

Supporting Transgender and Gender Diverse Youth in Naturopathic Practice

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UPDATE

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The state of transgender and gender diverse healthcare for youth in Canada

In Canada, transgender and gender diverse youth (see glossary of terms at the end of this article) report higher rates of bullying, discrimination, violence, psychological distress, self-harm, major depressive episodes, suicidal ideation, and suicide attempts compared to their cisgender peers.¹

Up to 95% of transgender teens report feeling unsafe at school and 90% of them report being verbally harassed because of their gender expression.² According to one study, 65% of transgender teens age 14-18 had considered suicide in the past year compared to 13% of cisgender teens. Seventy five percent of transgender teens had engaged in self harm in the past year compared to 16.5% of cisgender teens.³ Difficulties with body image, disordered eating, and substance use rates are also higher in transgender youth compared to their cisgender peers.⁴

Statistics on the risks and mental health challenges that transgender youth face are alarming. However, protective factors such as social support and lived experiences can make all the difference.⁵ Youth report better mental health when they have strong social support and experience fewer incidents of enacted stigma (ie. experiences of discrimination, harassment, and/or violence due to transphobia, homophobia, sexism, etc...). Social supports such as family, friends, and school connectedness are associated with fewer mental health problems in transgender and gender diverse youth. Parental support is the single most effective preventative protective factor.^{6,7} Similar protective factors also have inverse associations with rates of disordered eating and substance use.^{4,8} Gender-affirming therapies and supported social transition in childhood also correlate with improved psychological functioning and decreased risk of mental health conditions, self-harm, disordered eating, and substance use.⁹

Research studies on transgender and gender diverse youth examining the impact of enacted stigma experiences and protective factors point to a clear need to reduce the stigma, prejudice, discrimination, and violence these youth face on a regular basis.

Healthcare providers can offer care that is both transgender friendly and transgender competent by providing support and reducing stigma. Healthcare providers can assist transgender and gender diverse youth to access safe and inclusive healthcare, extend supports for families, and advocate for social and policy-based changes.¹⁰

Gender development in children

The World Health Organization defines gender as “the roles, behaviours, activities, attributes and opportunities that any society considers appropriate for girls and boys, and women and men”. They note that “gender interacts with, but is different from, the binary categories of biological sex”.¹¹ These binary categories are ‘male’ and ‘female’ – classifications that are themselves not completely rigid, due to significant normal variation in chromosomes, hormones, and anatomy that occurs in humans.

Research on toddlers and children of all gender identities has shown that children start to develop a consistent understanding of their own gender identity, as well as their gender own expression (e.g. preferences for toys, clothing, and same-gender peers), by the age of 2-3 years.^{12,13} This identification with one’s own gender identity has been shown to be independent of parents’ views of gender¹⁴, and happens at the same time and to the same degree in cisgender and transgender children.¹⁵ That is to say, we know that transgender children are not influenced by their parents to be transgender. They simply identify with their gender identity and not their sex assigned at birth.

Talking to pediatric patients about gender

Naturopathic doctors may be the first point of contact for transgender and gender diverse pediatric and adolescent patients. Since transgender and gender diverse youth often face discrimination in healthcare settings, they may present to naturopathic doctor offices seeking safe, inclusive care. Naturopathic doctors are well suited to open up a conversation about pubertal changes in a way that is inclusive of patients of all kinds of bodies, genders, and sexualities to cultivate a healthcare environment that represents the diversity of human experiences.

When naturopathic doctors conduct routine well child checks, it is a great opportunity to nurture a therapeutic relationship that fosters open communication and encourages discussion of personal issues,

including gender identity and sexual orientation.¹⁶ Best practices for kids and teens who are transgender and gender diverse do not widely differ from guidelines for other children. Like all adolescents, well child visits every one to two years are an opportunity to check up on expected growth and development, nutrition and lifestyle, behaviour, and safety issues, as well as friends, school, and other activities. It is also a good idea to give teens time alone with a health professional to discuss any concerns they may have that they are less comfortable raising with a parent or guardian in the room.

