Trans Positive Health Care:
What You Need to Know When Working with Gender Diverse Clients

KRISTA BENSON, BN,RN, MS
CLINICAL SEXOLOGIST/REGISTERED NURSE
MENTAL HEALTH AND ADDICTIONS PROGRAM
EASTERN HEALTH
A little background...

- I’m a registered nurse 😊
- Clinical Sexology is part of the MH & A program
- See individuals and couples (18+) with variety of sexual and relationship issues
- Large part of practice is working with transgender clients and their partners/families. See some youth as well
- Often help trans clients disclose to families, work with schools to create safe spaces, navigate the system to ensure access to care
Outline for Today

- Definitions and terminology
- The spectrum of gender identity
- Common myths about gender diversity
- Standards of Care for working with transgender clients
- Medical and surgical interventions
- Access to care in NL
- Impact of oppression and delaying treatment
- What nurses need to know
Sex assigned at birth – We are all assigned a sex at birth, typically based on physical characteristics such an anatomy, chromosomes and hormone levels.

Trans/Transgender – An umbrella term used to describe people who have a gender identity that differs from what is socially expected given their sex assigned at birth.

Cisgender – A term used to describe someone whose gender identity aligns with what is expected given their sex assigned at birth.

Non-Binary – A term used to describe an identity that rejects the idea of the binary (male or female) system of gender.
There is great diversity in the expression of gender and in the range of gender identities that are possible.

**Genderqueer** **Transgender** **Trans** **Transsexual** **Bigender**

**Trans Man** **Trans Woman** **Cisgender** **Agender**

Assigned male at birth Assigned female at birth

**Gender Dysphoria** Male to Female (MTF) Female to Male (FTM)

**Genderfluid** Gender Creative Gender Independent Genderneutral

Gender non-conforming Two-Spirit Male or Female

Women or Men of Tran Experience Trans Feminine or Trans Masculine
Gender Identity – A term that refers to our internal sense of self as male, female, both, somewhere else on the spectrum of gender, or no identification with gender at all. One’s gender identity may or may not differ from the gender that was assigned to them at birth or what society expects based on the assigned gender.
Exploring Identity

The Gender Unicorn

Gender Identity
- Female/Woman/Girl
- Male/Man/Boy
- Other Gender(s)

Gender Expression/Presentation
- Feminine
- Masculine
- Other

Sex Assigned at Birth
- Female
- Male
- Other/Intersex

Sexually Attracted To
- Women
- Men
- Other Gender(s)

Romantically/Emotionally Attracted To
- Women
- Men
- Other Gender(s)

To learn more go to: www.transstudent.org/gender
Design by Landyn Pan
Growing up, what did you learn about being male or female?

Where did your beliefs about gender come from?

What would it be like for you if someone told you: “You are not who you say you are?”

What would it be like to look in the mirror and see a face and body that doesn’t fit who you know you are?
Common Myths about Gender Identity
Myth #1: “It’s a disorder”

- Chromosomes, anatomy, hormones vary widely among people. We are much more complicated than just male and female. Diversity is in our DNA
- Health care professionals have a long history of pathologizing trans identities
- No longer called Gender Identity Disorder. Now Gender Dysphoria in DSM-5
- Gender Dysphoria: “The distress that may accompany the incongruence between one’s experienced or expressed gender and one’s assigned gender.” (DSM-5)
- The problem is the distress it causes, not the identity itself
- Moving towards more affirmative model of care
Myth #2: “Trans people are just confused”

- Transgender identity is NOT confusion, or pretending, or a pathway to being gay or lesbian, or simply wanting the societal privileges of another gender.
- Transgender identity is just as consistent and profound as that of cisgender people.
- When we question someone’s gender, we question who they are. Do we have that right?
Myth #3: Children are too young to know who they are

- Many transgender people have described awareness of their gender identities from a very young age.
- The Canadian Pediatric Society confirms that children begin to develop a sense of gender at about 18-30 months.
- Most children have an awareness of their own gender identity by the age of 3 to 5 years. It is often at this age that young transgender children try to express their sense of discomfort with their assigned gender.
- Kids who simply enjoy play or dress different from gender stereotypes usually continue to identify with their assigned gender.
WPATH Standards of Care

A CLINICAL FLEXIBLE GUIDE
“The Standards of Care for the Health of Transsexual, Transgender and Gender Nonconforming People”.

