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Review Article

Supporting and caring for transgender and gender nonconforming youth in the urology practice

L.E. Conard

Division of Adolescent and Transition Medicine, Cincinnati Children's Hospital Medical Center, MLC 4000, 3333 Burnet Avenue, Cincinnati, OH 45229-3026, USA

Correspondence to:
Tel.: +1 513 636 2970

Leeann.conard@cchmc.org
(L.E. Conard)

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Summary

Introduction
Gender identity is a person's internal sense of gender, which may be different than the sex they were assigned at birth. Pediatric urologists are starting to see more transgender and gender nonconforming (TGN) youth and need to be able to provide culturally competent and appropriate care for these patients and their caregivers. This review will discuss common transgender terminology, specific health concerns and treatment options.

Methods and materials
A systematic literature review was performed on Medline®, PubMed®, and Google Scholar™ for key words transgender, gender dysphoria and gender identity disorder. Original research articles and relevant reviews were examined as well as transgender treatment guidelines from several organizations. These studies and expert opinion are summarized in this review.

Results
In this rapidly growing area of medicine, there is very little literature and few evidence-based studies. Treatment guidelines are based on small studies and expert opinion.

Conclusion
Transgender and gender nonconforming youth are at high risk for mental health concerns and other health disparities based on their gender identity. Pediatric urologists can create a safe and welcoming environment for these patients and their caregivers to discuss these matters. Providers who are able to provide competent care for TGN youth can improve outcomes for this group.

Introduction

Throughout history, there have been transgender and gender nonconforming (TGN) people, but they may not have felt safe identifying as such publicly. The first report on this subject in the United States (US) medical literature occurred in 1953 [1]. Treatment guidelines, including those from the World Professional Association for Transgender Health (WPATH), have been published since 1979, with the latest WPATH guidelines published in 2012 [2]. Recently, there has been more public awareness of the condition, and more research into treatments for these patients. As the number of visible TGN youth increases, pediatric urologists, due to the types of care they provide, are likely to see a rise in referrals. Since this is an area of medicine that is growing rapidly, with little evidence-based guidance, providers may lack understanding of the specific healthcare needs of this population. In order to provide culturally competent medical care to TGN patients and their caregivers, this article reviews common transgender terminology, prevalence and epidemiology. Additionally, it summarizes common health concerns and treatment options for these patients, so that providers can provide accurate and appropriate information. This article also examines barriers to care for TGN youth, and advocates for creating safe and welcoming environments. It also discusses issues that may be of specific interest to pediatric urology practice. Knowledgeable and competent providers of transgender healthcare can improve outcomes for these youth.

Case presentation

A 6-year-old transgender child, assigned male at birth, was taken to a community hospital emergency department (ED) with a complaint of testicular pain. This patient goes by a female name, and the family uses female pronouns. Her gender expression is female. The family reported that they felt uncomfortable because they went in for acute medical care, but the ED staff misgendered her (called her by her legal male name and used male pronouns) and questioned their parenting practices. The child had worsening testicular pain, so the family spoke

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with the staff at the present transgender clinic at the tertiary care center, and transferred the child to the ED there. The patient was seen immediately upon arrival, and was called by the appropriate name and pronouns. This child did have a testicular torsion, and was taken to surgery. At a follow-up visit, the family stated that they felt safe and well cared for at the present institution, since it provided timely and culturally competent care for their child.

Definitions

Gender identity is a person's internal sense of gender, often male or female. Although it is often thought of as dichotomous, gender identity is more of a continuum. Some people are non-binary (somewhere between male or female) or agender (not having a sense of gender).

Biologic sex, which is assigned at birth, based on genitalia and chromosomes. Biologic sex is male, female or intersex (this is not a topic of discussion for this review).

Gender expression describes how a person acts, dresses, speaks and behaves to show their gender.

