In Her Skin: Fostering Adolescent Body Acceptance

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Disclosures

• We have no commercial interests and no conflicts
Why are we here?

- To explore the motivations driving the seeking of body altering practices in adolescents and to enable responsive counselling and support vis-à-vis choices

*Blame it on peer pressure, youthful indiscretion or one tequila too many. Now, 20 years later, you are a briefcase-toting professional with kids, and you have tattoo regrets. You want to rid your biceps of barbed wire, erase the Tasmanian Devil on your shoulder, liberate your calves of Chinese characters you thought meant “courage” but actually mean “evil dog noodle.” Or maybe you still like tattoos but need to free up some skin for new art*

Collier, R Should medicine take over tattoo removal? CMAJ May 2015 187(8):556

Objectives

By the end of this workshop participants will be able to:

1) understand the variety of body altering practices used by adolescents and place them in a developmental context

2) explore adolescent motivations in seeking these practices and understand the perceived risks and benefits for adolescents

3) develop an ethical framework for counselling strategies
First Things First…

Who are we?

And who are you?

From Whence do you hail?

1. Toronto/GTA
2. Ontario
3. Another Canadian Province
4. USA
5. Europe
6. Other
How do you self-identify?

1. Paed/Adol Gynecologist
2. Paediatrician
3. Other Physician
4. Nurse
5. Nurse Practitioner
6. Social Worker
7. Other

Why are you here primarily?

1. Struggle with how to deal with body altering practices (BAP)
2. Want to know more about BAP
3. Want to be prepared to deal with BAP
4. Curiosity
5. All other workshops were full
6. Other
When Should Adolescent Genitoplasty/Labial Revision Be Offered:

Pre Workshop

1. On request
2. Only for medical conditions
3. Only for medical conditions – else it is FGM
4. Only after significant counselling
5. Only after adolescence
6. Rarely – risks outweigh benefits
7. Other

Independence
Handbook
and Limitations
The following is an excerpt from the book Untangled by Lisa Damour, Ph.D.

When I was in my first semester of graduate school, the professor teaching my psychological testing course handed me a stack of Rorschach inkblot tests to score. Before sending me on my way, he offhandedly said, "Double check the age of the person whose test you are scoring. If it's a teenager, but you think it's a grown-up, you'll conclude that you have a psychotic adult. But that's just a normal teenager."
Back to Front Maturation...


VS.
Common Body Altering Practices

Fully Visible / Selectively Visible / Private

• Piercings / Tattoos
• Genitoplasty
• Breast Modification
  ▪ Asymmetry
  ▪ Augmentation
  ▪ Reduction
Body Dysmorphic Disorder (BDD)

- Psychiatric disorder marked by persistent preoccupation with perceived flaws in physical appearance
  - Areas of concern are not observable or appear only slight to others

- Individual engages in repetitive behaviors to correct, fix, or hide their body parts
  - Mirror checking, excessive grooming, skin picking, cosmetic treatment, scrutinizing/comparing others, camouflaging

- Clinically significant distress or impairment

Tattoos and Body Piercing: Adolescent Self-Expression or Self-Mutilation?

A Possible Field Trip
Royal Ontario Museum Exhibit
Tattoos: Ritual, Identity, Obsession, Art

- History & emergence of body art / markings
- Over 200 objects
  - prints, ancient tools and silicone body parts tattooed by leading artists
- April 2 - Sept 5, 2016
Tattoos & Piercings

• Teens are getting more tattoos than any other age group & rate of body piercings also on rise

• Despite this literature regarding counselling and care of tattoos and piercings is scant

• Clinicians may feel unprepared to appropriately counsel a teen who is considering getting one or who has a complication

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**TABLE 2.** Body Piercing in Adolescents

