

Clinical Tips: Considerations for the Care of Trans and Gender Diverse Young People

The Australian Standards of Care and Treatment Guidelines for Trans and Gender Diverse Children and Adolescents (Telfer et al., 2017) outline general principals which include:

- **Individualised care** (every child will have a unique presentation and their own individual needs). The importance of tailoring intervention is especially true for those expressing a non-binary gender identity but equally applies to those who present with a trans male or trans female identify. Decision-making should be driven by YP where possible and this applies to options regarding medical intervention and social transition
- Use **respectful and affirming language** (understand and use a person's preferred name and pronoun)
- **Avoid causing harm** – withholding of gender affirming treatment is not considered a neutral option and may exacerbate distress in a number of ways including increasing depression, anxiety and suicidality, social withdrawal as well as possibly increasing chances of YP illegally accessing medications
- Consider **sociocultural factors**. Fear of experiencing stigma and discrimination by health professionals can be a barrier for trans and gender diverse individuals accessing general medical healthcare. Important also to recognize difficulties that may exist for YP and their families who belong to particular religious or cultural groups. In these circumstances, beliefs and values may be at odds with gender affirming approach and may prevent them from accessing support within their local community.
- Consider **legal requirements**. The Family Court of Australia currently classifies hormone treatment and gender affirming surgery for trans YP as a “special medical procedure”. A growing number of health professionals, academics and judges have questioned whether the Court should be involved in medical decision making for hormone treatment* Another legal barrier is obtaining identity documentation that accurately reflects their gender. This has implications for YP's right to privacy and confidentiality when enrolling in school or applying for work.

*note that the requirement for court to be involved in the decision for a young person to begin stage 2 hormone treatment was removed in November 2017. This training

presents this information here as alignment with the guidelines, and will be updated to reflect updated guidelines.

The Guidelines provide the roles of various clinicians (mental health professional, paediatrician, adolescent physician, endocrinologist, gynaecologist, andrologist, nurse) in the assessment and ongoing care of adolescents with GD (see guidelines for further information). The role for general practitioners are as follows:

1. Assessment of the YP's gender identity, general health and wellbeing through medical and psychosocial history taking, physical examination and appropriate investigations (see appendices for relevant recommended investigations)
2. Assessment of family support and family functioning.
3. Provision of individual support to the siblings, parents and other family members where appropriate
4. Assessment of social, education or vocational functioning. Advocacy on behalf of the YP may be necessary.
5. Provision of information and education to the YP and their family regarding options for medical transitioning including risk and benefits of puberty suppression and gender affirming hormones
6. Referral to specialist gender services when required
7. Education, advice and provision of medical intervention when appropriate
8. Provision of developmentally appropriate education regarding the impact of medical intervention on sexuality, sexual pleasure, fertility potential and the option available for fertility preservation
9. Referral for further fertility preservation procedures as required (e.g. surgical sperm extraction or testicular biopsy)
10. Monitoring of emotional and psychological functioning and identification of self harm and suicidal risk over time
11. Prescribing and administration of medication for puberty suppression or gender affirming hormones (in collaboration with paediatrician, adolescent physician or paediatric endocrinologist)
12. Monitoring of physical and mental health during medical transition
13. Counselling of YP and their family on the available options for gender affirming surgical procedures
14. Provision of documentation to assist the YP to change identity documents to reflect the YP's preferred name and gender when requested.