Assurance of Health Equity with Gender Non-Conforming Clients

- Part I – Melissa Haworth

The Nurse’s Role In Adolescents With Gender Identity Questions

- Part II—Kimberly Sutter, MSN, RN

The Benefits Of Nursing Education For Gender Non-conforming Clients
THE NURSE’S ROLE IN ADOLESCENTS WITH GENDER IDENTITY QUESTIONS

Melissa Haworth
Objectives

• At the end of this session the nurse will be able to
  • Define gender identity
    • Contrast between cisgender, transgender, and gender fluid identities
  • Identify gaps in current nursing practice
  • Understand the risks to the adolescent who is dealing with a gender identity question
  • Be able to
What is gender

- Gender refers to the male or female identity of an individual
- Often is related to biological factors
  - Male traditionally refers to an individual with an X and Y chromosome, testis, and penis
  - Female traditionally refers to individual’s with two X chromosomes, ovaries, and vagina
- Gender impacts all aspects of society
  - Language
  - Cultural practices
  - Dress
  - Relationships
Gender development

• Gender is traditionally assigned at birth based on external genitals

• Individuals determine their gender identity
  • This begins around age three where a child begins to show characteristics associated with a gender identity
  • Most individuals have a rigid sense of their gender by age six

• Identities are different
  • Cisgender is a term utilized to define an individual who identifies as the gender of their biological sex
  • Transgender is an individual who identifies as gender opposite their biological sex
  • Androgynous is used to define an individual who is neither male or female or is both
    • May also be described as bi-gender, trigender, or pangender
  • Genderless or not identifying as having a gender
Factors that influence gender

- Society has a large influence on the expression and identification of gender
- Traditions for male and female have varied a lot over the years
  - Includes body style, haircuts, clothing, and grooming
  - Speech including slang, expressions, and mannerisms
  - Roles within the workforce
- Parent attitude
- Peer attitude
  - Studies have shown that preschoolers who have gender rigid friends (i.e. Boys don’t play with girls) are more likely to have gender stereotypes themselves compared to preschoolers who play with peers that are more fluid.
Identifying individual gender

• Gender is only identified by the individual

• Currently individuals who identify as a gender that doesn’t match the biological sex assignment are diagnosed with Gender Dysphoria
  • This is listed as a mental disorder or illness
    • Within the United States having a mental illness or disorder is still not “socially” acceptable

• Individuals who report with a gender identity question or as transgender
  • Are automatically added to the Lesbian, Gay, Bisexual, or Questioning group.
  • Gender doesn’t define or predict sexual preference

• Adolescence is not the time for gender identification
  • This has already occurred in the early toddler or preschool years
  • Adolescence is the time to be able to express one’s identity separate from their parent
Adolescence

• Adolescence is defined as an individual between the ages of 10 and 19

• The adolescent is in a stage of psychological development
  • Forming own identity separate from parent or caregiver
  • Learning to form relationships and handle conflict on their own
  • Often highly emotional and irrational at times
  • Developing self-esteem

• Adolescents are at risk
  • Healthy People 2020 goals for adolescent health
    • Substance abuse
    • Violence
    • Sexual minorities
Risk for adolescents

- Adolescents have a higher risk of
  - Substance abuse
  - Unsafe sexual practices
  - Unintended pregnancy
  - Violent encounters with and without weapons

- According to the CDC adolescents who identify as a member of the LBGTQ community are an additional 11% more likely than non LBGTQ adolescents to
  - Engage in drug use
  - Attempt self-harm
  - Commit suicide
  - Be a victim of a violent act
Challenges in nursing practice

- Current recommendations from the American Nurses Association and American Psychiatric Nurses Association
  - No current position on care of adolescents with gender identity questions
  - Current practice recommendations are to treat these individuals the same as other patients
- Lack of care plans for nurses to utilize with patients who have gender identity questions
- Lack of resources for nurses to give to patients
- Current education related to adolescents with gender identity questions is limited and inconsistent
Current practice is not working

• Adolescents with gender identity questions are not being identified
• Nurses are not receiving standardized education on the needs of the adolescent
  • American Nurses Association and American Psychiatric Nurses Association have no formal guidelines
Negative outcomes related to current practice

• Currently adolescents who identify as a sexual minority which includes gender identity questions
  • Have a higher rate of reported depression
  • Have a higher rate of self-harm including suicide attempts
  • Are more likely to be victims of violence
  • Are more likely to engage in other risky behaviors including substance abuse
How can we provide holistic care?

