

# Facilitating the Transition to Affirming, Structurally Competent Adult Primary Care for Transgender and Gender Non-Conforming Adolescents

BY BRYNN ROHDE

SUPERVISOR: DR. AUTUMN HOSTETTER  
SUMMER 2020 - PSYCHOLOGY DEPARTMENT  
KALAMAZOO COLLEGE



# Presentation Outline

- 1 Introduction
- 2 Socio-historical context
- 3 Theoretical frameworks
- 4 Barriers to healthcare transition
- 5 Integrating theory into practice
- 6 Conclusion



# 1. Introduction

Unstructured healthcare transition protocols are associated with adverse health outcomes 1,2,3

TGNC individuals, especially TGNC BIPOC or TGNC people with disabilities, experience significant discrimination in HC settings 4,5

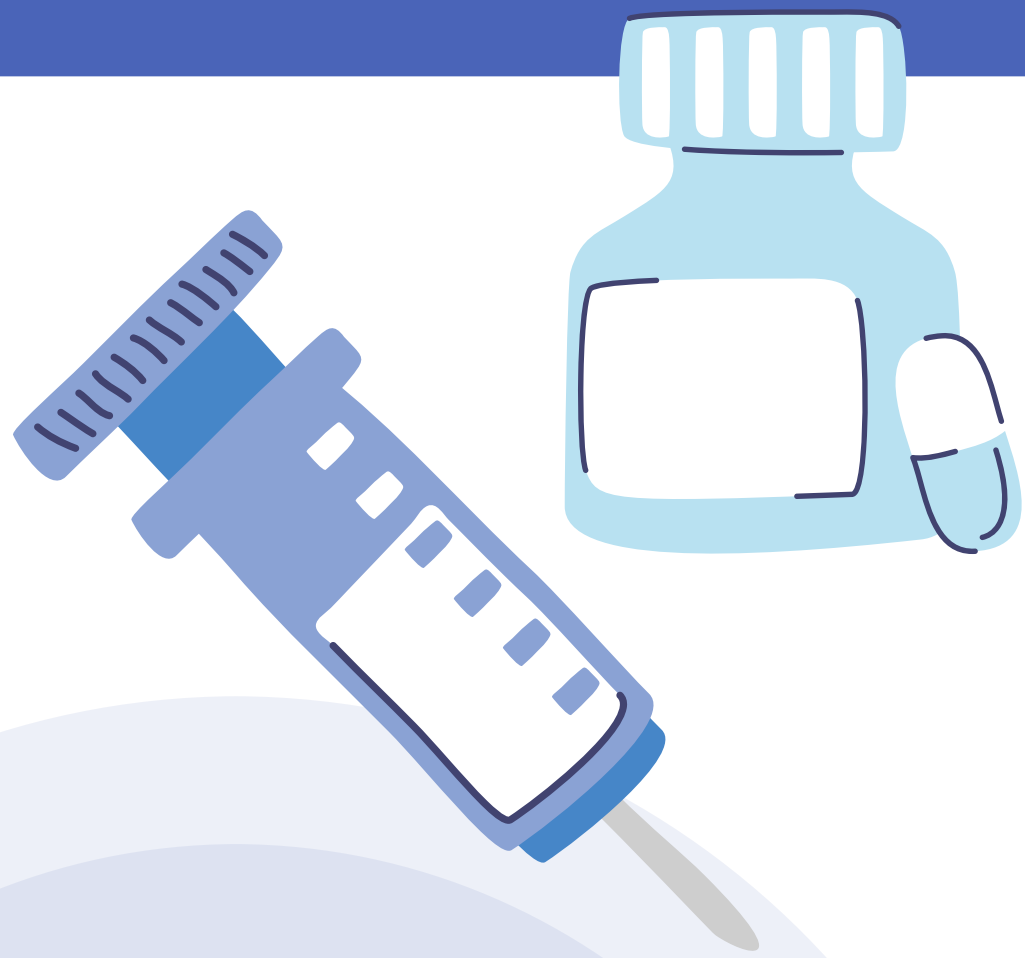
Real and anticipated stigma leads to lower HC utilization among TGNC adolescents, who already experience disparities in mental health, substance use, and sexual risk behaviors stemming from gender minority stress 4,5,6,7

Primary care represents an important site of intervention

1. Crowley et al., 2011
2. Tuomainen et al., 2020
3. White & Cooley, 2018
4. James et al., 2016
5. Seelman et al., 2017
6. Clark et al., 2017
7. Puckett et al., 2020



## 2. Socio-Historical Context



There is an extensive history of exploitation, experimentation, and trauma experienced by gender diverse children at the hands of the U.S. medical institution throughout the 20th century <sup>8</sup>

Modern diagnoses of GD or GID perpetuate gatekeeping, stigmatization, and control of TGNC bodies and experiences <sup>9,10</sup>

Recent ban on gender-affirming health care for trans youth in Arkansas, other states could follow

