



ADOLESCENT AND  
YOUNG ADULT  
MEDICINE

# Cultural Competency for Working with Transgender and Gender Non-Conforming Youth

Presenters

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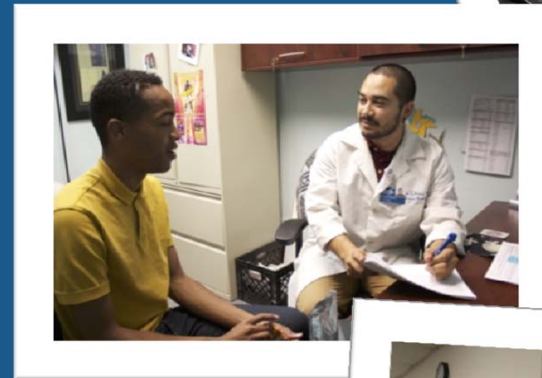
# Learning Objectives

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.

# Division of Adolescent & Young Adult Medicine Children's Hospital Los Angeles

- Center for Transyouth Health & Development
  - Services, research, training and capacity building for transgender youth and gender non-conforming children
- SYPP Center
  - Capacity building assistance services for agencies, communities and systems of care seeking to address the social determinants of health that create health inequities among youth
  - Training, technical assistance, webinars, and resources



# Gender Pronouns

## **She/Her/Hers**

She went to the store.  
Do you know her?  
That soda is hers.

## **They/Them/Theirs**

They went to the store.  
Do you know them?  
That soda is theirs.

## **He/Him/His**

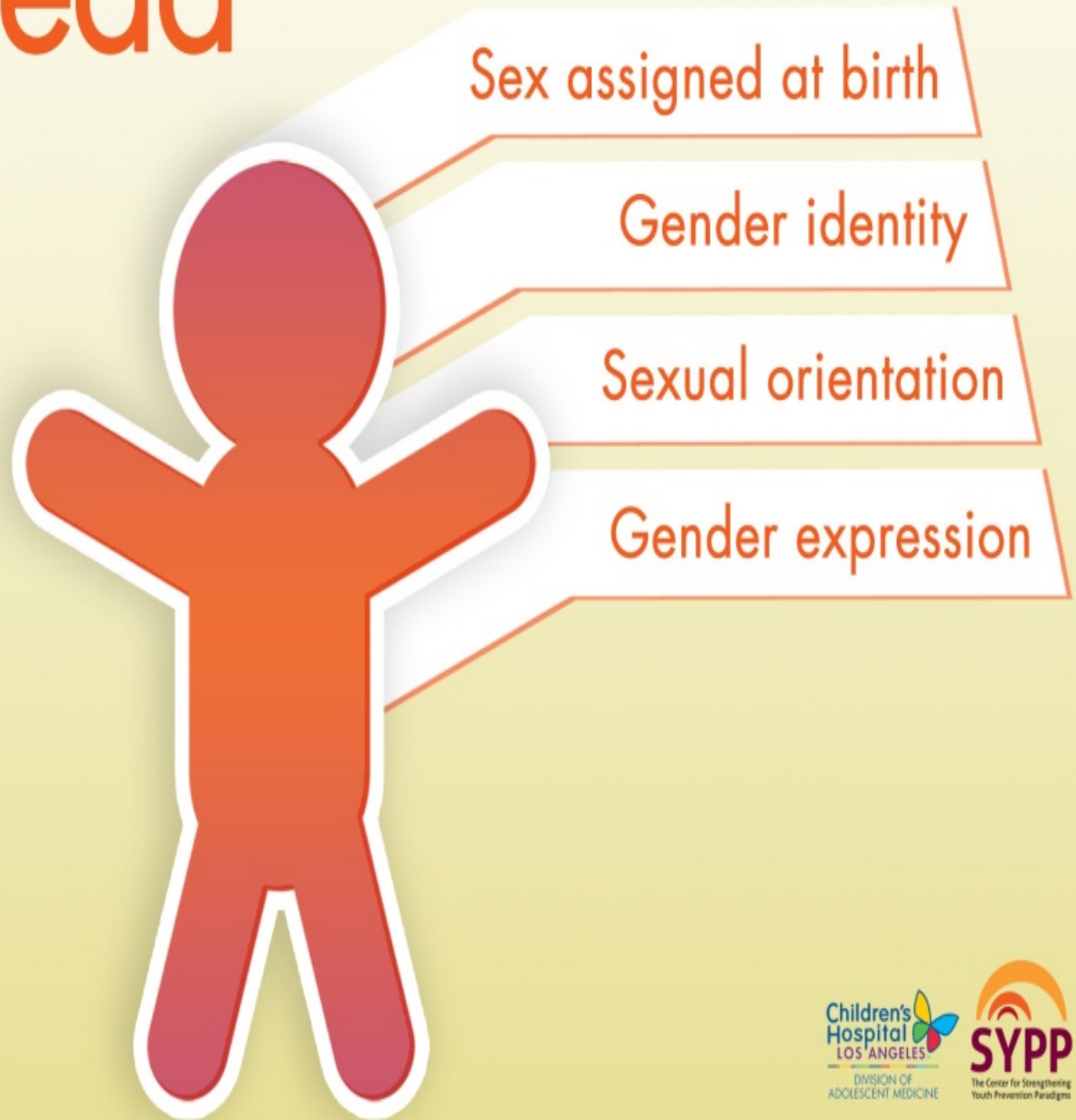
He went to the store.  
Do you know him?  
That soda is his.