▶ Meant to be flexible guidelines and cover a broad range of topics and areas of care. [www.wpath.org](http://www.wpath.org)

▶ Affirmative approach based on informed consent.

▶ Outlines qualifications of health care practitioner working with gender diverse clients

▶ Outlines general criteria for medical intervention (hormones, surgeries, etc.)
Informed Consent Model

- There has been a paradigm shift

- Increasingly medical providers are following an informed consent model, recognizing *self-determination* and capacity to make informed decisions.

- There is no requirement for counseling prior to medical interventions although it can be helpful for some people if desired.

*We are not gatekeepers!*
Transitioning

- Some people seek assistance in exploring transitioning options, from social to medical.
- Keep in mind that not everyone connects with the language of transition. Not everyone wants medical intervention.
- Not all view transition as a life-long process but some people do.
Social Transition may include:

- Name and pronoun
- Clothing
- Hairstyle, accessories
- Voice
- Coming out/disclosure
- Community involvements
- Out at school
- Out at work
- Out to family members
- Joining groups/out more
- Legal name change
- Changing ID’s
- Gender marker on ID’s
Hormone Therapy

- Hormone therapy, testosterone or estrogen and androgen blockers, can be explored generally at age 16 and over, for those who desire this option.

- Puberty blockers such as Lupron may be explored for prepubescent children to prevent onset of puberty.

- There are risks and benefits, with some effects reversible but other effects irreversible.

- Helps support gender affirmation and reduce distress of gender dysphoria.
Criteria for Hormone Therapy

1) Persistent, well-documented gender dysphoria;
2) Capacity to make a fully informed decision and to consent for treatment;
3) Age of majority in a given country
4) If significant medical or mental health concerns are present they must be reasonably well controlled.
Expected Changes with Masculinizing Hormones

- Skin oiliness and acne (1-6 months)
- Facial and body hair (3-6 months)
- Scalp hair loss (variable)
- Increased muscle mass/strength (6-12 months)
- Body fat redistribution (3-6 months)
- Cessation of menses (2-6 months)
- Clitoral enlargement (3-6 months)
- Vaginal atrophy (3-6 months)
- Deepened voice (3-12 months)
- Side effects: high cholesterol, hypertension, cardiovascular disease, elevated liver enzymes
Expected Changes with Feminizing Hormones

- Body fat redistribution (3-6 months)
- Decreased muscle mass/strength (3-6 months)
- Softening of skin (3-6 months)
- Decreased sex drive (1-3 months)
- Decreased spontaneous erections (1-3 months)
- Breast growth (3-6 months)
- Decreased testicular volume (3-6 months)
- Decreased sperm production (variable)
- Thinning of facial and body hair (6-12 months)
- Side effects: venous thromboembolic disease, cardiovascular disease, hypertension, elevated liver enzymes
Surgeries are generally not explored until age 18, however there may be some exceptions.

Some people choose to pursue surgery and others don’t; there is a great diversity of desires and transition paths.

For those who wish to have surgery – it is medically necessary
Criteria for Surgeries

- Criteria similar to those for hormone therapy, however often dependent on surgeon and the type of surgery.
- One referral required for breast/chest surgery
- Two referrals required for genital surgery

Note: One year living in gender role congruent with gender identity recommended prior to genital surgeries.
Access to Care

AFFIRMATION
Access to Care

- Stigma, discrimination and lack of service provider awareness often keep trans people from accessing health and specialist services.

- In the TransKidsNL study, 80% of youth said they felt their health care providers were not knowledgeable about the health care needs of trans people.

- Nearly 66% uncomfortable talking to health care providers.
Clients accessing mental health care and support through a variety of services.

Hormones and/or androgen blockers usually covered under private insurance and NL Prescription Drug Plan

Most people get prescriptions from family physicians. Several in NL have identified themselves as comfortable prescribing hormone therapy.
Several OB-GYNS are completing hysterectomies for trans males. Problems with MCP if person has gender marker changed.

A plastic surgeon is completing breast augmentations for trans women (not covered by MCP).

Adult and pediatric endocrinologists are prescribing puberty blockers and hormones (for more complicated cases).