When talking about puberty, clinicians should take care to use gender-neutral language and physiological terms in place of gendered ones.¹⁷ For example, when explaining puberty, clinicians can explain that bodies with ovaries usually produce estrogen and progesterone, while bodies with testicles typically produce testosterone. Clinicians can describe the many pathways to adult bodies, including both endogenous hormone production and exogenous hormone therapy. Talking about variations in human physiology normalizes differences in height, body shape, hormone levels, and other experiences of puberty that both cisgender and transgender teens may relate to. When children and teens recognize patterns rather than rules, they better understand diversity and are less likely to feel that there is something wrong with themselves or to marginalize others due to gender-based differences. Using gender-neutral clinical language can help ensure that all children and youth see themselves represented in the language of puberty.¹⁸ If patients express an interest to explore their gender identity and expression further, naturopathic doctors can look to best practices in working with gender diverse youth and the gender-affirmative care model, as described below.

Gender-affirmative care

The gender-affirmative care model has been embraced by multiple major organizations, including the American Academy of Pediatrics, and is used at almost all leading pediatric transgender care centers.^{19–22} The major premises of this model are as follows:

- Variation in gender identity and expression variations is normal, not disordered;
- Gender is influenced by biology, development, and culture;
- Gender may be fluid, and is not binary, both at a particular time and over an individual's lifetime;
- Any mental health issues related to gender are more often due to enacted stigma (e.g., discrimination and/or violence due to transphobia, homophobia, sexism) rather than from within the child.

Also central to the gender-affirmative care model is the statement that not all children who exhibit gender-diverse behaviours are transgender. It is not up to the practitioner to determine which children are and which are not, but rather to help children explore their gender identity and make choices that allow them to live comfortably as themselves.

That said, many researchers and clinicians describe children who are “persistent, consistent, and insistent” that their gender identity is not the one they were assigned at birth as transgender.¹⁹ The latest edition of the Diagnostic and Statistical Manual of the American Psychiatric Association (DSM-V) currently uses a diagnosis of gender dysphoria to describe distress experienced by a mismatch between gender identity and gender assigned at birth. Although this diagnosis often serves to facilitate access to and provincial coverage for hormonal and surgical treatments, many transgender and gender diverse people as well as clinicians agree that the presence of this diagnosis within the context of mental illness serves to pathologize gender identity and expression.²³ As it is misaligned with the recommended informed consent model of care, the WHO is transitioning to a diagnosis of gender incongruence (adults) and gender incongruence of childhood (children & youth), relocating it to a new chapter “Conditions Related to Sexual Health”.^{24,25}

Informed consent model and the role of the naturopathic doctor

Most naturopathic doctors in Canada do not have the scope of practice to prescribe gender-affirming hormonal treatments or directly refer for surgeries, with the exception of some naturopathic doctors, who may be in a position to prescribe feminizing hormone treatment.²⁶ This puts naturopathic doctors in a uniquely advantageous position where they do not have the ability to provide or deny access to these therapies, but can still facilitate a conversation with the patient (and their family) about their gender identity and expression, and what kinds of treatments might be desired and appropriate.

Patients are often wary of health care practitioners who act as gatekeepers to gender-affirming treatment, making an assessment (often based on DSM criteria for gender dysphoria) of whether the patient should receive treatment or not, and then holding the authority to provide or deny treatment.^{27–29} Because of this, transgender patients, including youth, often feel pressure to communicate their own narrative or identity in a way that is the most palatable, or the most likely to be approved.³⁰ In talking to a naturopathic doctor, patients should have the freedom to talk frankly about their own experience of gender. Therefore, the goals of treatment with transgender or gender-diverse children should be:

- Establish a trusting therapeutic relationship where patients can discuss their gender.
- Help the patient live in a way that makes them the most comfortable.
- Provide information about available treatments, including social transition, gonadotropin-releasing hormone analogues (GnRHa), feminizing or masculinizing therapy, surgery, and/or naturopathic interventions.²¹
- If the clinician has received sufficient training to do so, discuss likelihood and magnitude of benefit, risks and costs, alternatives, and consequences of not treating for each indicated intervention – i.e. an in-depth informed consent discussion.

