

Speaker 1 ([00:00](#)):

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Speaker 1 ([00:32](#)):

Today, we are joined by two guests who will discuss the subject of social inequities, gender and sexuality and young males. We will answer a number of questions, including what sexual and gender terms mean, how prevalent sexual diversity is and what caregivers should know about it. Our first guest is Dr. Jason Rafferty. He is an attending psychiatrist and pediatrician who graduated from Harvard medical school and obtained postgraduate training through the triple board residency at Brown university. He has additional degrees from Harvard University in Public Health, concentrating on maternal and child health and education focused on adolescent development and psychology. Currently he works in an integrated medical home at Thundermist Health Centers in the gender and sexuality clinic at Hasbro Children's Hospital and the co-occurring disorders program am at Emett Pendleton Bradley hospital. He is involved with the American Academy of Pediatrics frequently reviewing policy and publications related to LGBTQ youth.

Speaker 1 ([01:32](#)):

In fact, he was recently the lead author of the Academy's policy statement, Ensuring Comprehensive Care and Support for Transgender and Gender Diverse Children and Adolescents. He is a member of the Society for Adolescent Health and Medicine, where he sits on the Sexual and Reproductive Health Subcommittee. He is a board member for both Physicians for Reproductive Health and the Partnership for Male Youth.

New Speaker ([01:54](#)):

Our second guest is Dr. Noah Weatherton. He is a psychiatric mental health nurse practitioner based in Seattle, Washington, where he works in community mental health with children and adolescents and young adults. Noah received his doctoral degree in 2020 from the University of Washington where his specialty focus was on understanding how masculinity and mental health intersect for young men and how social media can serve as a positive force in shaping masculinity and positive health behaviors. He has been a board member of the Partnership for Male Youth since 2019, serving alongside Dr. Rafferty and others with a passion for improving the mental health of young men. A warm welcome to both of you. Thank You. Thank you, Dennis. Thank you. Wonderful to be here.

Speaker 1 ([02:37](#)):

Let's start off with some definition and gender labels. I think for many people, the terms can be confusing. Perhaps we should start off by distinguishing the difference between sex and gender. Dr. Rafferty.

Speaker 2 ([02:48](#)):

These two terms, I think often create a lot of confusion, especially with parents and families that I sort of talk to in terms of really sort of spelling them out. Gender in many ways is how you feel about yourself on the inside. It's an aspect of your identity. It's an aspect of your sense of self. Often gender can be broken up into your gender identity being again, that inner sense of self, your gender expression, how masculine or feminine you might present yourself to the world. And then also your gender perception being how the world sort of perceives you, you in terms of being masculine, feminine or something else.

And as you can see, those three things may or may not be incongruent and that can create distress in, in young people. Sexuality on the other hand is really a broad term most often referring to attractions, romantic and intimate sort of attractions that people have, you know, of other people, whatnot, sexuality, though can also refer the type of behaviors that people might engage with in an intimate context, as well as sometimes to different forms of relationships. The thing I would say is that while these two terms are distinct, there's also some complexity between them. In terms of gender, you can imagine a situation where you, you be attracted to masculine partners, and then your partner who was identifying as male may come out as trans, for example, in that situation, it may then affect the label that you're using in terms of your sexuality. So the terms are distinct, but yet they can often be confusing in the ways that they sort of intersect and interact with one another

Speaker 3 ([04:19](#)):

To complicate things further there's of course the identity of being intersex, and so not genetically male or genetically female X, X, or X, Y, and that just adds to the complexity of things just in terms of our diversity as humans. And so that can really, of course, beautifully complicate things in terms of how people's own gender expression kind of interacts with their sexuality or their sex.

New Speaker ([04:42](#)):

The term intersex. Can you explain that?

Speaker 3 ([04:46](#)):

My understanding of it would be that the basic idea that we all learn in high school is that there are two human genetic sexes, either X, X, which is females, genetically female X, Y, which is genetically or biologically male. And that in reality, the truth of that is that it's not as clear cut and that there's several different, I wanna say at least more than 10 different combinations or genetic variations of who we can be in terms of those chromosomes. And that would kind of fall under the intersex category. Would you add anything in?

Speaker 2 ([05:22](#)):

Yeah, I mean, I think that it's also important to remember intersex can be genetically based, but it also can be biologically based. For example, if your reproductive parts don't fully form or something like that, it also is a very wide term. I will say, in sort of being on a number of policies, sort of committees related to intersex health, there is some real overlap in terms of the experience of gender that these individuals have and figuring that out with people who are transgender, but then also some really important distinctions among the intersex community. Particularly since often, they're identified much earlier than they can really have input into the process. Usually they're identified as young babies. And so they're sort of brought up in a context that's very different than people who are trans. So I think recognizing that label is really important.