Speech therapists providing voice therapy/training, mostly for trans women.
Legal Name Change
http://www.servicenl.gov.nl.ca/birth/legal_name_change/

Change Birth Certificate at Vital Statistics ($35 fee)

Gender Marker Change
http://www.servicenl.gov.nl.ca/birth/changing_your_sex_designation/

Note: If under age 16 need authorization from guardian

Note: Need completed statement from physician, psych, NP, RN, or SW
Problems with MCP coverage:
1) Requirement of assessment at CAMH for gender-affirming surgeries.
2) Many surgeries and other gender-affirming interventions still not covered.
3) Private surgeons not covered by MCP. Must be publically funded.

- No centralized “Gender Wellness Clinic.”
- Most services centralized in St. John’s
- Many primary care practitioners still not prescribing
Impacts of Delaying Treatment

- Should not withhold medical treatment on the basis of depression or suicidality. Often mental health improves once treatment commences.

- It is suggested to consider referral for medical treatment at the same time as providing treatment options for mental health.

- Delaying transition is not a neutral option.
Impacts of Oppression
MENTAL HEALTH IMPACTS
Trans people can be invisible, and the assumption is that everyone is cisgender. Subject to minority stress.

Trans people have higher rates of victimization and violence within families, schools and communities.

Transphobia is a fear or hatred of trans folks. The messages can become internalized, leading to shame, silencing, isolation and poor mental health.
Mental Health Impacts

The mental health impacts from social oppression and violence can include increased presence of:

- anxiety
- depression
- trauma
- suicidality
- self harm
On December 28th, 2014, 17-year old Leelah Alcorn wrote a suicide note on her Tumblr blog. She revealed that her parents had refused to recognize her as a girl, and had sent her to conversion therapy to convince her she was a boy. Prevented from medically transitioning, she did not believe her life could ever be worth living. After posting her note, she walked onto a highway and brutally ended her life in the path of a tractor trailer. Her final words were: “Fix society. Please.”
Affirming Gender Identity in Practice: What Can Nurses Do?

HIGHLIGHTING, LISTENING AND NURTURING
Creating a welcoming space

- Gender neutral washrooms or single stall
- Signage such as posters or the trans flag
- Referral forms, assessment/intake forms
- Take responsibility for own knowledge. It is not the client’s responsibility to educate you. As nurses we are expected to provide culturally competent care

“There are those that know, those that try, and those that don’t bother”
Use of Chosen Name and Pronoun

- Ask if okay to share identity, chosen name and pronoun with other service providers (i.e., physician) and when making referrals. Discuss the context.
- Ask what name to use if call out in waiting room, or call home, or leave a message.
- Ask who knows about their chosen name or pronoun.
- Don’t dwell on a mistake. Acknowledge and move on.
Ask if client would they like you to document using their chosen name and pronoun.

If okay with documenting, make note of chosen name and pronoun and that the notes will be written as so.

“This client was male assigned at birth but identifies as trans-female. Client prefers chosen name “X” and female pronouns. All further documentation by this writer will respect client’s wishes.”
Trans-Positive Health Care

- Don’t assume anything about one’s anatomy based on physical appearance.
- Refrain from “curious” questions. Only ask the client questions that are related to current health care.
- Don’t assume anything about gender, sexuality or relationships.
- All health care must be relevant to the client’s BODY PARTS. (For example, if client is identifying as male and still has a vagina, he will still need regular paps)
- Recognize that some clients may be uncomfortable with the names of their genitals or specific body parts
- Advocate for client when necessary. If you notice a colleague is frequently mis-gendering, speak up (in a constructive manner)
As nurses we can...

- Recognize the impact of minority stress and vulnerability
- Engage in social activism. Advocate for the rights of our clients
- Be a positive role model for colleagues and clients
- Never stop learning and growing as professionals!
Local Resources

- Trans Support Group: transsupportnl@hotmail.com
- Trans Needs Committee at MUN: tnc.mun@gmail.com
- Trans Health Committee, Eastern Health: krista.benson@easternhealth.ca
- Planned Parenthood
- Camp Eclipse: http://www.campeclipse.com/
- LBGTQ Youth Group: https://www.facebook.com/groups/6549440145/
- PFLAG: https://www.facebook.com/groups/2384098956/
- Parents of Gender Creative Kids NL and Trans Youth Support Group
  (www.facebook.com/parentsgendercreativekidsnl)