<table>
<thead>
<tr>
<th>Piercing Variable</th>
<th>Percentage of Population</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of lifetime body piercings other than earlobes (n = 484)</td>
<td></td>
</tr>
<tr>
<td>None</td>
<td>354 (73.1%)</td>
</tr>
<tr>
<td>One</td>
<td>72 (15.1%)</td>
</tr>
<tr>
<td>Two</td>
<td>34 (7.0%)</td>
</tr>
<tr>
<td>Three</td>
<td>9 (1.9%)</td>
</tr>
<tr>
<td>Four or more</td>
<td>14 (2.9%)</td>
</tr>
<tr>
<td>Location of body piercings other than earlobes (n = 484)</td>
<td></td>
</tr>
<tr>
<td>Ear cartilage</td>
<td>66 (13.6%)</td>
</tr>
<tr>
<td>Mouth/tongue</td>
<td>34 (11.2%)</td>
</tr>
<tr>
<td>Belly button</td>
<td>22 (10.7%)</td>
</tr>
<tr>
<td>Eyebrow</td>
<td>20 (4.1%)</td>
</tr>
<tr>
<td>Nose</td>
<td>16 (3.3%)</td>
</tr>
<tr>
<td>Nipple</td>
<td>6 (1.2%)</td>
</tr>
<tr>
<td>Genital</td>
<td>4 (0.8%)</td>
</tr>
<tr>
<td>Other</td>
<td>9 (1.9%)</td>
</tr>
<tr>
<td>Age at first piercings (n = 134)</td>
<td></td>
</tr>
<tr>
<td>≤10 y</td>
<td>12 (9.0%)</td>
</tr>
<tr>
<td>11–13 y</td>
<td>16 (11.9%)</td>
</tr>
<tr>
<td>14–16 y</td>
<td>45 (33.8%)</td>
</tr>
<tr>
<td>≥17 y</td>
<td>61 (45.5%)</td>
</tr>
</tbody>
</table>

Carroll ST et al., Pediatrics, 2002
### TABLE 1. Tattooing in Adolescents

<table>
<thead>
<tr>
<th>Tattooing Variable</th>
<th>Percentage of Population</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of tattoos (n = 477)</td>
<td></td>
</tr>
<tr>
<td>None</td>
<td>414 (86.8%)</td>
</tr>
<tr>
<td>One</td>
<td>38 (8.0%)</td>
</tr>
<tr>
<td>Two</td>
<td>14 (2.9%)</td>
</tr>
<tr>
<td>Three</td>
<td>5 (1.0%)</td>
</tr>
<tr>
<td>Four or more</td>
<td>6 (1.3%)</td>
</tr>
<tr>
<td>Age at first tattoo (n = 65)</td>
<td></td>
</tr>
<tr>
<td>≤10 y</td>
<td>1 (1.5%)</td>
</tr>
<tr>
<td>11–13 y</td>
<td>2 (3.1%)</td>
</tr>
<tr>
<td>≥17 y</td>
<td>46 (70.8%)</td>
</tr>
<tr>
<td>Professional status of tattoo artist (n = 65)</td>
<td></td>
</tr>
<tr>
<td>All tattoos done by professionals</td>
<td>48 (73.8%)</td>
</tr>
<tr>
<td>Some done by nonprofessionals</td>
<td>9 (14.0%)</td>
</tr>
<tr>
<td>All done by nonprofessionals</td>
<td>3 (4.6%)</td>
</tr>
<tr>
<td>Not sure</td>
<td>5 (7.7%)</td>
</tr>
<tr>
<td>Meaning of tattoo (n = 64)</td>
<td></td>
</tr>
<tr>
<td>Love/relations</td>
<td>11 (17.2%)</td>
</tr>
<tr>
<td>Group affiliation</td>
<td>3 (4.7%)</td>
</tr>
<tr>
<td>Other meaning</td>
<td>59 (92.3%)</td>
</tr>
</tbody>
</table>

Carroll ST et al., Pediatrics, 2002
Box 4. Complications of piercing

Noninfectious

Infectious

Braverman (2006)