Speaker 1 ([06:07](#)):

How prevalent is sexual diversity and gender diversity?

Speaker 2 ([06:11](#)):

Actually, I could just tell you that I actually have that right up on my screen, but when we talk about it, I mean, it's definitely something that's been an area that is expanding. The number of youth identifying as LGBTQ, meaning lesbian, gay, bisexual, transgender, and either questioning or queer has been steadily

increasing over time. In the 2017 youth risk behavioral survey, which is basically a questionnaire that they do in, uh, US high schools across the country. It was found that a 11.7% of high school students identified as lesbian gay or bisexual. And other studies have estimated that up to almost up to about 1% of youth between 13 and 17 years old, identifying as transgender. And that was around the same year, 2019. You know, it's hard because I think there are variations in terms of how these counts are done across various studies. But I think these numbers are youth risk behavioral survey, and the numbers that I'm sort of reporting have been largely accepted in the medical community

Speaker 1 ([07:08](#)):

And have these numbers increased over time, or is this simply their ability to be out and be who they are?

Speaker 3 ([07:16](#)):

There's two things happening. One would be the increasing acceptance and conversation within the culture that people can more easily be out and express themselves as compared to maybe 50 years ago. And I think the other thing that might be happening is just kind of a broadening of, again, not falling into a binary of either gay or straight. And then it's maybe more on that could also be kind of increasing those numbers over time. It might be a little bit of both that personal understanding and then kind of like how your environment may or may not accept you that changing over time

Speaker 2 ([07:50](#)):

Today, we have more space for people to sort of recognize how their sense of self may identify. Whereas for a long time we accepted binaries of either being gay or straight or male or female. And I think that in many ways is creating the opportunity for people to really increase their awareness and to be more out in terms of their genuine self in our society.

Speaker 1 ([08:13](#)):

What are some of the health consequences of being LGBTQ?

Speaker 2 ([08:17](#)):

It's important to recognize that being LGBTQ Q in and of itself is not a predisposition to any adverse outcome. It does not represent risk. That the reality is, is that we live in a society where there's a lot of disparities that people who are LGBTQ face, the biggest of which is probably the lack of understanding in terms of their needs, emotional, mental health in the needs, even healthcare needs, especially when we talk about sort of, you know, sexual and reproductive health. And so I think that what we see as a result of that is that those who identify as LGBTQ have less opportunities to get their needs met. And, you know, know whether that be in, in terms of the classroom, in terms of sexual education, providing kids with guidance, to help reduce sexual reproductive risk factors to the clinic where providers aren't asking about somebody's identity that can create an environment where some of the discomfort and distress that may be arising with in somebody is to explore this, isn't able to be explored or supported.

Speaker 2 ([09:18](#)):

And I think that's where you start to see, you know, to answer your question, increase rates of what we call going underground, where you start to feel like your sense of self is something that needs to be suppressed. And that sort of reinforced through peer policing and bullying through parental rejection. And, and even like through the public, sometimes people looking, people commenting, things like that.

And over time, this leads to secretive thoughts, feelings, behaviors that can really contribute to increasing depression, increasing anxiety, low self-esteem, and even some negative health outcomes such as increased risk for high risk sexual behaviors, HIV, substance use, and, and ultimately, and unfortunately increased rates of suicide,

Speaker 3 ([10:00](#)):

A researcher here at the University of Washington, who's done a longitudinal study for trans youth. And just seeing that when trans youth are accepted for who they are, the discrepancies in depression rates, for example, actually start to balance out as compared to their gender counterparts. And so that's kind of just the proof is in the pudding, right? Where we see that earlier on for trans teens and for trans youth specifically, if they're able to express their gender identity, as they see it, then there's no inherent risk. There's no inherent health disparity or mental health. And it really just shows that earlier the better that they can get the support that they need, that they're able to live the lives of being a regular teenager, the way they want to

Speaker 1 ([10:47](#)):

Dr. Weatherton, you work a lot with homeless youth. And can you talk about some of the special issues that they face?

