

COL·LEGIS

CONSELL DE

DE METGES

CARING FOR
GENDER DIVERSITY
IN CHILDREN

CATALUNYA



Gender diversity in childhood and adolescence, and the approach to it, is a matter of growing interest and demand, both in health and in the public sphere, which also generates great social debate due to its implications involving health, education and legislation. The Council of Medical Associations of Catalonia (CCMC) wants to publicise its position and analysis and to do this it has required the active participation and reflections of the Ethics Committees of the four medical associations that make up it.

Transsexuality was considered a mental illness by the World Health Organization (WHO) until 2019, when the 11th revision of the International Classification of Diseases (ICD 11) (1) was published. For the first time, this includes the trans experience in children within gender incongruence in childhood and adolescence, in an attempt to depathologise such diversity. The first institution to address the issue of trans adolescence was the World Professional Association for Transgender Health (WPATH), which includes trans health experts from around the world. In 2012, they published, for the first time, a specific chapter of recommendations for the care of trans children (2).

In recent years, there has been a gradual increase in children who say they are uncomfortable with the gender assigned them at birth or identify as transgender (3-7). The causes of this increase are still subject to study (8), but there is well-proven information that shows an increase in the proportion of children assigned as female (9) and also in people with other associated disorders (10-14). In Catalonia, a recent report (15) describes the increase in demand for the Transition service, which increased from 19 services in 2012 to 1,454 in 2021. In 2019 and 2020, children accounted for almost 40% of the people served (15).

Sexual identity is part of the personality, which is under construction during the prepubertal ages and puberty – stages of life when children are highly vulnerable and open to influences, and can show some variability (16).

Gender nonconformity is associated with an increase in symptoms of anxiety, depression and suicide ideation and attempts and may be associated with a greater risk of bullying, stereotyping and rejection of school (17-23).

It is therefore essential that the professionals who care for these children act with clear ethical principles, always thinking of the greatest benefit for the child.

The care of children and adolescents with gender diversity requires an approach that uses a biopsychosocial model. These people's needs can be very varied throughout the process, which means support from different areas is necessary. For this reason, multidisciplinary teams are needed, allowing a comprehensive assessment that takes into account psychological, medical, social and ethical aspects, depending on the needs of each person and family (24).

It is essential that the team caring for these people and their families has a respectful, inclusive and cautious attitude. Professionals must provide clear, easy-to-understand information for children and their parents or guardians about the procedures (including potential risks and benefits, expectations and limitations, and the possibility of options being reversible), as well as about the need for psychological and endocrinological assessments, assessing psychiatric disorders or comorbidities that may or may not be associated with the trans condition, and prioritising psychological approach tools over drug-based ones (25). Sometimes the reality of each person's environment requires the support of social workers.

It is important to consider the experience of other countries, such as the United Kingdom, Sweden, Finland, France and Australia, where the indiscriminate use of hormonal treatments is being limited, prioritising psychological attention and support (25–29).

On the other hand, in adolescence, when primary and/or secondary sexual characteristics and the sex assigned at birth are experienced as incompatible with the person's gender identity, intense anxiety can arise and medical intervention will sometimes be required. This may include hormone treatments requiring the assessment of specialists in endocrinology or gynaecology, among others. Some studies show the benefits of puberty blockers and gender-affirming treatment (30–32), but it should be noted that scientific evidence is scarce and there is little literature on their long-term use (33, 34). It must be borne in mind that both the puberty blocker drugs and affirming hormone therapy are used off label; that is to say, none of them are approved in the register to be used for this purpose. They are drugs that have both desirable effects and adverse side effects (33, 34). For all these reasons, it is important that they are prescribed prudently and proportionately by highly experienced professionals, so that they are always recommended for the benefit of the person.

It is essential to carry out an extensive, accurate, detailed and comprehensive informed consent process, providing details of the scientific evidence about the treatments and the fact that their use is off label, as well as the potential expected benefits and possible short- and long-term side effects. Children's participation in the decision-making process must be encouraged, depending on their level of maturity.

Multidisciplinary and multicentre lines of research need to be promoted to find out the best strategies for care for these people.



Ethical considerations:

1

A child's demand regarding gender incongruence must be received and supported appropriately, from a developmental perspective, based on comprehensive interdisciplinary care, assessing their discomfort, their needs and those of their environment.

2

Children must be heard and informed in a manner appropriate to their level of understanding. They must be encouraged to participate as much as possible in the decision-making process, to the extent that their level of maturity allows (Rule 44 of the CCMC's Code of Ethics).

3

An appropriate assessment of the child is essential to rule out the presence of comorbidities that may be associated with the perception of gender incongruence, prioritising psychological approach tools over drugs.

4

Any drugs must be used carefully and proportionally, especially in off-label treatment.

