THE PEDIATRIC ENDOCRINOLOGY Nursing Society (PENS) is committed to advancing the art and science of pediatric endocrinology nursing. PENS members specialize in the nursing care of children with endocrine conditions, including those who identify as transgender or gender non-conforming. The World Professional Association for Transgender Health (WPATH, 2012, p. 5) defines transgender identity as “discomfort or distress that is caused by a discrepancy between a person’s gender identity and that person’s sex assigned at birth (and the associated gender role and/or primary and secondary sex characteristics).” Transgender youth access endocrine care for blocking of pubertal hormones and eventual cross hormone therapy to assist with their transition. Therefore, PENS nurses are in a unique position to advocate for gender inclusive, culturally sensitive care of transgender or gender non-conforming children and adolescents as their allies in encouraging education and policy development for all communities, including schools, clubs, sports, home, clinics, and institutions.

Nurses are respected in society as both nurturing and competent health care practitioners who follow a code of ethics. The International Council of Nurses (2012, p. 1) code of ethics states explicitly that nurses must not discriminate because “…inherent in nursing is respect for human rights, including cultural rights, the right to life and choice, to dignity and to be treated with respect. Nursing care is respectful of and unrestricted by considerations of age, color, creed, culture, disability or illness, gender, sexual orientation, nationality, politics, race or social status.” Nurses’ attitudes toward people who identify as transgender are also influenced by their family upbringing, stigma/bias, societal influences, and media exposure (Dorsen, 2012; Strong & Folse, 2015; Zunner & Grace, 2012). In a review of transgender issues in the nursing literature, Merryfeather and Bruce (2014) identified a need for further research and education about gender diversity and transgender, especially policy development for patient protection.

It is well known that gender non-conforming or transgender youth have a higher prevalence of mental health issues compared with their peers — the most serious mental health issue being a markedly increased suicide risk (Kosciw, Greytak, Diaz, & Bartkiewicz, 2010; Taylor & Peter, 2011). The Canadian Trans PULSE Project captured the voice of transgender youth and clearly showed improved mental health outcomes with strong parental supports (Travers et al., 2012). All school and health professionals are in a unique position to help educate parents of gender creative, gender independent, or gender non-conforming children by providing culturally sensitive information and support at an early age. Pyne (2014, p. 1) defines this approach as “a paradigm shift from disorder to diversity, from treatment to affirmation, from pathology to pride and from cure to community.” Having primary care health providers who provide gender-affirming models of care should decrease mental health co-morbidities in youth with gender dysphoria (Bonifacio & Rosenthal, 2015).
Position

As nursing experts in pediatric endocrinology, PENS:

(1) Endorses the WPATH standards of care (2012) and the Endocrine Society clinical practice guideline titled Endocrine Treatment of Transsexual Persons (Hembree et al., 2009);

(2) Advocates that all transgender children and youth presenting for any health care services are entitled to receive culturally sensitive evidence-based care;

(3) Recommends that all health care, social service, and school professionals receive gender inclusive and awareness training during both their professional education programs and their workplace orientation for the protection and inclusivity of children, youth and adults who fall under the transgender umbrella;

(4) Supports policies allowing all children and youth identifying as transgender to have access to education/schools that are gender inclusive, including use of a gender neutral bathroom and a change room/locker room with eventual access to the bathroom and change room/locker room of their preferred gender at the discretion and readiness of the identifying child/youth;

(5) Advocates that all children and youth identifying as transgender have access to:

(a) An interprofessional team or qualified providers of care for transgender youth including:

(i) Mental health providers with specific knowledge of transgender standards of care for diagnosis and support around transgender identity to inform decisions about social, medical, and surgical transitions;

(ii) Access to puberty-suppressing hormones after Tanner stage 2 is reached to prevent further unwanted pubertal progression when criteria are met;

(iii) Access to feminizing/masculinizing hormone therapy by a qualified health professional when criteria are met. This therapy should follow the Endocrine Society clinical practice guideline for transsexual persons (Hembree et al., 2009); and

(iv) Referral for surgical procedures per WPATH standards of care (2012); and

(6) Opposes reparative therapy (conversion therapy) (Bonifacio & Rosenthal, 2015).

Developed by PENS member: Nicole Kirouac, RN, BN
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Resources

Endocrine Society Clinical Practice Guideline for Transsexual Persons


World Professional Association for Transgender Health Standards of Care

Gender Creative Kids (resources for gender creative kids, their families, schools, and communities)
http://gendercreativekids.ca.

Gender Spectrum (helps to create gender sensitive and inclusive environments for all children and teens)

National Center for Transgender Equality and National Gay and Lesbian Task Force
www.transequality.org.

References