Box 1. Complications of tattooing

Noninfectious

Infectious

Braverman (2006)
Healing times for piercings by type and anatomic site

<table>
<thead>
<tr>
<th>Site</th>
<th>Type</th>
<th>Description</th>
<th>Healing Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>Eyebrow</td>
<td>Ear</td>
<td>piercing of brow or bridge between brows</td>
<td>6–8 weeks</td>
</tr>
<tr>
<td></td>
<td>Earlobe</td>
<td>piercing of cartilage</td>
<td>4–6 weeks</td>
</tr>
<tr>
<td></td>
<td>Cartilage</td>
<td>piercing through cartilage</td>
<td>2–4 months</td>
</tr>
<tr>
<td>Nose</td>
<td>Nostril</td>
<td></td>
<td>6–12 weeks</td>
</tr>
<tr>
<td></td>
<td>Septum</td>
<td></td>
<td>4–6 weeks</td>
</tr>
<tr>
<td>Mouth</td>
<td>Monroe</td>
<td>piercing upper lip at either side</td>
<td>6–8 weeks</td>
</tr>
<tr>
<td></td>
<td>Labret</td>
<td>piercing middle of lower lip</td>
<td>6–8 weeks</td>
</tr>
<tr>
<td></td>
<td>Tongue</td>
<td></td>
<td>4–8 weeks</td>
</tr>
<tr>
<td>Nipple</td>
<td>Nipple/areola</td>
<td></td>
<td>4–9 months</td>
</tr>
<tr>
<td>Male</td>
<td></td>
<td></td>
<td>4–9 months</td>
</tr>
<tr>
<td>Female genitals</td>
<td>Clitoris</td>
<td></td>
<td>6–8 weeks</td>
</tr>
<tr>
<td></td>
<td>Clitoral hood</td>
<td></td>
<td>4–6 weeks</td>
</tr>
<tr>
<td></td>
<td>Inner labia</td>
<td></td>
<td>4–8 weeks</td>
</tr>
<tr>
<td></td>
<td>Outer labia</td>
<td></td>
<td>2–4 months</td>
</tr>
</tbody>
</table>

Despite the growing popularity and acceptance of body art, tattooing, and piercing, when coupled with certain demographics and characteristics, they can be visual markers of serious psychosocial problems.

Larzo & Grimm (2006)

Several studies have demonstrated that the presence of tattoos and body piercings may be associated with more risk-taking behavior.

Larzo & Grimm (2006)
Predictors of body piercing & tattoo?

- Anger
- Depression
- Negative feelings toward the body
**Breast Modification**

- Alterations
  - Asymmetry
  - Augmentation
  - Reduction
- Breast tissue continues to evolve through adolescence
- Specialised bras

**Genitoplasty**

Originally developed to treat medical conditions

- Feminizing surgery
  - Intersex / Ambiguous genitalia
- Genital Masses
  - Lymphangioma / lymphangectasia
  - Vulvar varicosities
  - Arteriovenous malformations
- Premalignant conditions
  - VAIN / VIN
- Malignancies
  - Vulvovaginal
  - Sarcoma
Genitoplasty

- Labioplasty (usually reduction)
  - Plastic surgery to alter labia minora /majora
  - Rapidly growing cosmetic industry
- Increasingly requested by
  - females with no underlying condition
  - who experience “physical discomfort”
  - wish to alter the appearance of their genitals
    - believe they do not fall within a normal range
- Wide natural variation in all aspects of vulva
  - Not appreciated by the public

Adult Vulvar Variation (Lloyd et al. 2004)

<table>
<thead>
<tr>
<th></th>
<th>Range (mm)</th>
<th>Mean +/- SD</th>
</tr>
</thead>
<tbody>
<tr>
<td>Clitoral Length</td>
<td>5 - 35</td>
<td>19.1 +/- 8.7</td>
</tr>
<tr>
<td>Glans Width</td>
<td>3 - 10</td>
<td>5.5 +/- 1.7</td>
</tr>
<tr>
<td>Clitoris to Urethra</td>
<td>16 - 45</td>
<td>28.5 +/- 7.1</td>
</tr>
<tr>
<td>Labial Majora Length</td>
<td>70 - 120</td>
<td>93 +/- 13</td>
</tr>
<tr>
<td>Labia Minora Length</td>
<td>20 - 100</td>
<td>66 +/- 17</td>
</tr>
<tr>
<td>Labia Minora Width</td>
<td>7 - 50</td>
<td>21.8 +/- 9.4</td>
</tr>
<tr>
<td>Perineal Length</td>
<td>15 - 55</td>
<td>31.3 +/- 8.5</td>
</tr>
</tbody>
</table>

Prepubertal Norms (Akbiyik & Kutlu, 2010)
- Formulae based on age, weight and height
Adolescent Genitoplasty

- Increasing requests for labial sculpting
  - Usually labial reduction
- “idealised vulva”
  - Internet /Social media/ media
  - Rare real life comparators
- Request often supported by the mother
- Socially acceptable reasons
  - Discomfort / clothes display labial contour
- Hidden agenda often difficult to ascertain
Cosmetic Genitoplasty Caveats

- Unlike other aesthetic procedures
  - Labia not normally visible to others
  - Surgery does not alter contour of visible body
- Increasing demand based on cultural norms
  - Limited / idealistic media depiction of female genitals
  - Lack of awareness of wide variation of “normal”
  - Request often parent initiated
  - Psychological drivers recast as functional drivers
- Non-evidence based practice
  - No enduring psychological / functional benefit
- Screen for BDD (Body Dysmorphic Disorder)
- Surgery carries risk
  - Permanent scarring, infections, bleeding, irritation, and nerve damage leading to increased or decreased sensitivity

British Opinion
Requests for cosmetic genitoplasty: how should healthcare providers respond?