• Intake forms specify only M or F

• No option on most forms to identify gender identity concerns
  • Specific health needs and concerns
    • Female to male patients may still have need for cervical cancer screening
      • These patients could appear as a male in the office
    • Male to female patients could still ejaculate
  • Injury to self from trying to bind breasts to avoid being identified as a female
    • Use of substances to cause amenorrhea
  • Injury to self from trying to remove or hide penis to avoid appearing as a male
Recommendations for nursing

- Nursing care is a system in its own practice
  - Registered Nurses are trained in accordance with guidelines that are consistent across schools
    - Education on the needs of the adolescent with gender identity questions and how to support these patients is lacking in nursing education
  - Neuman’s theory of nursing states that if the system is stressed care will be negatively impacted.
  - Leininger's theory of nursing states that care should be individualized with regard to the culture of the patient
    - Nursing needs to recognize that adolescent’s with a gender identity question as a culture
    - Care needs to be individualized for these individuals
Assessment

- The nursing profession needs to have standardized assessment protocols in place when encountering adolescents
  - Assessment should include
    - Options for individuals to identify gender need to include an option for “other”
    - Asking if the individual has been a victim of violence or engaged in risky behavior
      - Behaviors include substance abuse, drug use, tobacco or alcohol use, unprotected sex
      - Violence includes rape, bullying, verbal or physical assault with or without weapons
    - Suicide or self-harm attempts
      - Ask each patient
        - Have you ever tried to hurt yourself or commit suicide?
    - Ask if the patient has concerns related to their reproductive health
    - Physical assessment including assessing for breast binding or genital mutilation
Interventions

• The most important intervention for the adolescent who has reported a gender identity question or identification as transgender, pangender, or genderless is consistent care
  • Providing accepting attitude
  • Address the gender identity issue
    • Don’t treat them “just like everyone else”
      • Over 40% of individuals report that they perceived others were aware of their status
      • Ignoring the gender identity issue is like trying to avoid an elephant in a small room

• Utilize community resources
  • Support groups for adolescents who identify with a gender identity question

• Educate the patient
  • Make them aware of their individual health needs
  • Ways to make healthy choices that fit within their gender identity choices
Multi-disciplinary collaboration

- Nursing cannot work with this population in silo
- Collaboration with physicians, psychiatric nurses and counselors, social workers
- Community resources for support
Common misconceptions reviewed

- Gender identity is the same as sexual orientation
  - FALSE
  - Gender identity is independent from sexual orientation

- Gender identity is static and unchanging
  - FALSE
  - Some adolescents report having a fluid sense of identity

- Transgender individuals will have health needs appropriate to their chosen gender
  - FALSE
  - Reproductive health needs may not change with physical appearance

- Individuals with gender identity questions should be treated without regard to their gender identification
  - FALSE
  - Not addressing the identity difference or questions isolates the patient
  - Higher rates of suicide, substance abuse, self-mutilation have been noted in this population
References


References


Thank you

• Special thanks to Dr. Burgess for her ongoing support
• Special thanks to my family for their love and support
• Special thanks to the Saginaw Public School district for their support of this work
Time for a stretch!!
The benefits of education for nurses working with gender non-conforming clients.

This presentation segment is by:
Kimberly M. Sutter, MSN, RN
Community Health & Nursing Director DHD2
Why I get up in the morning!
To appreciate the value of staff education related to gender non-conforming clients.

To understand the steps needed to incorporate these culturally-competent services for gender non-conforming clients.
Following the education and research provided by Dr. Haworth, the program needed to test the self-identification questions in the clinic setting.

