose their transgender identity
- Availability of support for individuals questioning their gender and increased awareness of mental health impact of transphobia
- Medical treatments are safe, reliable and effective in relieving distress
- Internet and media coverage has increased access to knowledge of gender diversity and available treatments

“I’m a girl inside” 8 yrs

“But I’m a boy” 11 yrs



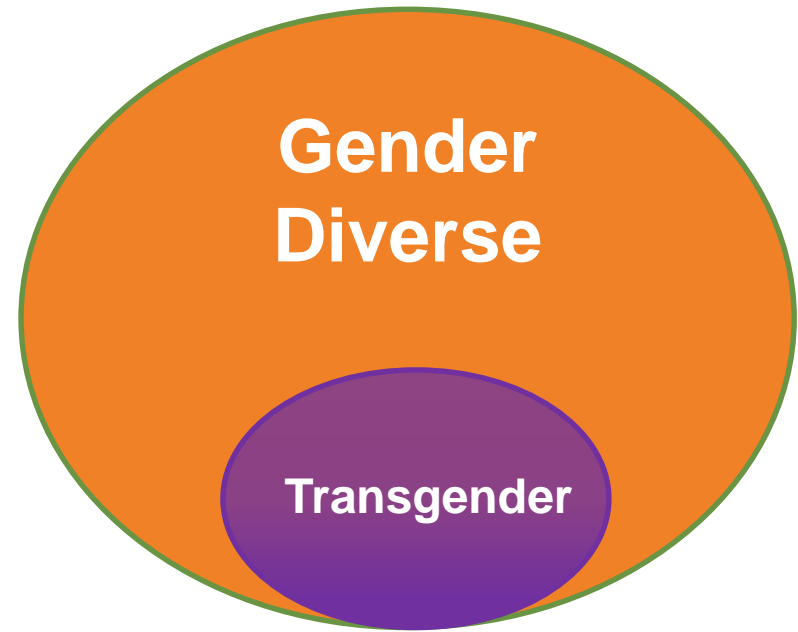
Google Search

I'm Feeling Lucky

Can we predict which pre pubertal children will identify as Transgender adults?

Not with certainty but more importantly assessment with paediatric specialists in this area can

- Affirming care and support of the youth, their family & school in understanding the differences between gender expression and gender identity
- Ensure other concerns (developmental or mental health) are identified, clarified and treated
- Provide evidence based information on factors known to contribute to optimum development and wellbeing
- Pathway to medical transition options at puberty



Majority of pre pubertal children who are gender variant in childhood but who do not identify as Trans in adolescence will grow up to be diverse in sexuality

Psychological assessment of gender expansive children or adolescents

Bio Psycho Social –
*Apply all skills of your usual
practice with informed
sensitivity*

- + Child Developmental Hx Interview
- + Genetic Loading
- + Physical Health & Hx
- + Developmental Hx Dx?
- + medications
- + allergies

Gender
Identity

Gender
Expression

Resilience and
Wellbeing

Systemic
Strengths and
Challenges

- + Minority Group
- + Ethnicity
- + Language/Culture
- + Interests/Likes
- + Friends/Social

- + Cognitive capacity
- + Emotional maturity and stage of development
- + thought process
- + attachment security

Psychological Support – Guide on the gender journey

- Family history
 - Cultural & Religious
Child developmental history
 - Mental health assessment & risk screen
 - Identify support needs
 - School and Peer relationships
 - Family attunement to gender identity
 - Future Expectations
- **Gender**
 - Early family awareness & experiences of child's gender and/or sexuality (age 2-5 years),
 - Gender Incongruence - Current gender expression and gender identification, duration of variance and or social transition
 - Experiences at onset of puberty
 - Current sexuality and thoughts re same
 - Child's understanding of gender as social construct and beliefs around non conformity
 - Evidence of anatomic dysphoria (partic adolescents)
 - Impairment in functioning and/or distress related to gender

Affirmative Care - Prepubertal

- An affirmative approach considers no gender identity outcome for a pre pubertal child: transgender, cisgender or otherwise to be preferable (Ehrensaft, D)
- Watch & wait **within** an affirmative approach suggests following a child's lead without praise or derision of their choices
- No endocrine interventions recommended. Psychotherapy to explore gender identity and assess for future hormonal intervention
- Social transition, outwardly expressing oneself in a gender role that is consistent with one's identity is best led by the child. Mindful of the distinction between gender expression vs gender identity
- Transgender children supported in their gender identity have developmentally normative levels of depression and self worth ³

³ Durwood, L; McLaughlin, K.; Olson, K. 2017 *Mental Health & Self Worth in socially transitioned Transgender Youth*. J Am Acad Child Adolesc Psychiatry



The roles of the clinician involved in the care of the pre-pubertal child expressing gender diverse behaviour may include:

1. Supportive exploration of the child's gender identity over time.
2. Assessment of family support, dynamics and functioning. Provision of parent support and family work over time may be necessary to enable a safe and supportive home environment for the child. For children in out of home care, provision of support for carers and advocacy to ensure gender affirming environments may be required.
3. Assessment of developmental and family history, cognitive, emotional, educational and social functioning. Advocacy on behalf of the child and their family may be necessary to ensure gender affirming support is provided within their kindergarten or school, and other community environments.
4. Assessment and treatment of co-existing mental health difficulties, with referral where necessary.
5. Provision of clinically relevant education about gender identity, gender dysphoria and information regarding local support groups and organisations available to provide support for the child, siblings, parents and carers.
6. If the child is expressing a desire to live in a role consistent with their gender identity, provision of psychological support and practical assistance to the child and their family to facilitate social transition.
7. Referral of a child with gender dysphoria to a paediatrician or paediatric endocrinologist experienced in the care of trans and gender diverse adolescents for medical assessment, ideally prior to the onset of puberty.