Speaker 2 ([10:54](#)):

Yeah, I think that's huge. And I think it's really important to point out like all adolescents, LGBTQ adolescents have incredible resiliency. And I think the study that you're talking about Dr. Weatherton has been really influential in the field in terms of gender affirmative care, but also we know from, um, GLSEN and other well based organizations that schools that have, for example, GSAs organizations that support young people through the process sets of coming out and expressing their authentic self that not only do you notice improved health outcomes for those who are LGBTQ, but you notice improved health outcomes across the school community. And that's really important because these interventions, these helping people feel safe and accepted is really sort of the best healthcare intervention we can do for everybody

Speaker 3 ([11:39](#)):

Where I work in Seattle, I work with a lot of homeless youth and young adults and for, you know, social services reasons for climate reasons, Seattle in general tends to be an area that a lot of homeless youth and young adults gravitate towards in the Pacific Northwest and of course, beyond, and some of the health issues that come up for me in my work specifically focusing on mental health are the things that you would kind of expect, right, of being a youth or young adult who's homeless. Maybe you're sleeping in a tent, maybe you're sleeping in, uh, shelter and those depression and anxiety rates skyrocket, and that regular access to physical healthcare. Isn't there as if you had kind of a regular primary care provider you see over the long term. And so things that might otherwise be caught earlier as a teenager or as a young adult, maybe won't because there's kind of that transient upended nature, where you're always starting from scratch with a new provider every time. And so, you know, just kinda regular things that would be caught STIs, even just regular mental health screenings. Those things can kind of become worse over time, just because that ease of access just doesn't exist as much

Speaker 1 ([12:50](#)):

Turning to the subject of sexual diversity. Can you discuss some of your experiences and what they've taught you about that? Dr. Rafferty?

Speaker 2 ([12:58](#)):

Yeah. I mean, I think that, to me, it's been a very humbling experience because this is a field where really a lot of what I can do. And a lot of what I understand comes through the trust and openness of my patients to share their stories with me. I, I'm not the expert in the room when I sit with my patients, my patients are, and my job is to help them sort of meet their needs in terms of their identity or in terms of their relationships, and to support them in that journey of figuring out who they are and how to really sort of authenticate their sense of self. You know, I think for me, it's been an incredible journey. And what I've really learned is the importance of being able to sit back and listen and learn from my patients in order to truly appreciate the vast diversity and uniqueness of each patient that comes before me.

Speaker 3 ([13:46](#)):

You know, my clinical experiences are not as longitudinal as Dr. Rafferty I'm a little bit earlier in my role as a provider. But one thing that I've seen that's been really incredible is I work at a youth clinic in the evening for a community health center. And it's a lot of homeless youth and young adults that live in the neighborhood near the University of Washington. And so what I see as far as the sexual health and mental health, there's a lot of intersection with that and also gender care. And so what I've really I've been able to learn is working side by side with a family nurse practitioner, a primary care provider is just how fluid, the things that come up, how fluid they cross over between mental health and physical health, right? So when we're talking about gender affirming care for a trans youth, that's physical health, that's mental health, like there's no distinction between those two, because when that person comes in, after they've been on testosterone or their estrogen replacement or their estrogen therapy, like those things come in and they come in a little bit brighter and they feel more like themselves, they're not feeling that dysphoria that they were feeling otherwise.

Speaker 1 ([14:52](#)):

And Dr. Rafferty, how do your patients find you?

Speaker 2 ([14:56](#)):

They find me all different ways. I think word of mouth is a important sort of mechanism that many patients learn about the services that I provide in addition to that as a pediatrician, but also as a psychiatrist, I'm connected to some of the mental health care systems in Rhode Island. And I also take pretty much all the insurances that we have, including Medicaid that has created a lot of avenue for youth, especially those that may be system involved in the foster care system or in group homes, uh, to be able to sort of find me and access my care. But I think that all in all at the end of the day, I think that most people sort of hear me through doing like this and whatnot, myself and my colleagues. I think it kind of helps put us out there on the map and people sort of hear why it is that I do what I do and the values that I bring to this work. And I think it resonates with them in terms of the care that they would want.

Speaker 1 ([15:46](#)):

I think the studies show that healthcare for adolescent young adult males sexually, or males generally is inadequate in terms of the care that physicians provide to their patients in terms of sexual diversity. Could you comment on that?

New Speaker ([16:02](#)):

There's a lot of things that go into that one is, is that they've done studies looking at medical students and explicit and implicit bias. And what they find is is that the rates of implicit bias against those who are gay or lesbian as high as like 80%. And these are not people who often realize that they're carrying these bias into the clinical setting, again, implicit bias being unconscious bias. And so I think that's important, especially among adolescents. They are incredibly attuned to any sort of difference that we bring to the, or any sort of preference or anything like that. And they're looking for support and they're looking for guidance that they may not be receiving in other areas of their life. So I think that's one thing. Bias is a big piece. The other thing that really is critical here to understand is the shortages that we have right now in child and adolescent mental health.