A short form with the self-identifying questions and name preference was added to registration paperwork at intake. It was then passed on with the other routine forms to clinic nurse.

The nurses used the self-identifying preferences during their assessment and educating process. The clinic serves a small number of clients, so manual collection of the metrics was realistic. So, if someone self-identified, the nurse made an anonymous (number) report to the Community Health/Director of Nursing. This was to be compiled and reported to Dr. Haworth during the study time frame.
During this time the Sterile Syringe Program was being started simultaneously. These vulnerable clients also need intense privacy, respect, and a trusting environment or services will not be sought.

The Family Planning, Sexually-Transmitted Disease, BCCCP, and HIV Counseling and Testing Program were being integrated into, “The Personal Health Care Clinic.”

This was an additional step for services provided with more privacy for any client presenting. They didn’t have to name the service they were there for.
Paperwork, billing, and clinic flow

When the combined forms were created for the Personal Health Care Clinic they were created with the gender self-identification questions. The HIV forms stayed separate as required by the state. These forms have he self-identifying gender information.
AS EXPECTED WITH ANY CHANGE, PARTICULARLY ONE THAT CAN EVOKE EMOTION AND PERSONAL BIAS ON THE PART OF THE STAFF CAN BE DIFFICULT AND MUST BE PLANNED FOR.

DESPITE PUBLIC HEALTH BEING AN OPEN DOOR FOR VULNERABLE POPULATIONS, NOT EVERY EMPLOYEE ACCEPTS THAT.
Nurse Ethics Demand All Patients be treated with Dignity & Respect.

It is the nurse's responsibility to assure that all staff, including themselves, are educated about this population to provide the culturally-sensitive and individual treatment they need.

All public health employees must manage clients with cultural competence. It is the responsibility of the nurses & management to monitor this practice and correct any deviations.
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Self-Reflection & Concern about Offending the client

DO I HAVE A BIAS?

CAN I WORK THROUGH THE EMOTIONAL RESPONSES TO GET THE INFORMATION I NEED.

DIALOG NEEDS TO OPEN, CULTURALLY SENSITIVE, RESPECTIVE OF DIVERSITY AND APPROPRIATE WITH CARE.

THE QUESTIONS CREATED BY DR. HAWORTH PROVIDED A RESPECTFUL WAY FOR THE CLIENT TO SELF-IDENTIFY WITH THE GENDER THEY IDENTIFY WITH.

SOMETIMES THE CLIENT MAY RESPOND WITH SLANG OR DEROGATORY NAMES FOR THEMSELVES. IT IS IMPORTANT FOR THE NURSE TO NOT APPEAR SHOCKED BY THESE RESPONSES.
What to do in the Clinic to Assure Integrated, Culturally-Competent Care

- Create a welcoming environment
- Staff sensitivity and training
- Respectful, inclusive language-preferred names, pronouns, and mirroring of patient’s language
- Assess sexual orientation identify, gender identity, and sexual health and do appropriate follow up
- Become knowledgeable about LGBT health disparities
- Assess for social stressors and relationships
- Assess for exposure to violence, including intimate partner violence
- Provide individualized, person-centered care.
Concerns for the future

Under the Meaningful Use Act-EMR’s must have the capacity to record, change and access structured data on sexual orientation and gender identity. There is an algorithm to differentiate sex at birth from gender. Statistical data collection is an issue here. Anticipate ongoing changes to keep data clean.

There are many concerns. Some of the same that were there for HIV positive individuals—insurance issues, employment discrimination, having to seem substandard care and other issues that need to be monitored and studied in the future. These individuals are fearful and protective of their privacy for good reason. Public health clinics must assure their safety and privacy to attain their trust and reduce the fear of seeking out needed care.
Thank you for your attention and interest.
References

- [Http://www.lamdalegal.or/news/ny20100204-lambda-releases-health]
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“Leadership is not about titles, positions, or flowcharts. It is about one life influencing another.” – John C. Maxwell