The Australian Standards of Care and Treatment Guidelines for Trans and Gender Diverse Children and Adolescents (2017)
Assoc Professor Michelle Telfer; Dr Michelle Tollit; Dr Carmen Pace & Dr Ken Pang

Affirmative care – Adolescent

- *No agenda about your gender*
- Seeking a confident, settled sense of gender identity with support of family and friends
- Comprehensive exploration of the adolescent's early developmental history, history of gender identity development and expression, resilience and mental health, intellectual functioning
- Family focused: Family acceptance and family rejection are key factors in both physical and mental health outcomes for Transgender Youth (Ehrensaft, 2017)
- Assess adolescents competency to make decisions that have complex risk-benefit ratios: informed consent
- Fertility Counselling
- Stage 1 & Stage 2 video

Support and treatment for trans and gender diverse adolescents

The optimal model of care for trans and gender diverse adolescents who present to services involves a coordinated, multidisciplinary team approach.⁴⁴ This may include clinicians with expertise in the disciplines of child and adolescent psychiatry, paediatrics, adolescent medicine, gynaecology, andrology, fertility, and nursing. It is unrealistic that any one clinician will be able to directly access all these specialties, especially with these specialist services. Provision of a multi-disciplinary service from general practitioners, paediatricians, clinicians can be an effective approach to medical intervention. Uti and regional Australia may

Voice and communication training

Voice is an important component of gender expression. Communication assessment, speech therapy and voice coaching by specialist speech pathologists with experience in treatment of adolescents with gender dysphoria can assist adolescents in the development of skills which enable them to communicate in a manner consistent with their gender identity.¹⁶

Social transition

The principles of social transition mentioned on page 9 are also applicable to adolescents. For older adolescents, consideration of further modification of gender expression may be helpful in reducing dysphoria. Breast binding or breast augmentation via padding can assist in masculinising or feminising the appearance of one's chest. Safe binding practices include use of a properly fitting binder, limiting their frequency (e.g. by having 'off-days'), and avoiding inflexible or adhesive tape which can cause skin irritability, pain and limitation of chest movement.¹⁴ The practice of genital tucking or use of a penile prosthesis can also change one's appearance to be more consistent with the person's gender identity, although safety has not been studied. Hair removal utilising electrolysis, laser treatment or waxing can be useful for some adolescents with a feminine or female gender identity.¹⁷

Fertility counselling and preservation procedures

Fertility preservation information and counselling should be provided to all adolescents prior to commencement of puberty suppression or gender affirming hormones.¹⁹ This will need to be tailored to the developmental stage of the adolescent¹⁹, especially for those who are in the early stages of puberty who have limited understanding of reproductive biology. Although puberty suppression medication is reversible and should not in itself affect long term fertility⁴⁸, it is very rare for an adolescent to want to cease this treatment to conduct fertility preserving interventions (e.g. semen storage) prior to commencement

Psychological support

Providing psychological care to trans and gender diverse adolescents involves comprehensive exploration of the adolescent's gender identity development and expression, educational functioning, peer and other social support, as immediate and extended family support, experienced difficulties such as family rejection, occasional physical assaults or other forms of relation to their gender identity²⁵, and it is important

Like trans and gender diverse children, trans and gender diverse adolescents have a wide range of clinical and support needs.⁴¹ and consistent gender diverse expression, a supportive environment and an absence of co-existing mental health difficulties, the adolescent and their parents or caregivers may benefit from an initial assessment followed by intermittent consultations with a mental health clinician. The latter may be necessary when new concerns arise, or as required for planning for and implementing medical transition.

Sometimes, an adolescent's medical, psychological and/or social circumstances are complicated by co-existing mental health difficulties, trauma, abuse, significantly impaired

The Australian Standards of Care and Treatment Guidelines for Trans and Gender Diverse Children and Adolescents (2017)
Assoc Professor Michelle Telfer; Dr Michelle Tollit; Dr Carmen Pace & Dr Ken Pang

Medical Interventions - Puberty Suppression and hormone treatments

- Watch 2014 **TED talk by Dr Norman Spack – Boston Children's Hospital** – Paediatric Endocrinologist, Clinic opened 2007 based on the work of the Dutch
- <http://youtu.be/rzbtSeVZeEE>
- Puberty Blockers and Cross sex hormone treatments 7:55 – 10:00 (2mins)
- Case Studies Jacqui and identical twins: 11:42 –16:55 (5min)

Pubertal Suppression for Adolescents with Gender Dysphoria at LCCH Gender Clinic*

1. Two systemic, comprehensive assessments by mental health professionals that describe a long lasting, consistent and insistent pattern of gender non conformity or gender dysphoria (suppressed or expressed) that emerged or worsened with puberty
2. A diagnosis of DSM V Gender dysphoria in adolescence made by a Child & Adolescent psychiatrist and conclusion that any co-existing mental health or social challenges will not interfere with treatment
3. Medical assessment including fertility preservation counselling by Paediatric Endocrinologist and has experienced puberty to at least Tanner stage 2 (breast budding in girls, testicular enlargement in boys)
4. Demonstrated knowledge & understanding of the expected outcomes of GnRH analog treatment (IM injection every 3 months) and adolescent has provided assent and at least one legal guardian has provided consent. Every effort will be made to obtain consent from each legal guardian but treatment can proceed with one parent's consent
5. Treating team agree that commencement of pubertal suppression is in best interests of the adolescent