5

The doctor must propose and apply treatments or procedures supported by scientific evidence or with effectiveness accepted by the scientific community. The doctor must not use procedures or prescribe treatments with which they are not properly familiar or that they do not consider suitable (Rule 59 of the CCMC's Code of Ethics).

6

Carefully given, informed consent of parents, guardians or mature children is essential, letting them know the current state of the scientific evidence for treatments; the fact that these are off-label indications; and the potential expected benefits; possible short-term side effects; and the lack of long-term studies.

7

Doctors must act in the best interests of those they are caring for. In other words, they must carry out actions that are medically indicated, provide a benefit (principle of beneficence) and do no harm. They must not add risk with the health actions they apply (principle of nonmaleficence).

8

Adequate training is needed for the professionals involved in caring for children with gender incongruence so they can offer safe, quality care.

9

Care guidelines and monitoring and treatment criteria must be agreed upon and documented, and the coordination between the different units, professionals and services involved must be improved.

10

Multidisciplinary lines of research must be promoted, both to be able to evaluate the social factors that can be involved in the increase in demand, and to be able to establish the safety and effectiveness profile of different approaches to gender incongruence.

References:

1. International Classification of Diseases, 11th revision. Available at: <https://icd.who.int/es>.
2. The World Professional Association for Transgender Health. Standards of Care for the Health of Transsexual, Transgender, and Gender Non-conforming People, 7th version. WPATH, 2011. Available at: https://www.wpath.org/media/cms/Documents/SOC%20v7/SOC%20V7_English.pdf.
3. NHS, The Tavistock and Portman, Referrals to the Gender Identity Development Services (GIDS) for children and adolescents level off in 2018-19, 28 June 2019 (<https://tavistockandportman.nhs.uk/about-us/news/stories/referrals-gender-identity-development-service-gids-level-2018-19/>).
4. Swedish national health Council, Report on the prevalence of persons diagnosed with gender dysphoria since 1998 among registered citizens of Sweden, 2020, <https://www.socialstyrelsen.se/>.
5. Johns, M. M., Lowry, R., Andrzejewski, J., Barrios, L., Demissie, Z., McManus, T., Rasberry, C., Robin, L., & Underwood, J. M. (2019). Transgender identity and experience of violent victimization, substance use, suicide risk, and sexual behaviors among high school students—19 states and large urban school districts, 2017." Morbidity and Mortality Weekly Report, 68(3), 67–71. <https://www.doi.org/10.15585/mmwr.mm6803a3>.
6. Herman, J. L., Flores, A. R., Brown, T. N. T., Wilson, B. D. M., & Conron, K. J. (2017). Age of individuals who identify as transgender in the United States. The Williams Institute, UCLA School of Law. <https://williamsinstitute.law.ucla.edu/publications/trans-adults-united-states/>.
7. Kidd K.M., Sequeira G.M., Douglas C. et al, Prevalence of gender diverse youth in an urban school district, Pediatrics, 2021, vol 147, issue 6.
8. Turban, J. L., & Ehrensaft, D. (2018). Research Review: Gender identity in youth: treatment paradigms and controversies. Journal of child psychology and psychiatry, and allied disciplines, 59(12), 1228–1243. <https://doi.org/10.1111/jcpp.12833>.
9. Abigail Shrier. Un daño irreversible. La locura trasgénero que seduce a nuestras hijas. Barcelona: Editorial Deusto;2021.

10. Kaltiala-Heino, R., Sumia, M., Työlajärvi, M., & Lindberg, N. (2015). Two years of gender identity service for minors: overrepresentation of natal girls with severe problems in adolescent development. *Child and Adolescent Psychiatry and Mental Health*, 9(1), 1-9.
11. Nabbijohn, A. N., van der Miesen, A. I., Santarossa, A., Peragine, D., de Vries, A. L., Popma, A., ... & VanderLaan, D. P. (2019). Gender variance and the autism spectrum: an examination of children ages 6-12 years. *Journal of autism and developmental disorders*, 49(4), 1570-1585.
12. Strang, J. F., Janssen, A., Tishelman, A., Leibowitz, S. F., Kenworthy, L., McGuire, J. K., ... & Anthony, L. G. (2018). Revisiting the link: Evidence of the rates of autism in studies of gender diverse individuals.
13. Thompson, L., Sarovic, D., Wilson, P., Sämffjord, A., & Gillberg, C. (2022). A PRISMA systematic review of adolescent gender dysphoria literature: 2) mental health. *PLOS Global Public Health*, 2(5), e0000426.
14. Hunter, J., Butler, C., & Cooper, K. (2021). Gender minority stress in trans and gender diverse adolescents and young people. *Clinical child psychology and psychiatry*, 26(4), 1182-1195. <https://doi.org/10.1177/13591045211033187>.
15. Feministes de Catalunya. D'homes adults a nenes adolescents: canvis, tendències i interrogants sobre la població atesa pel Servei Trànsit a Catalunya 2012-2020 (internet). Available at: <https://feministes.cat/wp-content/uploads/Informe-Transit-CAT.pdf>.
16. Singh D, Bradley SJ, Zucker KJ. A follow-up study of boys with gender identity disorder. *Frontiers in Psychiatry* 2021;12:1-18.
17. Almeida J, Johnson RM, Corliss HL, Molnar BE, Azrael D. Emotional distress DOI: <https://doi.org/10.1542/peds.2018-2162>.
18. Maguen S, Shipherd JC. Suicide risk among transgender individuals. *Psychol Sex*. 2010;1(1):34-43.
19. Connolly MD, Zervos MJ, Barone CJ II, Johnson CC, Joseph CL. The mental health of transgender youth: advances in understanding. *J Adolesc Health*. 2016;59(5):489-495.
20. Grossman AH, D'Augelli AR. Transgender youth and life-threatening behaviors. *Suicide Life Threat Behav*. 2007;37(5):527-537.