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# Key Concepts & Definitions

# GenderBread Person



# 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.



# GenderBread 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.



# GenderBread 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 expression

# GenderBread Person



## Sexual orientation

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

## Two options only - The Gender Binary

Sex  
Assigned  
at Birth

Gender  
Identity

Gender  
Expression

Sexual  
Orientation

Female

Woman

Feminine

Attracted  
only to  
Men

Male

Man

Masculine

Attracted  
only to  
Women



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# Transgender

# T

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

**TRANSGENDER**

CISGENDER

QUESTIONING

GENDER NON-  
CONFORMING

TRANSGENDER WOMAN

TRANSGENDER MAN

GENDER CONFIRMATION  
SURGERIES

ALLY

# Cisgender

# C

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

In other words, cisgender is used to describe people who are not transgender.

Using 'cisgender' instead of 'non-transgender' helps challenge the idea that cisgender people are the default "norm" and that being transgender is "abnormal".

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# Questioning

# Q

A person who is exploring or is unsure about their sexual orientation and/or gender identity.

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## Gender Non-Conforming

# GNC

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.

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**GENDER NON-  
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TRANSGENDER WOMAN

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GENDER CONFIRMATION  
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## Transgender Woman

Generally refers to someone who was assigned the sex of male at birth but whose gender identity is female. People will often use this term after taking some steps to express their gender identity as female, or after medically transitioning.

Some, but not all, transwomen make physical changes through hormones or surgeries.

Some people will refer to themselves as women of transgender experience. Some people prefer to be referred to as women rather than transwomen or transgender women.

# TW

TRANSGENDER  
CISGENDER  
QUESTIONING  
GENDER NON-  
CONFORMING

**TRANSGENDER  
WOMAN**

TRANSGENDER MAN  
GENDER CONFIRMATION  
SURGERIES  
ALLY

# Transgender Man

# Tm

Generally refers to someone who was assigned the sex of female at birth but whose gender identity is male. People will often use this term after taking some steps to express their gender identity as male, or after medically transitioning.

Some, but not all, transmen make physical changes through hormones or surgeries.

Some people will refer to themselves as men of transgender experience. Some people prefer to be referred to as men rather than transmen or transgender men.

TRANSGENDER

CISGENDER

QUESTIONING

GENDER NON-  
CONFORMING

TRANSGENDER WOMAN

**TRANSGENDER MAN**

GENDER CONFIRMATION  
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# Gender Confirmation Surgeries

# GCS

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).

Contrary to popular belief, there is not one single surgery; in fact there are many different surgeries that may be used.

"Sex change surgery" is considered a derogatory term by many, and therefore should be avoided.

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# Ally

# A

A person who has committed themselves to supporting another community by educating themselves, educating others, and supporting the leadership of that community to reduce individual and structural barriers.

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**ALLY**





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# 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 of LH and FSH
  - Started at Tanner Stage 2+
- Forms
  - Histrelin (SupprelinLA or Vantus) - implant
  - Luprolide acetate (Lupron) - 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 <sup>A</sup>

Effect	Expected onset <sup>B</sup>	Expected maximum effect <sup>C</sup>
Skin oiliness/acne	1–6 months	1–2 years
Facial/body hair growth	3–6 months	3–5 years
Scalp hair loss	>12 months <sup>C</sup>	Variable
Increased muscle mass/strength	6–12 months	2–5 years <sup>D</sup>
Body fat redistribution	3–6 months	2–5 years
Cessation of menses	2–6 months	n/a
Clitoral enlargement	3–6 months	1–2 years
Vaginal atrophy	3–6 months	1–2 years
Deepened voice	3–12 months	1–2 years

<sup>A</sup> Adapted with permission from Hembree et al. (2009). Copyright 2009, The Endocrine Society.

<sup>B</sup> Estimates represent published and unpublished clinical observations.

<sup>C</sup> Highly dependent on age and inheritance; may be minimal.

<sup>D</sup> Significantly dependent on amount of exercise.

TABLE 1B: EFFECTS AND EXPECTED TIME COURSE OF FEMINIZING HORMONES <sup>A</sup>

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

<sup>A</sup> Adapted with permission from Hembree et al. (2009). Copyright 2009, The Endocrine Society.