*Note, this exceeds the Australian Standards of Care criteria

Puberty Suppression- Outcomes

Reduced behavioural,
emotional symptoms

Improved general
functioning

70 Young People
2000-2008
Amsterdam

Reduced depressive
symptoms

No adolescent stopped
treatment; all started
cross hormone treatment

de Vries; McGuire; Steensma; Wagenaar;
Doreleijers, Cohen-Kettenis (2014)

Gender Affirming hormone treatment

Stage 2 Post Re. Kelvin (FamCA 2017)

- ~~special medical procedure~~
- *Testosterone or Oestrogen hormone treatment at an age when the child achieves a sufficient understanding and intelligence to enable him or her to understand fully what is proposed*
- Hebreer et al (2017) Endocrine Guidelines. Note, recommends a period of pubertal suppression prior to commencement of stage 2
- **An adolescent with capacity to provide informed consent who meets criteria in clinical guidelines can proceed. Every effort will be made to obtain consent from each legal guardian but treatment can proceed without.**
- In absence of adolescent informed consent, parental consent required
- Contested consent – a parent may bring a family court application if opposing their child or other parent's consent to commence treatment (stage 1 or 2)

Clinical Guidelines

CLINICAL PRACTICE GUIDELINE

Endocrine Treatment of Gender-Dysphoric/ Gender-Incongruent Persons: An Endocrine Society* Clinical Practice Guideline

Wylie C. Hembree,¹ Peggy T. Cohen-Kettenis,² Louis Gooren,³ Sabine E. Hannema,⁴ Walter J. Meyer,⁵ M. Hassan Murad,⁶ Stephen M. Rosenthal,⁷ Joshua D. Safer,⁸ Vin Tangpricha,⁹ and Guy G. T'Sjoen,¹⁰

¹New York Presbyterian Hospital, Columbia University Medical Center, New York, New York 10032 (Retired); ²VU University Medical Center, 1007 MB Amsterdam, Netherlands (Retired); ³VU University Medical Center, 1007 MB Amsterdam, Netherlands (Retired); ⁴Leiden University Medical Center, 2300 RC Leiden, Netherlands; ⁵University of Texas Medical Branch, Galveston, Texas 77555; ⁶Mayo Clinic Evidence-Based Practice Center, Rochester, Minnesota 55905; ⁷University of California San Francisco, Benioff Children's Hospital, San Francisco, California 94143; ⁸Boston University School of Medicine, Boston, Massachusetts 02118; ⁹Emory University School of Medicine and the Atlanta VA Medical Center, Atlanta, Georgia 30322; and ¹⁰Ghent University Hospital, 9000 Ghent, Belgium

***Cosponsoring Associations:** American Association of Clinical Endocrinologists, American Society of Andrology, European Society for Pediatric Endocrinology, European Society of Endocrinology, Pediatric Endocrine Society, and World Professional Association for Transgender Health.

Objective: To update the "Endocrine Treatment of Transsexual Persons: An Endocrine Society Clinical Practice Guideline," published by the Endocrine Society in 2009.

Participants: The participants include an Endocrine Society-appointed task force of nine experts, a methodologist, and a medical writer.

Evidence: This evidence-based guideline was developed using the Grading of Recommendations, Assessment, Development, and Evaluation approach to describe the strength of recommendations and the quality of evidence. The task force commissioned two systematic reviews and used the best available evidence from other published systematic reviews and individual studies.

Consensus Process: Group meetings, conference calls, and e-mail communications enabled consensus. Endocrine Society committees, members and cosponsoring organizations reviewed and commented on preliminary drafts of the guidelines.

Conclusion: Gender affirmation is multidisciplinary treatment in which endocrinologists play an important role. Gender-dysphoric/gender-incongruent persons seek and/or are referred to endocrinologists to develop the physical characteristics of the affirmed gender. They require a safe and effective hormone regimen that will (1) suppress endogenous sex hormone secretion determined by the person's genetic/gonadal sex and (2) maintain sex hormone levels within the normal range for the person's affirmed gender. Hormone treatment is not recommended for prepubertal gender-dysphoric/gender-incongruent persons. Those clinicians

J Clin Endocrinol Metab, November 2017, 102(11):1–35



The World Professional Association for Transgender Health

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



In QLD:
LCCH
Gender
Clinic &
Statewide
Service

Australian Standards of Care
and Treatment Guidelines

For trans and gender diverse
children and adolescents

Adolescent Informed Consent

The matter of Gillick competence and informed consent was discussed in the gender dysphoria case *Re Darryl* [2016] FamCA 720

- In this judgement his Honour did not accept that the words “understand fully” requires a child to have achieved the maximum understanding which later years may give them when their brain and personality are fully developed. Rather, what is required is as the High Court said ... “the capacity to make an intelligent choice, involving the ability to consider different options and their consequences”

In *Re. Kelvin* the full Court of the Family Court has now decided that Court authorisation is not required where a child, parents and doctors are agreed about stage 2 treatment

- His Honour Watts J noted the test for Gillick competency but provided no assistance in relation to the meaning of Gillick competency.