- Achieve any goals that may be achieved through naturopathic interventions (e.g. non-transition related health goals, see section on “Adjunctive and supportive naturopathic care” below).
- Refer to primary care provider and/or specialized clinics (see listings in resources below) for medical transition and/or mental health supports with a qualified gender-affirming healthcare provider.

An in-depth informed consent discussion is the patient-centred response to the issue of gatekeeping. In this model, the patient is given the information they need to make their own health-related decisions, and given the support and space to make this choice, rather than the practitioner having the power to determine eligibility for treatment.³¹ With pediatric patients, this support and discussion will most likely need to be more involved, as younger patients’ critical- and future-thinking skills are not fully developed. This discussion may also include the patient’s family. All of the usual principles of pediatric informed consent apply here, with the responsibility lying with the practitioner to assess whether the patient and/or their family have the capacity to provide informed consent, if given the necessary information in a way that is understandable to them.³²

Gender-affirmative care and medical management

Some gender diverse youth may seek social and/or medical transitions. Social transition consists in a change of gender expression and role. It may include changes to a child’s name, clothing, appearance, and/or pronouns. Early research indicates that social transition can profoundly improve a child’s overall happiness and wellbeing.³³ Use of a chosen name (a name different than one’s legal name, often a proxy for gender affirmation in transgender and non-binary youth) is associated with decreased risk of depression, suicidal ideation, and self-harm.³⁴ Naturopathic doctors, and other healthcare providers, can support transgender and gender diverse youth by using chosen names and pronouns at all times and talking to children and youth.¹⁰

Some children, in particular as they approach anticipated changes with puberty, may seek medical transition to better align their physical body with their gender identity and expression. Gonadotropin-releasing hormone analogues (GnRHa) can be used to suppress puberty and delay the development of secondary sex characteristics. This reversible treatment can be used during puberty (Tanner stages 2-5) and offers significant advantages for some teens and their families: it can alleviate stress associated with physical, irreversible pubertal changes and social stigma; it facilitates identity exploration by decreasing stress; it allows for additional time to make future decisions; and it facilitates more satisfactory outcomes than post-puberty medical transition.³⁵ If GnRHa are discontinued, endogenous puberty resumes. If, however, complete hormonal and/or surgical transition is desired, hormone treatment can begin.^{36,37} Long-term research studies conducted in the Netherlands suggest that early transition is associated with increased satisfaction, quality of life, and mental health. Additionally, post-transition dissatisfaction and regret is more common with late transition compared to early transition.^{38,39} In Canada, several specialized medical facilities exist to provide this treatment to adolescents and support their families (see resources section).

Adjunctive and supportive naturopathic care

Naturopathic doctors can support transgender and non-binary youth patients and their families by providing adjunctive and gender-affirming care. Although currently available research is limited, pubertal suppression with GnRHa may have adverse effects on bone metabolism and fertility.⁴⁰⁻⁴³ While evidence suggests that bone mineral density returns to levels consistent with cisgender peers approximately one year after puberty blockers are discontinued or exogenous hormone therapy has been initiated, there is some evidence that low bone mineral density even after 12 months of hormone therapy is associated with vitamin D deficiency.⁴³⁻⁴⁶ Taking this research into consideration, patients, in consultation with their medical or naturopathic doctors, may choose to test serum vitamin D levels and supplement accordingly. Naturopathic doctors can also assist by encouraging adequate calcium intake through diet, weight-bearing and cardiovascular exercise, and refraining from smoking while patients are undergoing puberty suppression to help prevent increased bone turnover or decreased bone density. Other naturopathic treatments should address individual health concerns and/or best practices for all youth regardless of gender.

Naturopathic doctors may be the first point for transgender and gender diverse youth. Clinicians should avoid making assumptions about patients and neutralize their language describing the physiological changes associated with puberty. When working with transgender and gender diverse pediatric and adolescent patients, naturopathic doctors should be aware of relevant human rights legislation in their jurisdictions, support patients and their families using the informed consent model, and refer for gender-affirming primary care where appropriate.