Speaker 2 ([16:48](#)):

And so for a lot of young people as they are coming of age, and as they're going through process of coming out there may not be mental healthcare providers available to them to help in that sort of process. And that can be really scary for myself. I will say when I work with young people, I have a very strong family centered approach that I use. And so I really try to build the child's resiliency to trying to educate and work with the family as well. And, you know, if I wasn't there that may not be possible, I've had a lot of experience doing that. And I think a number of patients that come to my clinic and work with some of myself, my colleagues really benefit from the support that we sort of provide on, on multiple levels, including the family level.

New Speaker ([17:31](#)):

Dr. Weatherton?

Speaker 3 ([17:32](#)):

In my practice, I I've been really conscious and kind of trying to understand those things and the way that young adult males are socialized right through kind of that lens of masculinity is to not be emotionally expressive and to kind of default to like, everything's okay, I'm not necessarily gonna bring up my issues. That's with a medical doctor that they might see once a year for sports physicals and those kinds of things. And so, you know, I think that the key to kind of not allowing them to fall out of the healthcare system would be doing exactly what Dr. Rafferty is doing, which is, you know, building rapport, building trust over, over time to where they can start to open up and express things in terms of bias from medical providers. You know, a lot of what I see for young adult males is the bias that there's not mental health issue going on.

Speaker 3 ([18:23](#)):

And so it's really overlooked for medical providers. It might be easier for them to be focusing on the issues that are coming up, but what we know and what my training is at least is that for people who are socialized male, who just carry a strong sense of that restrictive masculinity is a lot of their mental health systems might be somatized. They might be turned into back pain or chest tightness that they just maybe don't express as anxiety or depression or these kinds of things. And so I think a lot of the bias in that sense might be just kind of overlooking or, or missing the signs where somebody's trying to express their mental health concerns. A doctor might not be able to see or pick

Speaker 2 ([19:02](#)):

up on. We do see that a lot and, you know, especially post COVID. I think we've seen that across the board. A lot of people presenting with some complaint that often, you know, sort of develop from psychosocial situations.

Speaker 1 ([19:17](#)):

What advice can you give to caregivers, teachers, coaches, others in their lives, that in terms of their level of awareness, what kind of advice can you give them that they become more aware of some of these conditions,

Speaker 3 ([19:34](#)):

The advice that comes to mind in terms of caregivers and role models, right? Coaches play a huge role for adolescent males is just being able to recognize that there are things going on that they're not gonna pick up on, or that are not expressed. And so, you know, I think even just that recognition to begin with is gonna establish a certain environment in where you can ask more direct questions, because we know that, you know, the typical teenage boy isn't gonna offer these feelings of sadness. Right? And so I think in my experience, what I would just suggest is asking those direct questions and being persistent to come back again and again, not in a nagging way, but in a way that just shows concern and care and allows them to open up in do time.

Speaker 2 ([20:21](#)):

I'd really want people to know the importance of creating safe space. And I think that's what Dr. Weatherton is sort of saying is really creating environments where even if somebody may not be out or somebody may juggling through their own journey, that they feel safe, they feel included. They feel like they belong regardless of who they are and where they are in that journey. The other thing I think that's important for parents in particular is just how important it is that, you know, you always are reassuring your children about how much you love and care for them. We know that's probably the number one resiliency factor is parent support. And sometimes we don't understand, and sometimes we are a little bit behind in terms of the times and the language and things like that. But at the end of the day, if you can provide the reassurance and show that you care, that's a huge resiliency factor, and it does make the difference in the lives of your kids.

Speaker 1 ([21:09](#)):

What are some of the resources that are out there? For caregivers who want to know more about these subjects, where would they go, where would be the first place for them to start asking questions, or are there organizations out there that are actually very active in these areas?

Speaker 3 ([21:27](#)):

So one that I pulled up prior to us talking is that through Seattle Children's Hospital, and there's a really good gender clinic there where I had some of my training in adolescent health, if you just search gender clinics, Seattle Children's Hospital, there's a number of patient and family resources, as far as how to support gender diverse youth, transgender youth terms of being able to show them that you care kind of those really important fundamental steps, as well as just recognizing that using somebody's preferred name, using somebody's preferred pronouns and being okay with not always remembering those, those things have really, and they're small things that have really big impacts and just kind of guidelines like that I think are really important. As far as transgender teens.