Justice Tree in another matter stated that he considers the evidence of a clinician in **Re Lincoln**, to be the 'Gold Standard' in relation to evidence that is required to satisfy a Court that a child is Gillick competent.

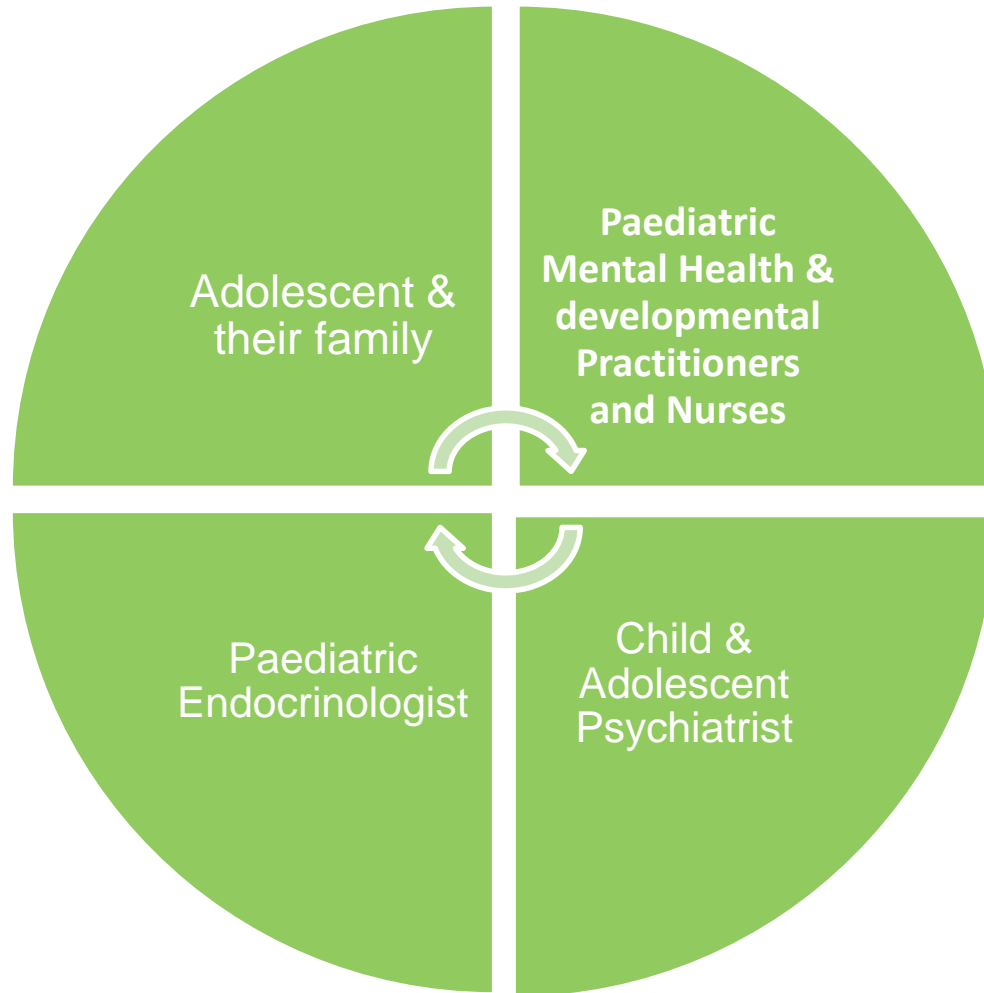
Informed Consent - Guideline

- **Re Lincoln [2016] FamCA 1071** provided a 'gold standard' in relation to what clinician evidence is required to satisfy a Court that a child is Gillick competent:
 - Ability to comprehend and retain both existing and new information regarding the proposed treatment;
 - Ability to provide a full explanation, in terms appropriate to the child's level of maturity and education, of the nature of the treatment;
 - Ability to describe the advantages of the treatment;
 - Ability to describe the disadvantages of the treatment;
 - Ability to weigh the advantages and disadvantages in the balance, and arrive at an informed decision about whether and when he should proceed with the treatment;
 - Acknowledgement that the treatment would not necessarily address all of the psychological and social difficulties that the patient had before its commencement;
 - Confirmation from the clinician that the patient was free, to the greatest extent possible, from temporary factors such as pressure of pain that could impair judgement in providing consent to treatment.

Principles of Care

- **Principle 1: Shared Care.**
- We will strive to co-create treatment plans with the adolescent, their parents/legal guardians and the multi disciplinary gender clinic treating team
- **Principle 2 Affirmative Approach**
- An affirmative approach considers no gender identity outcome to be preferable; cis, non-binary, trans are all equally valid outcomes what is emphasised is the importance of facilitating an adolescent to develop and articulate a confident, settled sense of gender identity with the support of family and friends. Being transgender, gender non-conforming or gender incongruent are viewed as part of the natural spectrum of human diversity by medical bodies and specialists providing healthcare to persons experiencing gender incongruence.
- **Principle 3 Comprehensive, systemic, developmentally informed assessment**
- Comprehensive exploration of the adolescent's early developmental history, history of gender identity development and gender expression, strengths and resilience, family functioning and mental health is required. Care is **family focused** and includes assessment of the adolescent's competency to make decisions that have complex risk-benefit ratios
- **Principle 4 Multi disciplinary team agreement of co-created treatment plans**