<sup>B</sup> Estimates represent published and unpublished clinical observations.

<sup>C</sup> Significantly dependent on amount of exercise.

<sup>D</sup> 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

# Nursing Interventions

- Monitor for side effects of medication
- Hormone injection teaching
- Advocacy
  - Medical referrals/prescriptions
  - Insurance claims
- Connect to support
- Documentation
  - Affirm self identity in charting
  - Don't use quotes around gender pronouns

# Additional Considerations

- Informed Consent model
- Importance of interdisciplinary teams
  - Medical provider
  - Nursing
  - Social worker/ case management
- Importance of social support activities
  - Peer support groups
  - Family support
  - Online support
- Surgical referrals
  - Trans-inclusive providers



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# Best Practices to Support Transgender and Gender Non-Conforming Youth

# Social Determinants of Health



n. The conditions and circumstances into which people are born, grow, live, work, socialize, and form relationships and the systems that are in place to deal with health and wellness.

# Best Practices

## 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





# Best Practices

## 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.

# Best Practices

## 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)

# Best Practices

## 5. Inclusive Forms

- Modify all forms (for youth and employees) where gender identity or sex assigned at birth is required, to allow youth to share identities across the gender spectrum.



# Best Practices

## Sample Language for Names & Pronouns

- Legal name
- Name I prefer to be called (if different)
- Gender pronoun?
  - She
  - He
  - Ze
  - Other (leave space for patient to fill in)

*Adapted from GLMA Guidelines for Care of LGBT Patients & Center for Excellence in Transgender Health Recommendations for Inclusive Data Collection of Trans People in HIV Prevention, Care & Services*

## Sample Questions for Gender Identity and Sex Assigned at Birth

- What is your gender identity? (Check all that apply)
  - Male
  - Female
  - TransMale/Transman
  - TransFemale/Transwoman
  - Genderqueer
  - Additional Category (Please Specify):  
\_\_\_\_\_
  - Decline to State
- What sex were you assigned at birth?
  - Male
  - Female
  - Decline to State

# Best Practices

## 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

# Best Practices

## 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.



# Best Practices



**We care about you.**  
 Our staff values and welcomes  
 everyone who needs our services.

**RESPECT...**  
**it's your right!**



This is a  
**SAFE ZONE**

In this Safe Zone we respect everyone including: lesbian, gay, bisexual, transgender and questioning people... **PLUS** all other identities and backgrounds. We all deserve to feel safe and respected at school.

**Got Questions? Need Answers?**

If you do not feel welcome here, or know of any bullying or harassment, please speak to a trusted adult or,

- Contact the Office of Prevention Programs: **754-321-2568** or,
- Call Silence Hurts: **754-321-0911** or,
- Call **2-1-1** or the 24/7 Teen Hotline: **954-567-8336**



For more information visit: [www.BrowardPrevention.org](http://www.BrowardPrevention.org).

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# Best Practices

## 8. Staff trainings

- Include information about transgender people and their specific needs in staff trainings.
  - Required for all staff
  - Build into new staff orientation
- If possible, create separate trainings focused on LGB youth and on Transgender youth.

# Best Practices

## 9. Trans Focused Referrals

- Learn about other providers and agencies that offer trans-affirming services.
  - Know which places/providers you should or should not refer
- Create internal process for obtaining this information, with youth input, and update it periodically.

# Best Practices

## 10. Hire, train and support trans people

- Policy changes
  - Adopt trans-inclusive employee health insurance policies.
  - Add 'gender identity' and 'gender expression' as protected categories in your agency's anti-discrimination and anti-harassment policies.
- Recruit potential staff through LGBTQ professional associations.
- Create an LGBTQ and Ally employee resource group.



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MEDICINE

# Resources

# Resources - Protocols

- World Professional Association of Transgender Health

[http://www.wpath.org/uploaded\\_files/140/files/Standards%20of%20Care,%20V7%20Full%20Book.pdf](http://www.wpath.org/uploaded_files/140/files/Standards%20of%20Care,%20V7%20Full%20Book.pdf)

- Endocrine Society Guidelines

<https://www.endocrine.org/~media/endosociety/Files/Publications/Clinical%20Practice%20Guidelines/Endocrine-Treatment-of-Transsexual-Persons.pdf>

# Resources - Local

- Center for Trans Youth Health & Development - CHLA  
[www.chla.org/transyouth](http://www.chla.org/transyouth)
- SYPP Center - CHLA  
[www.chla.org/sypp](http://www.chla.org/sypp)
- Transforming Families  
[www.transformingfamily.org](http://www.transformingfamily.org)
- Los Angeles LGBT Center  
[www.lalgbtcenter.org](http://www.lalgbtcenter.org)
- St. John's Transgender Health Program  
[www.wellchild.org/transgender-health-program](http://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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# Q & A