Speaker 2 ([22:12](#)):

Some of the ones I might add the American Academy of Pediatrics has a lot on their website for providers, as well as families. Human Rights Campaign has a number of resources, including a booklet that we're currently updating that talks about sort of understanding some of the language and some of the background around gender. And that can be really helpful for parents in terms of navigating with schools. There's GLSEN that has a lot of resources and also gender spectrum. Their website has a number of resources that are available that can help with that. And then, you know, for parents looking for support throughout the country, PFLAG has a number of, you know, local branches, as well as some national online resources that are oriented more towards parents and families to help them along with the process. But at the end of the day, a lot of the work that we're doing through the American Academy of Pediatrics is really trying to set the stage so that you really can feel comfortable going in and talking to your child's pediatrician as a first stop in all of this, to have a trusted sort of conversation about anything that you as, as a child or as a parent or whatnot, maybe worried about, and the pediatricians out there, you know, hopefully will be able to sort of respond to that in a developmentally affirmative and supportive way. That'll help you out through this journey,

Speaker 1 ([23:27](#)):

Dr. Rafferty, you were involved in the comprehensive care and support for transgender and gender diverse children and adolescents. Can you speak a little bit about that?

New Speaker ([23:37](#)):

You know, that was an important project because there are a number of sort of resources out there for adults regarding gender care. And we felt as the academy that we really wanted to emphasize how important this is to sort of look at, in terms of providing an affirmative approach in childhood and adolescence and the importance also in mobilizing medical, social, and psychological supports early on, rather than trying to, you know, make kids wait or denying sort of resources or while kids really struggle and suffer. So that policy statement really was just emphasizing that the American Academy of Pediatrics stands for or stands with gender affirmative care. And most importantly, as a mechanism to provide, you know, transgender and gender diverse youth with access to really the same level of care that all kids, you know, we advocate for for all kids and all kids enjoy.

Speaker 2 ([24:33](#)):

The reality is, is they've done focus groups with LGBTQ youth where they've asked, you know, what is it out of your medical encounters that you most feel is needed? And at the end of the day, in all different environments across, across the country, they came up with the list validation, unconditional support and affirmation. And I think to a large extent, those are the same things that our cisgender heterosexual sort of youth would want to. We're trying to create a system that really is accepting and inclusive of everybody. And at the end of the day, I think that's, you know, the most important thing for providers to remember is we want everybody to feel included, supported, and cared for

Speaker 1 ([25:11](#)):

Dr. Rafferty, can you comment on the role of norms of masculinity and all of these issues?

Speaker 2 ([25:17](#)):

A lot of young men are sort of traditionally sort of brought up not to sort of recognize their emotions sometimes that, you know, exploring these ideas or of gender and sexuality can be particularly difficult

in a framework of sort of more sort of toxic masculinity. And I think a lot of the work that we're trying to do is to reframe masculinity in a way that young men are not just supported, but also encouraged to explore their identity and ways that masculinity might be sort of expanded and, you know, to be more inclusive of different ideas and different expressions. And I think we're seeing this a lot among youth today, they're breaking down those stereotypes and what it means to be a young man or a boy or whatnot, is really changing in a way that I think is a lot more positive allowing for emotional expression, allowing for close relationships, allowing for, you know, more exploration and allowing for more support for one another, which I think is all really, really important, whether you're LGBTQ or not.

New Speaker ([26:16](#)):

Dr. Weatherton?

New Speaker ([26:18](#)):

Yeah. You know, I think that that really sums it up. I think that that hits home the ways that the restrictive masculinity kind of paradigm can really limit the ways that young men are able to express themselves and be able to kind of live their truth. And you know, what I'll say is also just kind of from a mental health perspective, it can be really hard to kind of teach, or it can be really hard to talk to somebody about their mental health. When they've been told that they're not allowed to access certain emotions that aren't feminine or masculine, they're really just the whole spectrum of human emotions. That's really kind of what it comes down to is how do we serve and how do we support young men to be able to access that fuller spectrum when their whole lives, maybe up until this point has told them they have this only really restrictive, narrow part of that spectrum that's allowable.

Speaker 1 ([27:09](#)):

Well, thank you both for joining us today and for our listeners who want more information about social inequities, gender and sexuality, please visit our website@www.partnershipformaleoyouth.org, where you will find more information and resources about males and sexuality. Thank you both doctors. Thank you. Thank

Speaker 3 ([27:27](#)):

You for inviting us. Thank you, Dennis.