Shared affirmative care



LCCH Gender Clinic Stage 2 Process

Mental Health Professional/s & Clinical Nurse

Systemic, developmentally informed assessment of child & family that:

- Elicits & strengthens existing resilience within the adolescent and family
- Identifies and treats co occurring mental illness
- Identify developmental strengths and challenges
- Assess & respond to risk
- Assess & respond to social determinants impacting health
- Explores thoughts and feelings around gender identity and alignment with DSM V Gender Dysphoria diagnosis
- Psychoeducation on factors associated with optimum development and wellbeing
- School assistance, family therapy, links to community supports as needed

Consultant Child & Adolescent Psychiatrist

- Assess gender incongruence and associated distress
- Confirm diagnosis/ diagnoses
- Treatment and/or liaison with providers regarding co occurring mental health or developmental challenges
- Ascertains adolescent has capacity to provide informed consent to hormone treatment
- Seeks guardian's knowledge and willingness to consent to hormone treatment (not required by law)
- Concludes a long lasting and intense pattern of gender incongruence, which worsened or emerged at puberty is present
- Concludes coexisting psychological, medical or social challenges are managed

Paediatric Endocrinologist

- Medical assessment
- Baseline clinical evaluation of physical changes and potential adverse changes in response to hormone therapy
- Future fertility counselling and referral to gynaecologist or andrologist for fertility preservation
- Provide education on the effects and risks associated with commencing hormone treatment and obtain written consent from adolescent and parent/s

Multi-disciplinary team case conference

**Does this treatment approach
prevent negative mental health and
improve quality of life outcomes?**

Psychological outcome after puberty suppression, cross hormone treatment and gender reassignment (Netherlands)

55 transgender adolescents treated within a multidisciplinary clinic (Netherlands)
(22 transwomen and 33 transmen)

Puberty suppression

Hormone treatment

Surgery (some adults only)

Psychological Functioning

Clinical problems same as general population

Quality of life, satisfaction with life & subjective happiness comparable to same age peers

Vocational and Educational Attainment

Those studying were more likely to be pursuing higher education (58% vs 31%)

Vocationally similar to the Dutch population

No cases of regret

de Vries et al Paediatrics 2014

Mental Health Statistics

Mental health issues

- 4 out of 5 trans young people have ever self-harmed (**79.7%**)
 - This is compared to **10.9%** of adolescents (12-17 years) in the Australian general population
- Almost 1 in 2 trans young people have ever attempted suicide (**48.1%**)
 - This is 20 times higher than adolescents (12-17 years) in the Australian general population
 - This is 14.6 times higher than adults (aged 16-85 years) in the Australian general population
- 3 in 4 trans young people have ever been diagnosed with depression (**74.6%**)
 - This is 10 times higher than adolescents (12-17 years) in the Australian general population
- **72.2%** of trans young people have ever been diagnosed with anxiety
 - This is 10 times higher than adolescents (12-17 years) in the Australian general population

- **22.7%** of trans young people had been diagnosed with an eating disorder
- **25.1%** of trans young people had been diagnosed with post-traumatic stress disorder

Risks for poor mental health

- **89%** had experienced peer rejection and **74%** had experienced bullying
- **78.9%** had experienced issues with school, university or TAFE
- **68.9%** had experienced discrimination
- **65.8%** had experienced lack of family support
- **22%** had experienced accommodation issues or homelessness.

2017 Australian study

859 young people

194 Parents of gender diverse

Online survey



Strauss, P., Cook, A., Winter, S., Watson, V., Wright Toussaint, D., Lin, A. (2017). Trans Pathways: the mental health experiences and care pathways of trans young people. Summary of results. Telethon Kids Institute, Perth, Australia.

Jacob Thomas – Young Leader Award

“I have PTSD...my trauma is wrapped up in not feeling safe and secure, stemming from childhood experiences of bullying and homophobia.

My trauma exacerbates during moments of homophobia and transphobia, or when someone says they like me.

I go into states of anxiety which can eventuate into panic attacks.

....

We know we are still a minority, by numbers and by rights. It feels as though, at times, we are destined to suffer; that this is what it means to be young and queer.



And take it from me, it can feel that way”

Star Observer Interview Sept 4th 2017

Parent/family focused care

- Family acceptance reduces suicide attempts and self harm
- Family support is correlated with improved quality of life and acts as a buffer against other external stressors
- Providing space for parents to be heard and have fears and concerns addressed essential
- Increasing family attunement, preventing rupture in relationships is key

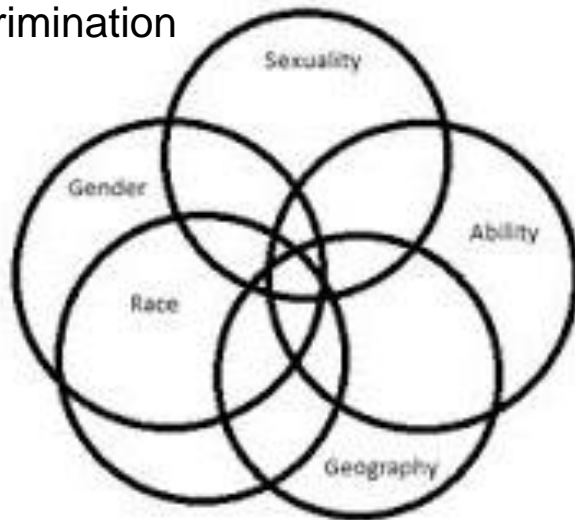


Why high psychological distress

External Factors

- Social Determinants of Health

- Minority Stress
- Transphobia
- Intersectionality*
- Family rejection (perceived or actual)
- Social isolation
- Bullying (observed or experienced)
- Discrimination



