

PENS Position Statement on Transgender and Gender Diverse Youth

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Executive Summary

The Pediatric Endocrinology Nursing Society (PENS) is committed to the advancement of the art and science of pediatric endocrinology nursing. Youth identifying as gender diverse or transgender have increasingly been seeking medical care that is sensitive and supportive of their choices. PENS recognizes that gender diverse and transgender youth face greater barriers to accessing gender affirming care. A delay in services results in health disparities and increased mental health comorbidities and suicidality in this population (Becerra-Culqui et al., 2018). This position statement outlines recommendations for healthcare providers and organizations to improve the care of gender diverse and transgender youth. All levels of staff are to be educated with trauma informed, gender inclusive awareness training following national and international guidelines of care for gender diverse and transgender youth.

Please note this document replaces the PENS position statement of 2016 as published in the Journal of Pediatric Nursing (Kirouac, 2016).

Background

The Pediatric Endocrinology Nursing Society (PENS) is committed to advancing the art and science of pediatric endocrinology nursing. PENS members' specialization often includes those who identify as transgender or gender diverse. As described by the World Professional Association of Transgender Health (WPATH), transgender or gender diverse are adjectives to describe a diverse group of individuals who cross or transcend culturally defined categories of gender (WPATH, 2012). The gender identity of transgender people differ to varying degrees from the sex they were assigned at birth.

It is estimated that 1.8% of the American youth population identify as transgender (The Trevor project, 2020). Transgender youth may access endocrine care for blocking of pubertal hormones and possible affirming hormone therapy to assist with their transition towards a truer self. Gender diverse and trans youth face many barriers to accessing care. Some of the barriers identified are a paucity of knowledgeable providers, discomfort or fear of accessing care due to stigma related to being gender diverse or trans and a lack of affirming clinical care by providers (The Trevor Project, 2020). As a result of those barriers, gender diverse youth and especially trans youth of color experience significantly poorer health outcomes compared to cisgender youth including increased risk of depression, anxiety, suicidality, and self-harm. (Becerra-Culqui et al., 2018; Taylor et al., 2020).

As reported in the Final Report of the National Inquiry into Missing and Murdered Indigenous Women and Girls (2019), lesbian, bisexual, and transgender women, as well as gender-diverse and Two Spirit people encounter discrimination, stigmatization, and traumatic experiences of violence at disproportionately higher rates than their heterosexual and cisgender counterparts. These experiences are motivated by intolerance, fear or hatred of the person's diversity in attraction, gender identity, and/or gender expression in every social context: homes, schools, communities, religious and spiritual places, public spaces, and health 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.”

As nurses and allies in the care of gender diverse youth, endocrine nurses must receive education to examine their biases and increase their comfort and competence with providing culturally sensitive, trauma informed gender affirming care while also providing parental support for this vulnerable population (Dorsen, 2012). Contrary to prior beliefs it is known that any effort to provide reparative or conversion therapy to people who are transgender or gender diverse are harmful and never recommended (Bonifacio & Rosenthal, 2015, Turban et al., 2019). Qualitative research is now showing that gender affirming health care benefits youth at all ages (Pullen Sansfaçon, 2020). PENS nurses should become familiar with the basics of the WPATH (2012) standards of care as well as the Endocrine Society Clinical Practice Guideline titled “Endocrine Treatment of Gender-Dysphoric/Gender-Incongruent Persons” (Hembree et al. 2017). These documents bring together experts from around the world who help to guide providers in gender affirming multidisciplinary evidence based specialty care for this population. Further qualitative studies are showing that transgender and gender-diverse youth are benefiting from specialty clinic gender affirming care (Pullen Sansfaçon et al., 2019).

PENS nurses are often in a unique position to advocate for gender inclusive, culturally competent, trauma informed care of transgender, gender diverse and non-binary children and adolescents. PENS nurses can serve as their allies in encouraging education and policy development for all aspects of their communities including but not limited to schools, clubs, sports, home, clinics, and institutions.

