Cultural Competency and Assessment of Transgender Youth in the ED

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Center for Transyouth Health & Development
Learning Objectives

By the end of this training, participants will be able to:

• Define common terms that Transgender and Gender Non-Conforming youth may use to describe themselves;

• Describe basic medical management practices for transgender and gender non-conforming youth; and,

• Identify best practices for providing culturally competent services to transgender and gender non-conforming youth.
Center for Transyouth Health and Development

- Developed in 2012
  - Started seeing pts in 1999
- Current # of Patients: 941
- Ages 3-25
- Services offered:
  - Medical care
  - Case Management
  - Mental Health
  - Social Support Groups
  - Family Support Groups
## Gender Pronouns

<table>
<thead>
<tr>
<th>She/Her/Hers</th>
<th>They/Them/Theirs</th>
<th>He/Him/His</th>
</tr>
</thead>
<tbody>
<tr>
<td>She went to the store.</td>
<td>They went to the store.</td>
<td>He went to the store.</td>
</tr>
<tr>
<td>Do you know her?</td>
<td>Do you know them?</td>
<td>Do you know him?</td>
</tr>
<tr>
<td>That soda is hers.</td>
<td>That soda is theirs.</td>
<td>That soda is his.</td>
</tr>
</tbody>
</table>
Key Concepts & Definitions
Gender Bread

Person

- Sex assigned at birth
- Gender identity
- Sexual orientation
- Gender expression
Genderbread Person

Sex assigned at birth

The category (usually female or male) that we are all placed in at birth by family members, medical providers, and government.

Our reproductive organs, hormones, and chromosomes are used to assign us a sex at birth.
Gender

Person

Gender identity

Our innermost concept of self as female, male, both or neither—how individuals perceive themselves. Our gender identity can be the same or different than the sex assigned at birth.
Gender Bread Person

The ways in which we externally communicate our gender identity to others through behavior, clothing, hairstyle, makeup use, voice, and other forms of presentation. Gender expression should not be viewed as an indication of sexual orientation.
Gender
Bread
Person

Sexual orientation
Our romantic and/or sexual attraction to people of specific gender(s).
Transgender

An umbrella term used to describe people whose gender identity is different from the sex they were assigned at birth.
Cisgender

A term used to describe people whose gender identity matches the sex they were assigned at birth.
Gender Non-Conforming

A person who has, or is perceived as having, gender characteristics and/or behaviors that do not conform to society’s expectations.

People who are gender non-conforming may or may not be transgender and can have any sexual orientation.
Surgical procedures that change a person’s body to bring it into alignment with their gender identity.

This may include “top surgery” (breast augmentation or removal) or “bottom surgery” (altering genitals).
Lived Experience

- **Prevalence**
  - Transgender Identity: 0.7% (from Williams Institute)
  - Twice the rate of Type 1 Diabetes in youth
26% of LGBT youth say their biggest problems are not feeling accepted by their family, trouble at school/bullying, and a fear to be out/open. 22% of non-LGBT youth say their biggest problems are trouble with class, exams and grades.

www.hrc.org/youth  #LGBTYOUTH
LGBT youth are twice as likely as their peers to say they have been physically assaulted, kicked or shoved at

www.hrc.org/youth

#LGBTYOUTH
Why Support for Trans Youth Matters

Based on a 2012 study of 433 individuals

Trans Youth with Supportive Parents

Reported Life Satisfaction
72% 33%

Reported High Self-Esteem
64% 13%

Described Mental Health As “Very Good” or “Excellent”
70% 15%

Faced Housing Problems
0% 55%

Suffered Depression
23% 75%

Attempted Suicide
4% 57%

The Myth of Trans Regrets

Based on a 2011 study of 448 individuals performed by Gender Advocacy Training & Education

9 out of 10
responded that their overall personality improved due to transition

85%
described their emotional stability as "improved" (11% reported no change)

Transitions Satisfaction Rates

- 96% overall
- 97% hormone therapy
- 96% chest surgery
- 90% genital surgery

94% of trans people reported an improvement in their quality of life due to transitioning

96% answered that their sense of wellbeing improved
Key Health Care Finding from National Transgender Discrimination Survey

- 50% reported having to teach their medical providers about transgender care.
- 28% report receiving harassment and violence in a medical setting
- 19% report being refused care
- 41% reported attempting suicide compared to national average 1.6%

Findings of a Study by the National Center for Transgender Equality and the National Gay and Lesbian Task Force By Jaime M. Grant, Ph.D., Lisa A. Mottet, J.D., and Justin Tanis, D.Min. With Jody L. Herman, Ph.D., Jack Harrison, and Mara Keisling, October 2010
Medical Care & Nursing Considerations
Gender Dysphoria

• DSM -5
  – Change from Gender Identity Disorder to Gender Dysphoria
  – Pathologizing Gender
  – Historically a barrier to care
  – Now useful to access care & services

• Diagnosis
  – Does pt have hx of identifying as their stated gender for greater than 6m (persistent)?
  – Does pt identify as their stated gender across situations and time (consistent)?
  – Does pt emphatically assert their identified gender (insistent)?
Gender Dysphoria

• Triggered by puberty
  – Trans girls/women - voice, height, Adam's apple, facial hair and body structure
  – Trans boys/men - menstrual cycle, voice, female chest

• Can lead to self harm
  – Eating disorders, cutting, suicidality
Transition Experiences

- Non-medical
  - Social transition: clothes, hair, toys, name/pronouns
- Reversible
  - Puberty blockers
- Partially reversible
  - Phenotypic transition facilitated by hormones (Feminization or masculinization)
- Irreversible
  - Gender confirmation surgeries
Puberty Blockers

- Mimic the actions of GnRH to inhibit LH and FSH
  - Started at Tanner Stage 2+
- Forms
  - Histrelin (SupprelinLA or Vantus) - implant
  - Luprolide acetate (Lupron or Eligard) - injection - can be dosed as 1m or 3m injections
- Neither FDA approved for this purpose
- Benefits
  - Improved quality of life
  - Limits need for surgical interventions
  - Gender concordant puberty
Feminizing hormones

• **Goal**
  - suppress testosterone
  - diminish masculine features
  - Develop female characteristics - breast tissue, decreased body/facial hair, softer skin, fat redistribution, decreased muscle mass, genital changes

• **Treatment**
  - **Estrogen** - estradiol - IM, SL, PO
  - **Anti-androgen** - spironolactone - PO
    • Inhibits testosterone
  - **Progesterone** - PO
    • Improve feminization including breast development
Masculinizing Hormones

• Goal
  – Decrease estrogen levels
  – Diminish female features - Amenorrhea, Breast reduction
  – Develop male characteristics - Male pattern body/facial hair, Increased muscle mass, Deepening of voice, genital changes

• Treatment
  – Testosterone Cypionate - SubQ, IM, topical gel
### Table 1A: Effects and Expected Time Course of Masculinizing Hormones

<table>
<thead>
<tr>
<th>Effect</th>
<th>Expected onset</th>
<th>Expected maximum effect</th>
</tr>
</thead>
<tbody>
<tr>
<td>Skin oiliness/acne</td>
<td>1–6 months</td>
<td>1–2 years</td>
</tr>
<tr>
<td>Facial/body hair growth</td>
<td>3–6 months</td>
<td>3–5 years</td>
</tr>
<tr>
<td>Scalp hair loss</td>
<td>&gt;12 months</td>
<td>Variable</td>
</tr>
<tr>
<td>Increased muscle mass/strength</td>
<td>6–12 months</td>
<td>2–5 years</td>
</tr>
<tr>
<td>Body fat redistribution</td>
<td>3–6 months</td>
<td>2–5 years</td>
</tr>
<tr>
<td>Cessation of menses</td>
<td>2–6 months</td>
<td>n/a</td>
</tr>
<tr>
<td>Clitoral enlargement</td>
<td>3–6 months</td>
<td>1–2 years</td>
</tr>
<tr>
<td>Vaginal atrophy</td>
<td>3–6 months</td>
<td>1–2 years</td>
</tr>
<tr>
<td>Deepened voice</td>
<td>3–12 months</td>
<td>1–2 years</td>
</tr>
</tbody>
</table>

**Notes:**
- Adapted with permission from Hembree et al. (2009). Copyright 2009, The Endocrine Society.
- Estimates represent published and unpublished clinical observations.
- Highly dependent on age and inheritance; may be minimal.
- Significantly dependent on amount of exercise.

### Table 1B: Effects and Expected Time Course of Feminizing Hormones

<table>
<thead>
<tr>
<th>Effect</th>
<th>Expected onset</th>
<th>Expected maximum effect</th>
</tr>
</thead>
<tbody>
<tr>
<td>Body fat redistribution</td>
<td>3–6 months</td>
<td>2–5 years</td>
</tr>
<tr>
<td>Decreased muscle mass/strength</td>
<td>3–6 months</td>
<td>1–2 years</td>
</tr>
<tr>
<td>Softening of skin/decreased oiliness</td>
<td>3–6 months</td>
<td>Unknown</td>
</tr>
<tr>
<td>Decreased libido</td>
<td>1–3 months</td>
<td>1–2 years</td>
</tr>
<tr>
<td>Decreased spontaneous erections</td>
<td>1–3 months</td>
<td>3–6 months</td>
</tr>
<tr>
<td>Male sexual dysfunction</td>
<td>Variable</td>
<td>Variable</td>
</tr>
<tr>
<td>Breast growth</td>
<td>3–6 months</td>
<td>2–3 years</td>
</tr>
<tr>
<td>Decreased testicular volume</td>
<td>3–6 months</td>
<td>2–3 years</td>
</tr>
<tr>
<td>Decreased sperm production</td>
<td>Variable</td>
<td>Variable</td>
</tr>
<tr>
<td>Thinning and slowed growth of body and facial hair</td>
<td>6–12 months</td>
<td>&gt; 3 years</td>
</tr>
<tr>
<td>Male pattern baldness</td>
<td>No regrowth, loss stops 1–3 months</td>
<td>1–2 years</td>
</tr>
</tbody>
</table>

**Notes:**
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- Estimates represent published and unpublished clinical observations.
- Significantly dependent on amount of exercise.
- Complete removal of male facial and body hair requires electrolysis, laser treatment, or both.
Side Effects

• Rare or not significant enough to stop medications
  – Feminizing - blood clots, HTN, abnormal LFTs, N/V, depression/emotional
  – Masculinizing - acne, polycythemia, abnormal LFTs, incr. lipids, irritability/anger

• Possible infertility
<table>
<thead>
<tr>
<th></th>
<th>Estradiol</th>
<th>Total Testosterone</th>
</tr>
</thead>
<tbody>
<tr>
<td>Trans Male</td>
<td>20-60</td>
<td>~500*</td>
</tr>
<tr>
<td>Trans Female</td>
<td>100-200</td>
<td>&lt;20-40</td>
</tr>
</tbody>
</table>
**Binding**

- Breathable, expandable
- Measure at largest part of chest in inches
- Encourage to remove overnight/hours each day
- Clean PRN
- Tighter not better

**Packing**

- Multi-Use
  - Pack, Play, Penetrate, Pee
- Harness or underwear
- Clean PRN
- Bigger isn’t always better
**Tucking**

- Tuck penis back & testicles into inguinal canal
- Tight underwear or gaff
- Risk: pain, N/V, skin irritation, dysuria

**Breast Forms**

- Encourage to wear <8hr at a time
- Clean PRN
- Some can be adhered to skin
Nursing Interventions

• Monitor for side effects of medication and proper dosage
• Hormone injection teaching
• Binding assessment
  – Can they breath? Chest Pain?
  – Skin rashes
• Tucking assessment
  – Pain/Discomfort? Difficulty voiding?
Nursing Interventions

• Documentation
  – Affirm self identity in charting
  – Don’t use quotes around gender pronouns

• Advocacy & Being an ally

• Connect to support
Best Practices to Support Transgender and Gender Non-Conforming Youth
1. Honestly reflect on your own biases and misconceptions

