

# Gender and Sexual Minority Youth: A nursing perspective

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# Disclosure

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- Disclosure: No relevant financial relationships.

# Learning Objectives

1. Define gender and sexual minority youth.
2. Describe the major psychosocial issues among gender and sexual minority youth.
3. Discuss transitioning among transgender youth in the school setting.
4. Identify unique issues/barriers to care when referring gender and sexual minority youth for healthcare services.

# Defining Terms

- Gender Identity

- A person's internal sense of being a man/male, woman/female, both, neither, or another gender.

- Sexual Orientation

- How a person characterizes their emotional and sexual attraction to others.

- National LGBT Health Education Center: Glossary of LGBT Terms,
  - <http://www.lgbthealtheducation.org/>

# Defining Terms

- **Assigned sex at birth (noun)**
  - The sex (male or female) assigned to a child at birth, most often based on the child's external anatomy. Also referred to as birth sex, natal sex, or biological sex.
- **Gender non-conforming (adj.)**
  - Describes a gender expression that differs from a given society's norms for males or females.
- **Genderqueer (adj.)** Describes a person whose gender identity falls outside the traditional gender binary.
  - National LGBT Health Education Center: Glossary of LGBT Terms,
    - <http://www.lgbthealtheducation.org>

# Defining Terms

- Trans man/transgender man/female to male (FTM) (noun)
    - A transgender person whose gender identity is male may use these terms to describe themselves. