

*INTEGRATING LGBTIQ CONTENT INTO NURSING CURRICULA*



**NURSING**

Laura C. Hein PhD, RN, FAAN  
She/Her/Hers



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**Objectives**

- Introduce you to LGBTIQ terminology and symbols
- Discuss facilitators and barriers to LGBTIQ health
- Discuss how nursing school culture can further these barriers through student training
- Discuss best practices and legal standards of care
- Present LGBTIQ relevant areas of the AACN essentials, CCNE standards and NCLEX test plan



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**Definitions** LGBTIQ

- **Gay, Lesbian** 
  - Exclusive physical and emotional attraction to members of one's own sex
- **Bisexual**
  - Physical and emotional attraction to members of both sexes
- **Transgender (gender identity)**
  - A person who feels his or her body is not the sex it should be, regardless of transformational hormone or surgical status
- **Cis-Gender**
  - A person whose gender identity matches their sex at birth
- **Sogi** = sexual orientation and gender identity



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**Let the patient/student choose their own label. DON'T ASSUME**

- Ask for their preferred pronoun
  - She/Her/Hers
  - He/Him/His
  - They/Their/Them
- Honor their chosen name & pronoun



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**LGB Prevalence**  
Approx. 9 million in U.S.

<b>Self-Identification</b>	<b>Behavior</b>
<ul style="list-style-type: none"><li>• 3 to 6% <u>self-identify</u> as LGB.</li></ul> <p><small>Copen et al. 2016; Gates &amp; Newport 2012</small></p>	<ul style="list-style-type: none"><li>• 17% of women &amp; 6% of men engaged in <u>same-sex behavior</u></li></ul> <p><small>(Copen et al. 2016)</small></p>

Approximately 1 of every 36 people in the U.S. are LGB



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**Transgender Population size**

- ~1.4 million adults self-identify as transgender in the U.S. (U.S. population is 323 million)
  - Crissman et al. 2017; Flores et al., 2016; Meerwijk & Sevelius, 2017
- =1 of every 231 people in the U.S. are transgender



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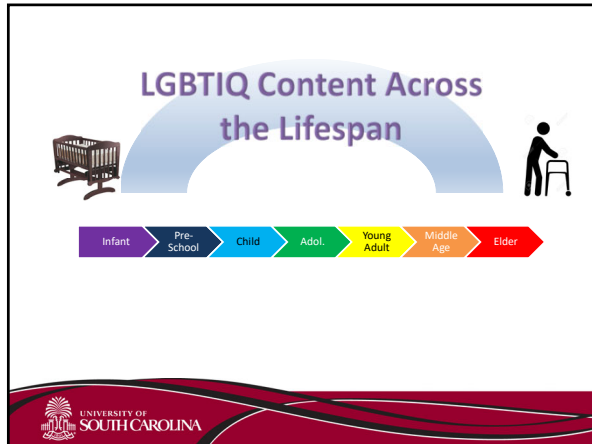
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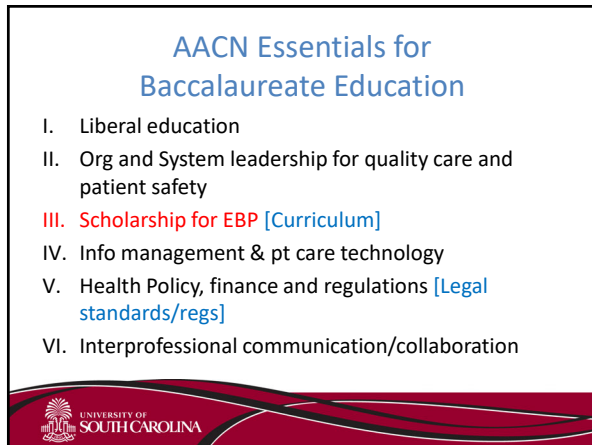
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### NCLEX-RN/PN Test Plan

- Safe & Effective Care Environment
  - Management/Coordination
  - Safety & Infection control
- Health Promotion and Maintenance
- Psychosocial Integrity

Areas most relevant to tailoring to LGBTQ care



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### NCLEX-RN/PN Test Plan

- Physiological Integrity
  - Basic Care and Comfort
  - Pharmacological therapies
  - Reduction of risk potential
  - Physiological adaptation

Relevance to transgender hormonal or surgical care



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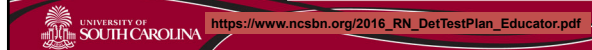

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### Integrated Processes

(apply to all categories)

- Nursing Process
- Caring
- Communication/Documentation
- Teaching/Learning
- Culture/Spirituality



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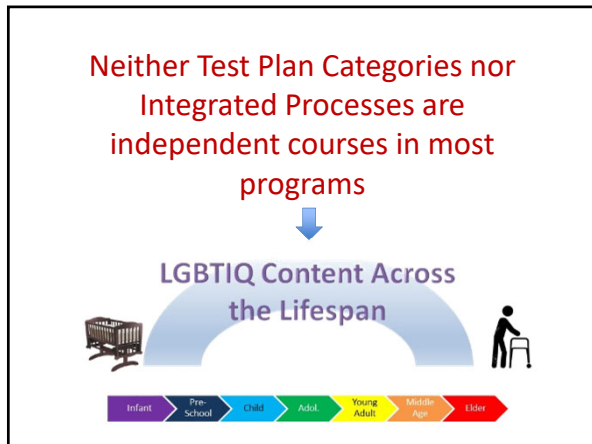
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### LGBTIQ Applicable Areas

AACN Essentials	III Scholarship for evidence based practice			
CCNE Standards	III-B reflect relevant prof. nursing standards & guidelines		III-G Teaching/ learning pract. Diversity	
NCLEX test plan	Safe & effective care environ	Health promo & mainten.	Psychosocial Integrity	Integrated Processes

All areas can be addressed within a lifespan perspective.

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### Nurses have an Ethical and Legal Duty to Protect

**Ethical -ANA Code of Ethics**

- 2.1 Primacy of Pt interests
- 3.1 Privacy & Confidentiality
- 3.5 Acting on Questionable practices
- Provision 5 – Duty to self & others
  - 5.3 character; 5.4 integrity
- Provision 6 – Moral environ
- 8.2 Hlth & Human Rights
- Provision 9 – Social Justice

**Legal**

- Prescott v. Rady Children’s hospital
  - No. 16-CV-02408-BTM-JMA, 2017 WL 4310756 at \*4 (S.D. Cal. Sept. 27, 2017).

LGBTIQ Applicable Areas

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**Peds**

- **Critical times**
  - Infancy (intersex children)
  - Pre-School (all LGBTIQ)
  - Childhood (all LGBTIQ)
  
  - Adolescence is it's own world

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**Peds**

**Mental Health**

- Different
- Isolation
- Depression
- Bullied (school/home/faith)
- Assaulted?

**Sexual Health (Adol.)**

- LGBTIQ ≠ a perversion
- What is safe sex in a lesbian, gay or trans context?
- Sexual practices and myths
- Options for STI safety

Family/Community/Faith context

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**Pre-School**

**All**

May show:

- Sex variant dress, mannerism, toy and play preferences
- Tomboy/ dramatic

**Transgender**

- May insist they are the other sex (as young as 3yo)
- Crying/ anger when forced to wear clothing re: birth sex
- Behavior persists over time

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### CDC Recommendations for SCHOOLS to support LGBT health

1. Identify “safe spaces”
2. Prohibit harassment and bullying
3. Facilitate access to health & psych providers not on school property who are LGBT affirming
4. Encourage professional development on safety for all students
5. Provide health education curricula with inclusive terminology

Demisse et al., 2013



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### Childhood



<p><b>All</b></p> <ul style="list-style-type: none"> <li>• “Different”</li> <li>• Bullied by peers</li> <li>• Excluded</li> <li>• Depression</li> <li>• Abuse – physical of boys, physical and sexual of girls</li> </ul>	<p><b>Transgender</b></p> <ul style="list-style-type: none"> <li>• Bullied by all</li> <li>• Denied access to bathroom &amp; locker room</li> <li>• Clothes choice?</li> <li>• Disclosure?</li> <li>• Depression/suicide</li> </ul>
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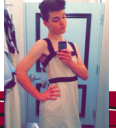
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### Adolescence

Legal Minor



<p><b>All</b></p> <ul style="list-style-type: none"> <li>• All the issues of childhood</li> <li>• Dating</li> <li>• Sex (but w/o sex ed)</li> <li>• All while living at home</li> </ul>	<p><b>Transgender</b></p> <ul style="list-style-type: none"> <li>• Hormone blockers – require parental consent</li> <li>• Street hormones – HIV risk</li> </ul>
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 **health**

- You are a school nurse and the GSA has invited you to their meeting. They have questions about “queer health” that they don’t feel safe to ask in health class.



Photo: Maria Fabrizio for NPR

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 **health**      15 year old girl

- I heard you can get an STI from oral sex, even with a girl. How can I protect myself if I want to perform oral sex on my girlfriend?
  - Ignorance – no way was this covered in health
  - Stop your blushing and be practical, she took a risk here
  - Answers: Dental Dams, female condom, microwaveable saran wrap



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 **health**      13 year old boy

- Will I become incontinent later on if I have anal sex with my boyfriend?
  - Fear – can’t ever have sex and be okay as gay
  - Ignorance – not included in health class
  - Answer – there’s no risk



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### Mental Health

- Higher prevalence of homelessness and abuse because of their sozi
  - Not all LGBTIQ kids are homeless
- Higher stress levels
- Resilience



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### Transgender youth Early social transition

- Child lives as gender that matches their identity
  - Trial run - name, attire, social roles at school, in community
  - Reversible
  - Family decision whether to disclose to others or not



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### Gender Dysphoria

<b>Child</b> <ul style="list-style-type: none"><li>• Approx. 25% of children who were assessed for gender dysphoria grew up to be transgender, the rest, cis-gender gay/lesbian</li><li>• Gender ratio of presentation for tx. Boys 3: Girls 1</li></ul>	<b>Adolescent</b> <ul style="list-style-type: none"><li>• Near 100% persistence</li><li>• Dysphoria worsens at puberty</li><li>• Equal numbers of boys/girls presenting for tx.</li></ul>
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### Children and Youth

- EARLY medical and mental health services
  - Family support is critical to positive health outcomes
  - Puberty experienced congruent with gender (delay puberty until sure)
    - Reduces need for later medical interventions for unwanted sex characteristics (i.e. breasts, facial hair)
  - Decreases stress, anxiety & depression



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### Mental Health Care Children & Adolescents

- By age 3.5 children's gender non-conformity predicts LGB sexual orientation in adolescence (Li, 2017)
- Assess for gender dysphoria
- Family counseling
- Tx any co-existing mental health concerns
  - Anxiety, depression etc.
- Refer to NP/MD for physical interventions
  - Puberty blockers or hormones



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### Mental Health for all youth

- Using an Affirming Provider is **Critical**



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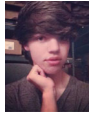
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### Child Mental Health

#### Self-harm/Suicide & Depression

- Self-injury & suicidality in gender variant children = **8.6 times** that of non-referred kids or the sibs of gender variant kids (Aitken, 2016)
- Trans kids who were supported in their identities are no more depressed than control kids (Olson, 2016).



Leelah Alcorn 2015



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### Trauma/ Victimization

- Parental abuse
  - Verbal & physical abuse and suicidal ideation increased subsequent to disclosing s.o. to their family (D'Augelli, Hershberger, & Pilkington (1998).



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### Reparative therapy – What is it?

- Efforts to change the sexual orientation or gender identity of someone
- Condemned by **all** mainstream professional organizations as harmful including the APA, AMA, Am Acad of Pediatrics, AAN, ISPN etc.
  - Related to depression, anxiety and suicide



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**Reparative/ Conversion therapy**  
**Unethical**

- 1998 APA – reparative therapy harmful
- 2009 ISPN – reparative therapy harmful
- Illegal for use with minors in 15 states + D.C.  
– OR, CA, NV, WA, NM, IL, MD, DE, NY, NJ, CT, RI, VT, NH, MA & DC
- March 10, 2017; 20/20 investigation of reparative therapy. It **still** exists in its worst forms



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**Informed Consent/Assent?**

- For reparative therapy? – seldom informed assent of youth

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**vs**

- For medical transition-related care? Consent, Assent, staged care with assent at each stage



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**Transgender Tx Protocols & Informed consent** (Typical)

**Adults**

- 2 medical visits in order to assess physical, psychological, and psychosocial well-being
- one counseling and education session



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**Typical first steps for Youth**

- Parental (one or both) consent
- Assent of youth over 2+ visits
- Assessment by mental health provider
- Puberty blockers (GnRH agonists)



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**Puberty blocking – GnRH Agonists**

- Ideally begin in early Tanner 2 stage (early start of puberty).
- Can begin in Tanner 3-5 – goal is to stop puberty/ prevent secondary gender characteristics i.e. height, breasts etc.



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- 16 yo natal male presents for his annual H&P without his dad. His dad is a widower raising your patient alone. Your pt. "Chris" wants to talk to you in private. He thinks he may be transgender and wants to discuss options with you.
  - He has felt he was a girl from his earliest memories
  - He presents with effeminate mannerisms, despite wearing typical male teen clothing
  - He is attracted to both men and women
  - He is terrified of his dad's reaction and worries he'll be subjected to another round of man-up counseling

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### Puberty blocking – GnRH Agonists

- GnRH Agonists - Leuprolide; Triptorelin; Goserelin; Histrelin implants
  - Very expensive. Cost is between \$350 and \$5000 month.
  - Insurance *sometimes* covers this cost
- Effects are totally REVERSIBLE



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### GnRH agonist Long-term Effects

- 1.5 yrs out, decrease in bone-mass density for MtF. Non-signif. for FtM (Klink et al., 2015)
- When GnRH agonists were followed by hormone tx for 1 year, bone density changes were no longer seen (Vlot et al., 2017)



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Why not just wait?

*First do no harm....*



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Failure to intervene IS harm

- Depression
- Anxiety
- Suicide ~ 44%
- Homelessness
- ETOH, drug use



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A 15yo questioning female student presents to the school nurse asking him to sponsor a Gay Straight Alliance (GSA) at their school. The best school nurse answer:

- “yes, of course I’ll sponsor a GSA”
- “I’d like to but I’ll need to talk to the principal first”
- “I think I’d like to talk to your parents first – we’ll be back in touch”
- “You really need to talk to our school psychologist about this”



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The answer will depend on the state you're practicing in. For example...

SC Code 59-32-30A(5)  
Local school boards to implement comprehensive health education program; guidelines and restrictions

(5) The program of instruction provided for in this section may not include a discussion of alternate sexual lifestyles from heterosexual relationships including, but not limited to, homosexual relationships except in the context of instruction concerning sexually transmitted diseases.



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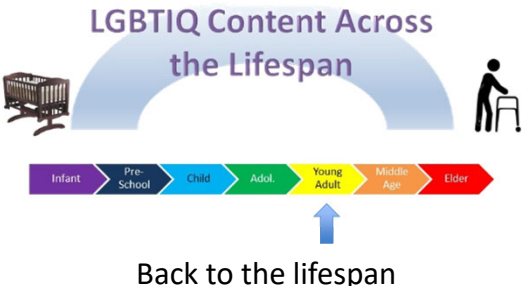
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LGBTIQ Content Across the Lifespan



Back to the lifespan



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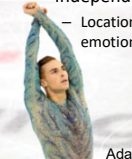
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Young adult/ Older adolescent legal adult



<p><b>All</b></p> <ul style="list-style-type: none"> <li>• Legally emancipated</li> <li>• Employment                     <ul style="list-style-type: none"> <li>– Out? Authentic?</li> </ul> </li> <li>• Independent living                     <ul style="list-style-type: none"> <li>– Location - physical &amp; emotional safety?</li> </ul> </li> </ul>  <p>Adam Rippon</p>	<p><b>Transgender</b></p> <ul style="list-style-type: none"> <li>• Insurance (unless ACA) – often excludes trans care</li> <li>• Hormones – Rx or street</li> <li>• Surgery - rehab? Home health?</li> <li>• Identity documents – work, TSA</li> <li>• Employability</li> </ul>
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Young adult/ Older adolescent  
legal adult

Overrepresented Health Problems

- Trauma/ Victimization
- Mental Health Concerns
- Addictions

Is this because they're LGBTIQ  
– or --  
the social context?



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### Adult Mental Health

#### Depression



- Prevalence of depression 17.2% higher than in U.S. adult men in general
- Distress & depression associated w/:
  - gender-based discrimination (White Hughto, 2016)
  - Remember those stats of bullying?



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### Adult Transgender Suicide

#### U.S. Trans/GQ Data

- 42% attempted suicide
- Those who reported moderate (2x) to severe rejection (4x) by their family were more likely to attempt suicide (Klein, 2016)



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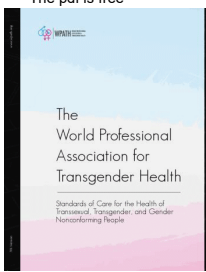
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**Your patient wants to transition – now what?**

1. Google “WPATH Guidelines”
2. Refer to a Psych NP or other mental health provider (often required by insurance)
3. Start hormone therapy

The pdf is free



www.wpath.org



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**Physiological Integrity Aspects**



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**Research on hormones – is it safe?**

<b>FTM</b>	<b>MTF</b>
<ul style="list-style-type: none"><li>• No increase in CAD found in 876 FTM pts (Gooren, 200)</li></ul>	<ul style="list-style-type: none"><li>• Increased risk of CAD at high doses.</li><li>• Increased risk of CA at low doses</li><li>• If prior MI – PO estradiol does not incr. or decr. risk for further emboli</li></ul>



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### Irreversible Hormone effects

<u>ESTROGEN</u>	<u>TESTOSTERONE</u>
<ul style="list-style-type: none"><li>• Breast development</li><li>• Nipple enlargement</li><li>• Loss of erection</li><li>• Testicular atrophy</li><li>• ? sterility</li></ul>	<ul style="list-style-type: none"><li>• Uterine atrophy</li><li>• Facial and body hair</li><li>• Deepened voice</li><li>• Clitoral enlargement</li><li>• ? sterility</li></ul>



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### WPATH Standards of Care

Criteria for hormone therapy:

- Persistent, well-documented gender dysphoria;
- Capacity to make a fully informed decision and to consent for treatment;
- Age of majority in a given country (if younger, follow the Standards of Care in section VI);
- If significant medical or mental health concerns are present, they must be reasonably well controlled

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### Testosterone FtM - Options

Rx information taken from  
Cavanaugh 2016

- Injectable Enanthate or Cypionate IM q 2 wks
- Transdermal (Androderm) QD
- Topical gels in packets and pumps, multiple formulations (Testim, Androgel) QD
- Testosterone Pellet
- Testopel- implant 6-10 pellets q 3 to 6 months
- Buccal Testosterone (Striant) BID



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### Testosterone

Risks	Monitoring
<ul style="list-style-type: none"> <li>• ↓ HDL ↑ triglycerites</li> <li>• ↑ insulin resistance</li> <li>• ↑ sleep apnea</li> <li>• Infertility</li> <li>• Mental health changes</li> </ul>	<ul style="list-style-type: none"> <li>• <u>Baseline</u> CBC, CMP, lipids, renal panel, fasting glucose</li> <li>• 3 month, then Q 6-12 mo                             <ul style="list-style-type: none"> <li>– CBC, liver enzymes, serum testosterone</li> </ul> </li> <li>• Q 6-12 mo                             <ul style="list-style-type: none"> <li>– Lipid profile, HbA1c</li> </ul> </li> </ul>



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### Hormones MtF options

- Estrogen
  - PO Estradiol (estrace) or Premarin (conj. estrogens)
  - Transdermal estrogen (preferred for ≥40yo)
  - Injectable Estrogens [NOTE – shortage right now]
    - Estradiol valerate or Estradiol cypionate
- Antiandrogens (PO)
  - Spironolactone (aldactone) or Finasteride (Proscar)
- Progestins – increase breast development, but ↑CV risk, weight gain & depression