Demand for cosmetic genitoplasty is increasing. Lih Mei Liao and Sarah M Creighton argue that surgery carries risks and that alternative solutions to women’s concerns about the appearance of their genitals should be developed.
**BMJ Summary**

- Demand for cosmetic genitoplasty is increasing
- Surgery carries risk and has not been shown to lead to enduring psychological or functional benefits
- There should be increased awareness that the appearance of female genitals varies greatly
- Solutions other than surgery are needed in response to girls’ and women’s concerns about their appearance, including that of their genitals

**BMJ Letters to Editor - Berer**

- Female Genital Mutilation (FGM)
  - “the partial or total removal of the external female genital organs for cultural or other non-therapeutic reasons”
  - distress caused by a perception of abnormality may allow exception
- Surgery is rarely an answer to psychological problems.
- Cosmetic Genitoplasty
  - exploits women’s lack of bodily self esteem
  - no evidence of any benefit of this surgery for mental health
  - ample evidence of its potential and actual harm.
  - The law against female genital mutilation must be enforced
Ontario Human Rights Commission
Policy on female genital mutilation (FGM) 2009

• Female genital mutilation (FGM) refers to the cutting and removal of the female genitalia.
• FGM is a traditional practice rooted in the political, social, cultural and economic structures of the societies in which it is practised.

Developing an Ethical Framework

• Respect
• Support
• Empathy
• Perspective
• Agenda
• Context
• Choices
Issues

- Self expression
- Independence
- Body Image
- Sexual Self
- Norms
- Social Evolution

Motivations

- Differentiation
- Normalisation
- Independence
- Self-expression

Placing Motivations in a Developmental Context

- Establishing a “separate self”
- Exploring sexuality
- Enhancing attractiveness
Benefits of BAP

• Short-term
  ▪ Personal statement
  ▪ Normalising vs differentiation
  ▪ Autonomy

• Long-term
  ▪ Identity formation

Risks of BAP

• Short-term
  ▪ Infection
  ▪ Pain
  ▪ Complications

• Long-term
  ▪ Scarring
  ▪ Unmet expectations
  ▪ Regrets
Counselling Strategies

- Explore motivation
  - Drivers
  - Perceived benefits
- Discuss specifics of the procedure
  - Cost
  - Discomfort
  - Risk of a suboptimal result
  - Temporary alternatives
- Discuss long-term effects “sequelae”
  - Regrets
  - Cost of reversal
Review limitations of confidentiality

Meet patient where they’re at…
Motivational Interviewing

Open-ended questions
Affirmations
Reflections
Summarizing statements

Harm reduction
So how do people feel about their ink?

- One in six people hate theirs and 50% regret getting inked because it makes them look common.
- **One in six people hate their tattoos and want them surgically removed**
  - 12% of people said celebrities were the inspiration for their body art.
- The number of tattoo removal procedures in the U.S. reached 45,224 in 2013 compared to 40,801 procedures in 2011.
- Americans over the age of 65 have made a dent in tattoo removal with 424 procedures being attributed to this group.
- Americans under the age of 18 don’t seem to have a problem with their ink, they only contribute to 0.6 percent of all removal procedures.

Now Let’s Put It Together

- 17 yo Caucasian female + mom
- Presents with labial discomfort and requesting labial reduction
- PMHx: Bilateral breast augmentation @ 15
What else do you want to know?

What would be your approach?
When Should Adolescent Genitoplasty/Labial Revision Be Offered: Post Workshop

1. On request
2. Only for medical conditions
3. Only for medical conditions – else it is FGM
4. Only after significant counselling
5. Only after adolescence
6. Rarely – risks outweigh benefits
7. Other

Summary

• Adolescents are a vulnerable population

• Adolescents’ ongoing brain development has implications for their decision-making

• Providers must respect adolescent autonomy but recognize the ongoing need for support and guidance around safer choices
Thank You

If you have any questions,
please contact us at:

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caroline.sheehan@sickkids.ca

alene.toulany@sickkids.ca

References


Berer, M Cosmetic genitoplasty: It’s female genital mutilation and should be prosecuted BMJ 2007; 334: 1335 (30 June)