It is well known that gender non-conforming or transgender youth have a higher prevalence of mental health comorbidities compared with their peers – the most serious mental health concern being a markedly increased suicide risk (Heard et al., 2017, The Trevor project, 2020; Taylor et al., 2020). The Trans Youth Survey captured the voice of Canadian transgender youth and clearly showed improved mental health outcomes with strong parental supports (Taylor et al., 2020). All school and health professionals are in a unique position to help support parents of gender diverse or transgender 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 (Bartholomaeus et al., 2020, Bonifacio & Rosenthal, 2015). To achieve this, health providers must receive specific education in their training to care for transgender and gender diverse patients (Strong & Folse, 2015). A review by Korpaisarn et al., (2018), found that the lack of training to care for this population continues to exist through all levels of medical and allied health provider training. The lack of knowledgeable healthcare providers was the greatest reported barrier to receiving transgender care (Safer et al, 2016; Trevor Project, 2020). Best practices have been developed to provide affirmative services for transgender and gender diverse youth, these need to be shared and encouraged in all health care settings (National LGBTQIA & Health Education Center, 2020).

Since the original 2016 version of this PENS Position Statement on transgender youth, the American Nurses Association, the National Association of Nurse Practitioners in Women’s Health and the National Association of Pediatric Nurse Practitioners have developed position statements addressing the care of transgender individuals. As PENS nurses are involved in the early care of transgender or gender diverse children and youth updating this document to include current literature and recommendations was necessary.

Position

As nurses with expert knowledge of the care of youth who are transgender or gender diverse, PENS members should:

1. Endorse the WPATH standards of care (2012) and the Endocrine Society clinical practice guideline titled Endocrine Treatment of Transsexual Persons (Hembree et al., 2017);
2. Advocate that all transgender and gender diverse children and youth presenting for any health care services are entitled to receive culturally sensitive trauma informed evidence-based gender affirming care;
3. Recommend that all health care, social service, and school professionals receive culturally sensitive, trauma informed, 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. Support policies allowing all children and youth identifying as transgender or gender diverse 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. Oppose reparative therapy (conversion therapy) (Bonifacio & Rosenthal, 2015, Turban et al., 2020);

6. Advocate that all children and youth identifying as transgender or gender diverse have access to an interprofessional team or qualified providers of gender affirming care for transgender youth including but not limited by:
 - 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
 - Access to puberty-suppressing hormones after Tanner stage 2 is reached to prevent further unwanted pubertal progression when criteria are met (Hembree et al., 2017)
 - 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., 2017)
 - Referral for surgical procedures per WPATH standards of care (2012)

Resources

The Endocrine Society clinical practice guideline for Gender-Dysphoric/Gender-Incongruent Persons can be accessed at <https://www.endocrine.org/clinical-practice-guidelines/gender-dysphoria-gender-incongruence>

The Canadian Trans & Non-binary Youth Health Survey, Being Safe, Being Me 2019 at <https://www.saravyc.ubc.ca/ctyhs2019/>

The World Professional Association for Transgender Health standards of care (2011) can be accessed at <http://www.wpath.org>.

Gender Creative Kids provides resources for gender creative kids, their families, schools and communities at <http://gendercreativekids.ca>.

Gender Spectrum helps to create gender sensitive and inclusive environments for all children and teens at <https://www.genderspectrum.org>.

The National Center for Transgender Equality and National Gay and Lesbian Task Force can be accessed at www.transequality.org.

The National LGBTQIA + Health Education Center (Fenway Institute), Affirmative Services for Transgender and Gender Diverse People – Best Practices for Frontline Health Care Staff which can be accessed at <https://www.lgbthealtheducation.org/publication/affirmative-services-for-transgender-and-gender-diverse-people-best-practices-for-frontline-health-care-staff/>

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