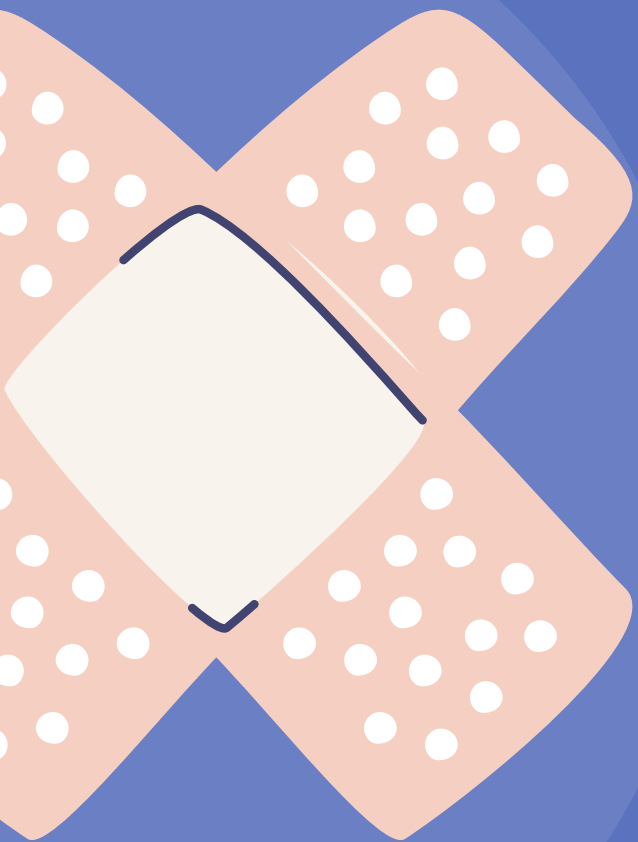
8. Gill-Peterson, 2018

9. MacKinnon, 2018

10. Budge, 2015

# 3. Theoretical Frameworks

Two central frameworks within the research are the Gender Minority Stress and Resilience Model and Intersectionality.



- 7. Puckett et al., 2020
- 11. Hatzenbuehler, 2014
- 12. Testa et al., 2015
- 13. Crenshaw, 1989

## GMSR

This model conceptualizes the ways in which gender-related stressors lead to poor mental and physical health outcomes for TGNC individuals. Stressors include discrimination, non-affirmation of gender identity, rejection, victimization, internalized transphobia, negative expectations, and non-disclosure of gender identity <sup>7,8,9</sup>

## Intersectionality

This model outlines the unique and cumulative effect of overlapping forms of discrimination (sexism, racism, cisgenderism, ageism, ableism, classism...) <sup>10</sup>

# 4. Barriers to Healthcare Transition



- 3. White & Cooley, 2018
- 4. James et al., 2016
- 5. Seelman et al., 2017
- 6. Clark et al., 2017
- 14. Abramowitz, 2018
- 15. Ehrensaft et al., 2019
- 16. Glick et al., 2018
- 17. Whitehead et al., 2016

## Accessibility

Lack of affirming HCPs, anticipated and enacted stigma, insurance, financial, and legal restrictions, geographic or transportation barriers, unstable living conditions, and low caregiver involvement 3,4,5,6,14,15,16,17

## Primary Care Providers

Limited education on gender identity, TGNC health, and gender affirming care practices 17. Barriers to disclosure of adolescent TGNC identity and risk behaviors 3,15.

## Healthcare Transition Infrastructure

No nationally-defined best practices, no methods of collecting TGNC healthcare user feedback, lack of communication between PCPs, and limited funding supporting research 3,15

# 5. Integrating Theory into Practice

## Micro- Level

Healthcare User  
Interventions

Clinical Staff  
Interventions

## Meso- Level

Organizational  
Interventions

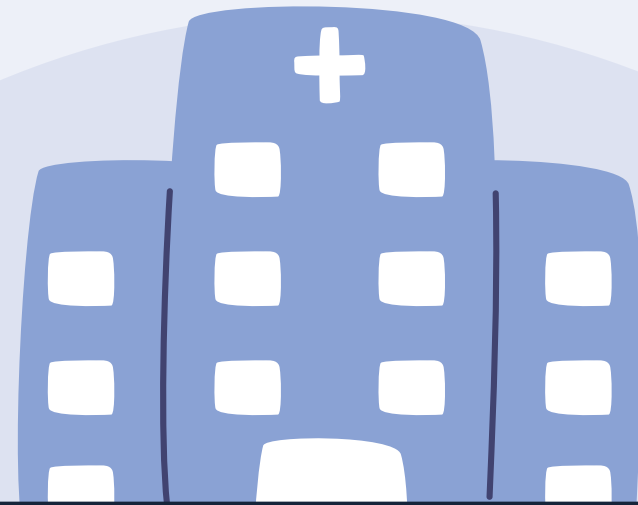
Applications of  
Technology

## Macro- Level

State and National  
Policy-Making

Supporting Research





## 6. Conclusion

The suggestions outlined in this paper are only the beginning. Future research in this field will not only be critical to the wellbeing of TGNC adolescents—it will be lifesaving. Cisgender health professionals, researchers, academics, teachers, mentors, friends, and family members all have a role to play in pursuing education about TGNC health and health disparities, reflecting on the power systems that generate cisgender privilege and their roles within them, and advocating for change.



**Questions or comments?**

**Contact**

Brynnellenrohde@gmail.com