Internal Factors

Gender Dysphoria ie distressed by the incongruence between your inner sense of gender and your assigned gender at birth

Internalised Transphobia

- David Reimer (John/Joan)

Avoidant Coping and Social Support can mediate negative health outcomes

*Intersectionality

- The theory of intersectionality emphasizes the role of class, biology, racism, sexism, homophobia, transphobia, and other belief-based bigotry, not acting independently of one another but interrelating to create a system of oppression ... combining to impact on health

Gender Health

- A youth's opportunity to live in the gender that feels most real and/or comfortable
- A youth's ability to express gender with freedom from restriction, aspersions or rejection

Reference: Diane Ehrensaft, Assoc Prof Paediatrics, UCSF, ANZPATH Conference 2017

Promoting gender health in health & education settings

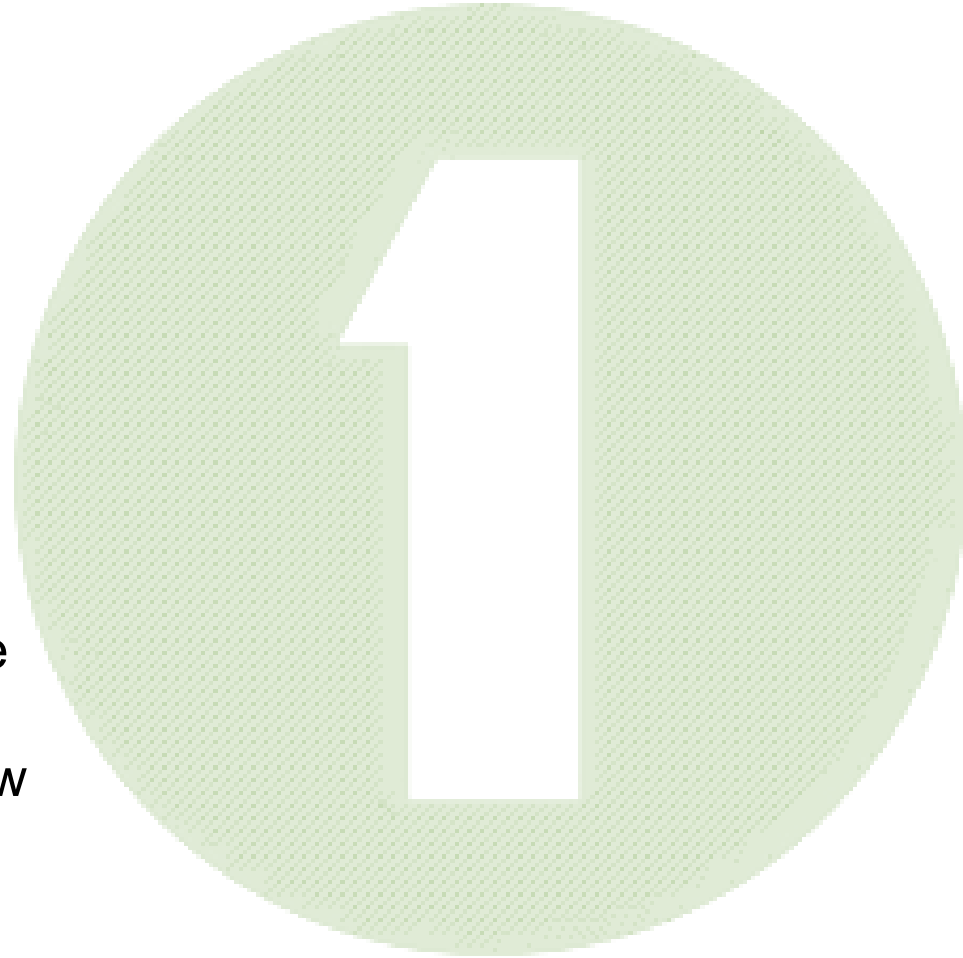
3 reasons to acknowledge a young person's gender identity through preferred pronouns and name ⇒

1. It is courteous and respectful

Respecting a person's preferred form of address is courteous and something we should do for all people. Not doing so can be offensive and damage your relationship

Gender clinic youth

- 'my maths teacher just refuses, he pretends to forget and has never called me my name, I'm failing now but I don't care I hate that class'



2. You may breach state and federal law

Anti-Discrimination Act 1991 (Qld):

“The Act prohibits discrimination on the basis of the following attributes —

- (m) gender identity;*
- also (p) association with, or relation to, a person identified on the basis of any of the above attributes.”*

“Section 10 (3) The person's motive for discriminating is irrelevant.”

Concerns regarding the comfort or views of other students or parents do not provide exemptions from the requirement to neither directly nor indirectly discriminate (treat differently) a person due to their gender identity, including the concerns of that student's parents

Gender identity is defined in the act as
(a) identifies, or has identified, as a member of the opposite sex by living or seeking to live as a member of that sex;

or

(b) is of indeterminate sex and seeks to live as a member of a particular sex.