21. Rafferty, J., Yogman, M., Baum, R., Gambon, T. B., Lavin, A., Mattson, G., ... & COMMITTEE ON PSYCHOSOCIAL ASPECTS OF CHILD AND FAMILY HEALTH. (2018). Ensuring comprehensive care and support for transgender and gender-diverse children and adolescents. *Pediatrics*, 142(4).
22. Almeida J, Johnson RM, Corliss HL, Molnar BE, Azrael D. Emotional distress DOI: <https://doi.org/10.1542/peds.2018-2162>.
23. Grant JM, Mottet LA, Tanis J. National Transgender Discrimination Survey: Full Report. Available at: <https://transequality.org/issues/resources/national-transgender-discrimination-survey-full-report>).
24. Gómez-Gil E, Esteva de Antonio I, Fernández Rodríguez M, Almaraz Almaraz MC, Hurtado Murillo F, Gómez Balaguer M, Asenjo Araque N, Mora Porta M, Halperin Rabinovich I, Fernández García R, Montejo González AI, Grupo GIDSEEN. Nuevos modelos de atención sanitaria para las personas transgénero en el Sistema Sanitario Español: demandas, controversias y reflexiones. *Rev Esp Salud Pública*. 2020; 94: e202011123.
25. NHS. Interim service specification for specialist gender dysphoria services for children and young people. Desembre 2022. Available at: https://www.engage.england.nhs.uk/specialised-commissioning/gender-dysphoria-services/user_uploads/b1937-ii-interim-service-specification-for-specialist-gender-dysphoria-services-for-children-and-young-people-22.pdf.
26. Academie Nationale de Médecine. La médecine face à la transidentité de genre chez les enfants et les adolescents. Available at: <https://www.academie-medecine.fr/la-medecine-face-a-la-transidentite-de-genre-chez-les-enfants-et-les-adolescents/>
27. National Board of Health and Welfare. Care of children and adolescents with gender dysphoria. Available at: <https://www.socialstyrelsen.se/globalassets/sharepoint-dokument/artikelkatalog/kunskapsstod/2022-3-7799.pdf>.
28. Council for Choices in Health Care in Finland (COHERE Finland). Medical treatment methods for dysphoria associated with variations in gender identity in minors – recommendation. Available at: https://genderreport.ca/wp-content/uploads/2020/11/Summary_minors_en.pdf.

29. Australian Standards of Care and treatment Guidelines for Trans and Gender Diverse Children and Adolescent. Available at: <https://www.rch.org.au/uploadedFiles/Main/Content/adolescent-medicine/australian-standards-of-care-and-treatment-guidelines-for-trans-and-gender-diverse-children-and-adolescents.pdf>.
30. T'Sjoen G, Arcelus J, Gooren L, Klink DT, Tangpricha V. Endocrinology of Transgender Medicine. *Endocr Rev.* 2019;40:97---117.
31. Chew D, Anderson J, Williams K, May T, Pang K. Hormonal Treatment in Young People With Gender Dysphoria: A Systematic Review. *Pediatrics.* 018;141:2017---3742.
32. Turban JL, King D, Carswell JM, Keuroghlian AS. Pubertal Suppression for Transgender Youth and Risk of Suicidal Ideation. *Pediatrics.* 2020;145:1725---2019.
33. National Institute for Health and Care Excellence (NICE). Evidence review: Gonadotrophin releasing hormone analogues for children and adolescence with gender dysphoria. NICE; 2020. Available at: <https://www.evidence.nhs.uk/document?id=2334888&returnUrl=search%3ffrom%3d2020-01-01%26q%3dgender%2bdysphoria%26sp%3don%26to%3d2021-03-31>.
34. National Institute for Clinical Excellence (NICE). Evidence review: Gender-affirming hormones for children and adolescents with gender dysphoria. NICE; 2020. Available at: https://cass.independent-review.uk/wp-content/uploads/2022/09/20220726_Evidence-review_Gender-affirming-hormones_For-upload_Final.pdf.

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