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### MtF – Estrogen

Risks	Monitoring
<ul style="list-style-type: none"> <li>• ↑CAD ↑weight ↑triglycerides</li> <li>• ↓libido ↓glucose tolerance</li> <li>• Gallbladder ds</li> <li>• Infertility</li> <li>• Mental health changes</li> <li>• Spronolactone - risks of hypotension, hyperkalemia and renal insufficiency</li> </ul>	<ul style="list-style-type: none"> <li>• <u>Baseline</u> – CBC, CMP, lipids, renal, fasting glucose, testosterone, prolactin</li> <li>• 6mo. – serum testosterone &amp; estradiol</li> <li>• If on spironolactone                             <ul style="list-style-type: none"> <li>– 1 mo. then 3mo. – lipids, lytes, creatinine, glucose</li> </ul> </li> </ul>



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### MtF Surgical Options (~30%)

- Removal of scrotum & penis
- Creation of vagina, labia, clitoris & mons
- Breast augmentation
- Tracheal shave
- Facial feminization
  - Brow
  - nose

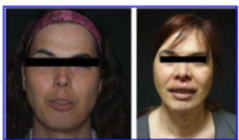



FIG. 5. Frontal bone reduction with brow lift, upper lip shortening, and lip augmentation in a transwoman.

Taken from Schechter 2017 p.37



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### FtM Surgical Options (~30%)

- Phalloplasty with urethral reconstruction & creation of scrotum (uncommon)
- Chest reconstruction



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### Staged Surgeries

<b>Genital FtM</b>	<b>Chest Contouring FtM</b>
– Tissue removal from donor site	– Mastectomy
– Urethral reconstruction	– Revision of prior surgery to decrease scarring and remove arm flaps
– Implant prosthesis	



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- 30yo transman who had chest reconstruction at 25yo, on testosterone from 25-28yo. He grew a beard then stopped taking T. Beard growth persisted. No menstruation for 5 years. He would like the future option to become pregnant because he wants children but has concerns he'll be blocked from adopting.



Does this happen?



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### Middle Age




**All**

- Single vs. couple (legally married?)
- Healthcare
- If out late in life – alone?
  - Family of choice? HCPOA?

**Transgender**

- If out late in life
  - Divorce
  - Loss of family/ children
  - Loss of employment & healthcare
  - Transition after puberty = irreversible problems



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### Older Adults & Aging




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### Issues of Aging

- Less Economic Security
- Support systems – family of choice
- More likely to be isolated from birth family
- Few gay men currently in mid-60s+
  - because of AIDS crisis in the 1980s



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### Aging

- Long-term care
  - Fear of placement discrimination
  - depression
  - Finances
- Elder abuse



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### Elder Abuse

Wetzel v. Glen St. Andrews  
7<sup>th</sup> Circuit Court of Appeals

Abuse from other residents without protection by staff



5 min.

HOSTILE HOMES AND LGBT SENIORS  
MARSHA'S STORY

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**Be that safe person**

- Refer to the person by the name and pronoun they prefer. If unsure, politely ask.
- Focus on the care they are there for, don't ask questions out of curiosity i.e. about genitals
- Trans patients are not just teaching opportunities = *don't pull your students in for your trans patients*
- **NEVER** out someone



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**I need to refer, how do I find an affirming provider for my patient?**

**GLMA.org**

- Then click on: Resources – For Patients – Find a Provider
- A searchable provider directory (location, specialty etc.).
  - MDs, NPs, PAs, LISWs, Psychologists etc.

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**Suicide – National help**

- The Trevor Project – suicide hotline for LGBTIQ youth [www.thetrevorproject.org](http://www.thetrevorproject.org) 1-866-488-7386
- Trans Lifeline <http://www.translifeline.org> 1-877-565-8860



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Questions?



UNIVERSITY OF  
**SOUTH CAROLINA**

Laura C. Hein PhD, RN, FAAN  
Hein@sc.edu

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