Transgender is when a person's biologic sex does not match up with their gender identity. For example, a person who has male genitals, but has an internal sense of being female, would be a transgender woman or transwoman.

Cisgender is when biologic sex and gender identity match.

Transsexual is an older more specific term that is reserved for people who have gone through a gender transition — either with hormones, surgery, or both.

*Trans** is an umbrella term that refers to all of the identities in the gender identity spectrum.

Gender dysphoria is the currently preferred Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition (DSM V) definition. Being transgender is not a medical problem, but being distressed about gender is a condition that requires treatment.

Gender identity disorder is an older term, which has been replaced by gender dysphoria.

Non-binary refers to identifying as neither 100% male nor 100% female. There are many terms associated with gender identity when it is neither male nor female. Some of the more commonly used are gender nonconforming, gender creative, gender expansive, and gender fluid.

Sexual attraction is separate from gender identity. Sexual attraction is who a person is attracted to, whether they are attracted to males, females, both males and females (bisexual), everyone (males, females, transgender people — pansexual), or no-one (asexual). Some younger adolescents may be questioning, and trying to figure out who they are attracted to. Just as a cisgender person can have any of these attractions, so can a transgender person. Gender identity is who about who you are, sexual attraction is who you want to be with.

Sexual behaviors are ways of being sexual or intimate with another person, including kissing, hugging, touching, sexual intercourse and other forms of affection.

Prevalence

Prevalence of TGN youth is difficult to determine, as there are no standardized definitions, and it can depend on social and cultural expression, to some extent. Moreover, clinicians do not routinely ask about gender or gender experiences, so the questions may be confusing, or the respondent may not wish to identify as transgender for a survey.

The Williams Institute, using data from the Centers for Disease Control and Prevention (CDC's) Behavioral Risk Factor Surveillance System in 2014, found that 0.6% of US adults (1.4 million) i vdentify as transgender. They found that younger people, aged 18—24 years, had higher rates at 0.7% [3].

In a study in the Netherlands, mothers completed the Child Behavior Checklist to assess for cross-gender behavior. Prevalence of behaving like or wishing to be of the opposite sex ranged from 3.2 to 5.7% for 7-year-olds, and decreased to 2.4—3.3% in 10-year-olds [4]. This decrease is not surprising, as we know that for many young people, gender can be fluid and can change over time.

Recent data that have been collected include the 2011 Youth Risk Behavior Survey (YRBS) of middle school students (Grades 6—8) in San Francisco, California; it found that 1.3% of 2730 students identified as transgender [5].

The Human Rights Campaign completed an on-line survey where self-selected students (ages 13—17) responded, and of the 10,000 respondents, 9% reported being transgender or gender non-conforming [6].

Stability of gender identity over time

Gender is often seen as binary (male or female) and static, but many children and adolescents may be more gender fluid, and may change their gender identification over time. Youth who are TGN are thought to follow one of two natural courses: they either persist (continue with their gender variance), or desist (revert back to natal gender). Rates of persistence can be difficult to determine, and wide ranges having been reported. Persistence of TGN identity in natal males ranges from 2.2 to 30%, and in natal females from 12 to 50%. It is known that most children aged 5—12 years who are diagnosed with gender dysphoria do not persist as adolescents, and no longer consider themselves transgender. For children who desist, 63—100% of natal males will identify as gay, and 32—50% of natal females will identify as lesbian [7,8].

Etiology

Etiology of gender dysphoria is thought to be multifactorial, with biologic, social and psychological factors playing a part in the development of gender identity. Some evidence from brain neuroimaging studies show that adolescent with gender dysphoria have structural characteristics resembling peers of their preferred gender [9]. Genetic factors may also contribute to gender development [10]. There are also thoughts about the hormonal influences that may occur in utero, which have been studied with disorders of sexual development [11]. Environmental factors, such as social relationships and cultural norms, may also play a part in gender development and expression. There is no evidence that parenting style, abuse, or other events influence sexual orientation or gender.