GLOSSARY OF TERMS

Cisgender: refers to someone whose gender identity aligns with the one they were assigned at birth.

GAAB: gender assigned at birth

Gender diverse: an umbrella term for individuals who broaden their own culture’s definitions of gender identity, expression, roles and/or norms; includes transgender and non-binary identities, as well as those who stretch society’s notion of gender in some way.

Gender expression: the way that individuals present their gender in the world, including behaviours and outward appearance such as dress, hair, make-up, body language and voice and how society, culture, community, and family perceive an individual’s gender.

Gender identity: a deeply held, internal sense of self as masculine, feminine, a blend of both, neither, or something else. Identity also includes the name used to convey gender. Gender identity can correspond to, or differ from sex and/or gender assigned at birth.

Non-binary: an umbrella term for gender identities that are not exclusively masculine or feminine.

SAAB: sex assigned at birth

Transgender: sometimes used as an umbrella term for those whose gender identity differs from their assigned sex/gender at birth. More specifically, it refers to someone whose gender identity is across or opposite the gender binary from the one they were assigned at birth.

Adapted from: <https://www.genderspectrum.org/the-language-of-gender/> and <http://www.ohrc.on.ca/en/gender-identity-and-gender-expression-brochure>

SPECIALIZED CLINICS

The Gender Clinic at the BC Children's Hospital (Vancouver, BC)
<http://www.bcchildrens.ca/our-services/clinics/gender>

Pediatric Endocrine Clinic at the Alberta Children's Hospital (Calgary, AB)
<https://www.albertahealthservices.ca/findhealth/Service.aspx?id=1861&serviceAtFacilityID=1023720#contentStart>

Gender Dysphoria Assessment and Action for Youth (Winnipeg, MB)
<https://www.gdaay.ca/>

Transgender Youth Clinic at Sick Kids (Toronto, ON)
<http://www.sickkids.ca/adolescentmedicine/programs/transgender-youth-clinic/transgender-youth-clinic.html>

Gender Diversity Clinic for Children and Youth at the Children's Hospital for Eastern Ontario (Ottawa, ON)
<https://www.cheo.on.ca/en/clinics-services-programs/gender-diversity-clinic.aspx>

Gender Variance Program at Centre de Santé Meraki (Montreal, QC)
<https://centremeraki.com/programs/gender-variance-program/>

OTHER RESOURCES

Neutralizing Clinical Language
<https://cyndigilbert.ca/neutralizing-clinical-language-2/>

Rainbow Health Ontario
<https://www.rainbowhealthontario.ca/>

Gender Creative Kids Canada
<http://gendercreativekids.ca/>

Society of Obstetricians & Gynaecologists of Canada
<https://www.sexandu.ca/lgbttq/gender-identity/>

American Academy of Pediatrics
<https://www.healthychildren.org/English/ages-stages/gradeschool/Pages/Gender-Identity-and-Gender-Confusion-In-Children.aspx>

Gender spectrum
<https://www.genderspectrum.org/>

About the Authors

Arlie Millyard (she/her), Canadian College of Naturopathic Medicine Class of 2020, is passionate about accessibility in naturopathic practice, and LGBTQ2SIA health. She holds a Bachelor of Science from the University of Toronto in biochemistry and psychology, and has worked in the fields of laboratory medicine research, environmental project management, and natural health products. She currently holds the position of Social Justice Co-Chair for the CCNM chapter of the NMSA, and is a founding member of the Inclusion, Diversity, Equity, and Advocacy Committee at CCNM.

Dr. Cyndi Gilbert, ND (she/her) is a naturopathic doctor, author, and faculty member at the Canadian College of Naturopathic Medicine. As a queerspawn healthcare provider with a focus on mental wellness, trauma, and LGBTQ2SIA health, she regularly bears witness to the health impacts of social determinants and experiences of discrimination. She advocates for a collaborative, anti-oppressive, and harm reduction approach that centers patients' voices and experiences. Cyndi facilitates diversity and inclusion policy development and training for naturopathic doctors and students. She also supervises the naturopathic teaching clinic at the Parkdale Queen West Community Health Centre in Toronto ON.

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