Note, no gender diagnosis, medical transition or legal change of name required

2. You may cause harm to the person

- **Not affirming/acknowledging a person's gender = Known health risk factor**
- 'You're all really nice but my son being misgendered at the gender clinic left me with a suicidal child all day'
- "Dysphoria about my body and having to pretend to be something I'm not makes school really hard honestly"
- "I cant go [to school] anymore, everyone thinks Im a freak even the teachers, no one calls me my name"
- 'Distance Ed is my only option, they [school staff] don't want me there, I can tell [not using name or pronouns]'



Why is transgender inclusivity important at school?

For the student:

- staying in school,
- improved attendance, learning and concentration
- maintaining self-respect
- safety from bullying
- Improved social, emotional wellbeing and reduced dysphoria

LGBTI young people who attend schools where protective policies are in place are almost 50% less likely to be physically abused at school.

Australian Human Rights Commission, Face the facts: Lesbian, Gay, Bisexual, Trans and Intersex People, 2016,

For the school:

- improving student outcomes and retention through modern, inclusive educational practices
- Reducing bullying and harassment
- enhancing diversity and inclusivity, public image of the school
- improving school spirit and student wellbeing
- complying with state and federal discrimination legislation, including the *Anti-Discrimination Act 1991* (Qld)
- Fulfilling duty of care to transgender students

Legislated Requirements

- **Actions that are compliant with the Anti-Discrimination Act 1991 (Qld) and the federal Sex Discrimination Act 1984 (Cth).**
- Both Acts require that no discrimination occur on the basis of gender identity.
- For example, requiring a student to use a toilet or change room that does not match their affirmed gender, or requiring them to use a unisex toilet when others do not need to, would amount to direct discrimination.
- Also for consideration are privacy laws – a person's gender identity is private and legal advice would be required to share this without consent
- For example, if a student enrolls as male in but discloses they were assigned female at birth this information can not be shared without the person's consent
- Legal Issues Bulletin No. 55 issued December 2014 by the Department of Education in NSW, comprehensively sets out the issues and the legal framework in a clearer way. **The legal framework is nearly identical in NSW :-**
- https://www.det.nsw.edu.au/media/downloads/about-us/how-we-operate/legal-issues-bulletins/number_55.pdf

Legal Issues Bulletin

No. 55 issued December 2014

Transgender students in schools – legal rights and responsibilities

The Department of Education and Communities is committed to providing safe and supportive learning environments for all students. All students are respected and valued for who they are and are free from violence, discrimination, harassment and vilification. Research shows that supportive environments are essential for the well-being of transgender students.

Most people express their gender identity in different ways and this can occur at any age.

All students, including transgender students, have a right to a safe and supportive school environment. [Responding to St](#) positive school environments for transgender students from fore

Use of toilets and change room facilities

Toilets, showers and change rooms are specific to each school. An assessment of the toilets of their identified gender must be undertaken. If an identified risk to the safety of the student cannot be eliminated or minimised then other arrangements should be made. The need for these facilities is a concern in these circumstances.

Students should not be required to use the toilets and change rooms used by persons of their birth gender if they identify as a different gender. Alternative arrangements may include using single-sex facilities if possible. The exclusion of students who identify as transgender from the toilet or change room facilities must be regularly reviewed to determine its continuing necessity.

If other students indicate discomfort with sharing single-sex facilities (toilets or change rooms) with a student who identifies as transgender, this should be addressed through the school learning and support plan.

Excursion including overnight excursions

An assessment of risk is normal procedure for all excursions. Ordinarily a student should be able to use the facilities of their identified gender or unisex facilities when available. In some circumstances, schools may need to arrange private sleeping quarters.

School Sport

A student who identifies as transgender should be permitted to participate in most school sports. Where the sport is competitive and the student is under 12 they should compete in the gender they identify as. Transgender students will be able to continue to participate in competitive sport in their identified gender.

Attachment B – Sample Support and Risk Management Plan ¹				Student Name:	
<i>Name of school:</i> <i>Name of Principal:</i> <i>Date(s)(and subject to regular review):</i> <i>Group/class:</i>			<i>Number in group/class:</i> <i>Name of contact person:</i> <i>Contact number:</i> <i>Relevant staff:</i>		
Activity/Issue	Hazard Identification & Associated Risk Type/Cause	Assess Risk use matrix	Elimination or Control Measures	Who	When
Record Keeping	Potential for identification of sex at birth	High	Amend all school information (including ERN and other electronic record systems maintained by the school) to reflect student's preferred name and identified gender once approved. Any card identifying the student (e.g. the school library card) should be reissued Bus and train passes adjusted to reflect preferred name and identified gender.	P	Now
Need for current information	School unaware of changes in the student's situation that place him or her at risk	High	One point of family contact to be established within school (Mr/Ms X). If Mr/Ms X is unavailable and matter is urgent contact to be made with the Principal.	HT(W)	Now



ALL GENDER RESTROOM

Anyone can use this restroom,
regardless of gender identity
or expression

ALL GENDER RESTROOM

GENDER NEUTRAL RESTROOM



THIS BATHROOM
IS FOR
EVERYONE

What do young people and parents want?

Trans Pathways 2017

Trans Pathways is the largest study ever conducted of the mental health and care pathways of trans and gender diverse young people in Australia (859 participants).

It is also the first Australian study to incorporate the views of parents and guardians of trans young people (194 participants).

All children have a right to equitable education. Educational environments can be transformed from negative spaces to safe spaces where trans young people can develop and grow. These changes are not always easy to make but they are necessary for the wellbeing of your trans students.

Recommendations for Schools

Uphold everyone's right to a safe educational environment: to feel safe at school and to have access to an education.

Encourage teachers and all school staff to seek out information on gender diversity and incorporate equitable practices into their school. Awareness of gender diversity must be included in teaching materials

Make gender diversity a conversation that all classrooms have (at an age appropriate level).

Include trans, gender diverse and other kinds of LGBTIQ diversity and visibility in a range of subjects, particularly those subjects and disciplines that work with people, such as medicine, psychology, human services and others.

Implement trans-specific and equitable anti-discrimination and anti-bullying policies, processes and awareness in your educational institution. Some examples are: toilet options; uniform choices; sleeping facilities, e.g. at camps; access to trans-friendly counselling services

Recognise the barriers that some trans students may face to staying in education, and support trans students to continue their education.

Encourage queer spaces and staff and student ally programs in all educational environments.

Support in understanding legal issues in education

- **Anti-Discrimination Act 1991 (Qld) and the federal Sex Discrimination Act 1984 (Cth).**
- Both Acts require that no discrimination occur on the basis of gender identity.
- Consideration of Privacy legislation and Duty of Care
- Legal Issues Bulletin No. 55 issued December 2014 by the Department of Education in NSW, comprehensively sets out the issues and the legal framework in a clear way. The QLD legal framework is nearly identical in NSW
- The **Anti-Discrimination Commission Queensland** operates a statewide telephone information and enquiry service. Call 1300 130 670, or for TTY (teletypewriter) users 1300 130 680,
- **LGBTI Legal Service** Phone: 0401 936 232 General enquiries – info@lgbtilegalservice.org

How to Refer

Eligibility

1. Under 18 years of age
2. Resident in QLD or Northern NSW
3. Experiencing an issue with gender identity

(includes young people confused or uncertain)

G.P Referral

GP referral via

1. Lady Cilento Children's Hospital website:
Specialist Referral Form
(tick 'Gender Clinic' box)
2. Or letter via email
LCCHgender@health.qld.gov.au

Lady Cilento Children's Hospital Gender Clinic

AIMS TO :

- Support psychological wellbeing, safety and functioning in the context of binary gender socialisation and external and internal sources of distress
- Provide clear information based on clinical guidelines and research literature
- Treat and/or collaborate with GP's and primary mental health treatment teams to address comorbid mental health difficulties & monitor risk
- Clinicians are not centred on aiding a person to assume either a “male” or “female” gender rather facilitating a young person and their family in developing a confident and settled sense of their own identity
- Explore what it means to be any gender, to self and others and reduce extent of preoccupation with gender through affirmative care
- For those who meet clinical guidelines provide medical assessment and stage 1 and 2 treatments

Youth Support

- Open Doors Youth Service – LGBTI Youth ages 12+ www.opendoors.org.au
Runs Jellybeans (Transgender specific support group) Brisbane
- Relationships Australia Transilience Group (6-11 years) and parent group Ph 1300 364 277
- Gender Questioning Booklet
<http://www.glhv.org.au/files/GQv3.pdf>
- OMG I'm Trans booklet
<https://minus18.org.au/omgit/omgit-web.pdf>
- QSpace – Southport Wesley Mission NGO
Youth org www.qspace.net.au facilitates LGBTI youth drop in and other services
- Wendybird – Brisbane grass roots community social gatherings (family friendly)
<http://www.wendybird.com.au>
- Rainbow Counselling- Relationships Australia all ages state wide
<http://www.raq.org.au/services/rainbow-counselling-service>
- Cairns & Townsville Sexual Health Service – individual support, Trans* social groups, medical treatment
- <https://gendercentre.org.au/resources/kits-fact-sheets>
- www.ftmbrisbane.org.au (Trans Male)
- <http://www.hrc.org/explore/topic/transgender>
- Safe Schools resources
https://www.studentwellbeinghub.edu.au/resources/detail?id=22154922-d5c5-6d32-997d-ff0000a69c30#

Parent support

Books:

- *The Transgender Teen* by Stephanie Brill and Lisa Kenney
- *The Transgender Child* by Stephanie Brill and Rachel Pepper

Australian webpages with links to support forums online, videos, books etc

- www.Genderhelpforparents.com.au
- www.pgdc.org.au
- www.Pflagbrisbane.org.au
- **Brisbane parent support group** parentsgroupbrisbane@gmail.com TELEHEALTH to regional areas

Info on LCCH Gender Clinic & Statewide Service –

<https://www.childrens.health.qld.gov.au/departmentservicegenderclinic>

Relationships Australia Rainbow Program – Family counselling at lower cost with counsellors experienced in LGBTI issues <http://www.raq.org.au/services/rainbow-program>

Facebook Parents of Transgender [Australia](#) [@ParentsofTransAustralia](#)

- <http://www.gendercentre.org.au> www.hrc.org

10 things to remember about supporting gender diverse young people

• Be Aware of

1. Knowledge of Gender Diverse health statistics and risk
2. Intersectionality: Oppressions are interlinked and can not be solved alone
3. Minority Stress – cumulative burdens on mental health
4. Reality of bullying and threats to personal safety when safety planning and supporting with anxiety
5. High levels of comorbid mental health problems especially increased risk of suicide and self harm

• Be a support person who

1. Applies your current professional skills and knowledge in working with children and adolescents
2. Builds resiliency through strengthening family and social support
3. Helps to minimise avoidant coping
4. Advocates and educates to reduce discrimination and transphobia
5. Non judgemental and creates a safe space for reflection – use inclusive language