- Acknowledge and park judgment
- Challenge yourself to confront your biases and explore feelings behind them.
- As a provider, it is your responsibility to care for ALL clients.
- Apologize for mistakes
2. **Maintain Confidentiality**

- Confidentiality is especially important to trans youth who are still vulnerable to discrimination.
- Discuss scope of confidentiality with youth, including which other staff will have access to their information.
- Don’t record gender identity and other sensitive information without explicit consent.
Best Practices

3. **Use inclusive language regarding gender identity and gender expression**
   - Don’t assume someone’s gender identity or which pronouns they use.
   - If you are not sure which pronouns someone uses, just use the person’s name in place of a pronoun or respectfully ask.
   - Don’t ask someone what their “real” name is. Respect and use identity terms and name youth uses.
4. Be an advocate for trans patients

• Help create an environment where derogatory language, misinformation or jokes about trans people are not accepted.

• If you hear or see something, say something!

• Support youth in advocating for their needs and rights (i.e., challenging unnecessary exams or questions)
5. Inclusive Forms

- Modify all forms where gender identity or sex assigned at birth is required, to allow for identities across the gender spectrum.
6. Physical Exams / Screening

- Don’t Forget Preventative Health Screenings
  - Provide health screening based on patient’s present anatomy

- Gender Neutral Physical Exams
  - Using gender neutral terms for body parts, if possible
  - Explain what parts will be examined & ask for consent
7. Trans Friendly Environment

- Build an inclusive environment with clear cues that signal to all that trans people are welcomed.
  - Ex. posters, staff buttons & stickers, and literature about trans issues.
  - Have accessible bathroom facilities.
  - Allow space for community driven programs

- Post copies of your agency’s non-discrimination statement that includes sexual orientation, gender identity and gender expression.

- Trans inclusive materials
  - Specific materials for transgender youth.
  - Trans inclusive health promotion campaigns.
We care about you. Our staff values and welcomes everyone who needs our services.
CHLA supports gender diversity.

All are welcome to use the restroom consistent with their identity. A gender neutral bathroom is available on the 4th floor upon request.

CHLA apoya la diversidad de género.

Todos son bienvenidos a utilizar el baño consistente con su identidad. Un baño de género natural está disponible en el 4° piso a petición.
8. **Staff trainings**

- Include information about transgender people and their specific needs in staff trainings.
  - Required for all staff
  - Build into new staff orientation

9. **Trans Focused Referrals**

- Learn about other providers and agencies that offer trans- affirming services.
10. Trans Affirming Suicide Assessment

• Use affirming language that doesn't diminish gender dysphoria/trans experience
• Self-harm doesn’t mean suicidal
  - Ask follow-up questions
  - This can be a coping mechanism
• Create a safe space to explore the difference between “I can’t see my future self” vs “I want to die”
• Connect to resources: Transgender Life Line, Trevor Project, or phone app Virtual Hope Box
Resources
Resources - Protocols

• UCSF Center of Excellence for Transgender Health
  http://Transcare.ucsf.edu

• World Professional Association of Transgender Health
  http://www.wpath.org/uploaded_files/140/files/Standards%20of%20Care,%20V7%20Full%20Book.pdf

• Endocrine Society Guidelines
Resources - Local

• Center for Trans Youth Health & Development - CHLA
  www.chla.org/transyouth

• SYPP Center - CHLA
  www.chla.org/sypp

• Transforming Families
  www.transformingfamily.org

• Los Angeles LGBT Center
  www.lalgbtcenter.org

• St. John’s Transgender Health Program
  www.wellchild.org/transgender-health-program
Resources - Additional

• Center of Excellence for Transgender Health
  http://www.transhealth.ucsf.edu

• Family Acceptance Project
  http://familyproject.sfsu.edu

• Fenway Institute
  http://www.lgbthealtheducation.org

• GSA Network
  http://www.gsanetwork.org
Resources - Additional

- Human Rights Campaign
  http://www.hrc.org

- Lambda Legal
  http://www.lambdalegal.org

- Transgender Law Center
  http://www.transgenderlawcenter.org
Thank you!

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