



# **Transgender Youth: Challenges to Healthcare Delivery**

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TransActive  
GENDER CENTER

Serving Transgender Youth



TGC is the leading provider of **education** and **training, counseling** and **case management** to children, youth and families in Multnomah County

TransActive Gender Center  
collaborates closely with  
medical providers



***“Puberty suppression has rapidly become part of the standard clinical management protocols for transgender adolescents... The clinical protocol including puberty suppression had provided these formerly gender dysphoric youth the opportunity to develop into well-functioning young adults.”***

**Pediatrics (September, 2014)**

## When Care is Delayed or Withheld



83% ideate suicide<sup>1</sup>  
41% attempted suicide<sup>2</sup>

- Nearly 6 times as likely to have high levels of depression
- More than 8 times as likely to have attempted suicide
- More than 3 times as likely to use illegal drugs
- More than 3 times as likely to engage in unprotected sexual behaviors that put them at increased risk for HIV and other sexually transmitted infections.<sup>3</sup>

1. Newton Massachusetts Education Development Center, Inc.

2. National Center for Transgender Equality/National Gay & Lesbian Task Force (2010)

3. Ryan C, Huebner D, Diaz RM, Sanchez J. Family rejection as a predictor of negative health outcomes in white and Latino lesbian, gay, and bisexual young adults. *Pediatrics*. 2009;123:346-352.

## **WHAT IS COVERED?**

- **...delaying the onset of puberty and/or continued pubertal development** with GnRH analogues for gender questioning children and adolescents
- **Cross-sex hormone therapy is included on this line for treatment of adolescents** and adults with gender dysphoria who meet appropriate eligibility and readiness criteria

## **WHEN TO TREAT?**

- ...should be initiated at the first physical changes of puberty



## **WHAT IS THE TREATMENT CRITERIA?**

### ***For Pubertal Suppression:***

- ...adolescents must fulfill eligibility and readiness criteria and **must have a comprehensive mental health evaluation**

### ***For Cross-Sex Hormone Therapy:***

1. have persistent, well-documented gender dysphoria
2. have the **capacity to make a fully informed decision and to give consent for treatment**
3. have any significant medical or mental health concerns reasonably well controlled
4. have a thorough psychosocial assessment by a qualified mental health professional with experience in working with patients with gender dysphoria

## Key Challenges to Healthcare Delivery

Youth worker and care provider awareness of treatment models/options for transgender youth is low

Transgender youth perceived as “confused” rather than suffering  
This prevents or delays access to healthcare

Gender dysphoria treatment seen as ‘discretionary’ by parents, guardians and institutions rather than necessary for harm reduction

Mandatory reporters do not treat withholding access to care as abusive (psychological trauma), endangering or negligent  
*(low self-esteem, depression, suicidal ideation, suicide attempts, homelessness, drug abuse and sexual exploitation)*

Agencies receiving reports do not validate the withholding of access to care for transgender youth as potentially endangering or negligent

1. Educate youth workers and care providers on the assessment and treatment models/options available for transgender youth
2. Increase public and care provider education to move away from seeing gender diversity as “adolescent confusion”
3. Reframe access to assessment and medical care as potential life-saving necessities for some transgender youth
4. Increase education for mandatory reporters on the impact that delay and/or denial of care has on transgender youth
5. Facilitate governmental/institutional recognition that withholding care to transgender youth may constitute endangerment or abuse



# Thank You!

