

Transgender Teens: Doctors Refine Medical Therapies

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Puberty can be scary for many children, but doctors say it's absolutely terrifying for transgender youth.

"If they're not terrified of it, they're not trans," said Dr. Norman Spack, clinical director of the endocrine division of Children's Hospital in Boston.

The hospital opened a transgender clinic for children nearly a year ago, the first in the nation like it, according to Spack.

At the onset of puberty, children begin to feel the effects of their gender assigned at birth and develop the related secondary sex characteristics, such as breasts. That's especially difficult for transgender youth who identify with a gender opposite of the body in which they were born.

Transgender is an umbrella term used to describe people who don't fully identify with their birth gender or who were born with intersexed conditions. It can include people ranging from transsexuals who live as the opposite sex or have been surgically reassigned to someone who cross-dresses occasionally. A report issued last year by a University of Michigan professor estimates the frequency of male-to-female transsexualism is in the range of 1 in 500 to 1 in 2,000.

There are medical options for transgender youth, but opinions differ on the best time to intervene, doctors say.

One option, practiced in the Netherlands, is to delay puberty by prescribing hormone blockers in an early stage of development called Tanner 2, Spack said. He said this is between the ages of 12 and 14 for boys and 10 to 12 for girls on average. The blockers extend the time doctors have to evaluate the child and make a diagnosis, while the child continues to gain the reasoning skills to help make up his or her mind. Development continues normally if blockers are discontinued. But should the child not have a change of mind, they can change development by taking cross hormones next, Spack said.

He said a young person can develop like the gender they identify with this way and possibly achieve a result more convincing to others and personally satisfying than if they had transitioned later in life. For example, a transgender female will then never grow facial hair, and a transgender male will never grow breasts.

The other belief, common in England, is that the natural progression of puberty is necessary for brain development, Spack said. He said they do not allow transitions before the age of 16.

He added that many transgender children without treatment make attempts to end their lives before reaching that age.

Medical treatment of gender identity conflicts is in an early stage, and there is not yet a general consensus on the best way to proceed, he said.

"This is still somewhat of an experiment," he said.

For a parent of a young transgender woman in the Seacoast area, reversing the effects of puberty made all the difference. He asked to remain anonymous to protect his daughter's identity.

The parent said his child started with hormone blockers, then took cross hormones and more recently underwent sexual reassignment surgery.

"She's the same, but not," he said.

When it's time to make a gender change, he said, it's the sooner, the better.

"You want what's inside to come out," he said.

Anne Boedecker, a psychologist and gender specialist in Bow, said children begin to understand gender around the age of 3, and most with gender identity issues report them around 4 or 5 years old. She said some children express that they want to be the opposite gender when they "grow up," since they have a sense of development as being a fluid process. Others are envious of the body parts of those of the opposite gender and don't understand why theirs are different.

Boedecker said some people are born gender variant, and the fact that young children express this long before they express their sexuality proves that. The proper response at that age, Boedecker said, is to give it time.

"It's a gradual process for adults, and it takes even longer for kids," she said.

Doctors use the standards of care for gender identity disorders by the World Professional Association for Transgender Health, formerly known as the Harry Benjamin International Gender Dysphoria Association. After acknowledging and accepting a gender conflict, the standard is to begin with a complete psychiatric assessment and therapy to reduce distress.

The standards put physical intervention into three categories — fully reversible, partially reversible and irreversible — and say they should progress gradually in that order.

Boedecker said the fully reversible hormone blockers help delay the development that can be "horrifying" for transgender kids, and give them time to make their decision. She added that it's important not to make any permanent changes too soon.

"You don't have to rush to assign kids a gender," she said. "It really needs to be driven by the child."

However, she said, the younger children transition, the more likely their peers will accept the change.

Dr. Edgardo Menvielle, director of the gender and sexuality development program at the Children's National Medical Center in Washington, D.C., said biological girls tend to express their gender variance later than boys. That may be because girls seen as "tomboys" find more social acceptance than a boy seen as effeminate, he said.

His program provides evaluations and therapy for children with a range of gender issues, as well as education and advocacy. It has focused on younger children, since there already are more programs available to help teenagers, he said.

Menvielle said he uses a clinical judgment to determine a genuine gender identity disorder in young children by speaking with them and parents about the degree of discomfort and the history of how the issue evolved, for instance. He said it would be ideal for children to wait until puberty to make a final decision regarding their gender change. But, he said, "the real world is not ideal."

He said many children are in such severe psychological distress over their gender identity conflict that it might not be humane to wait.

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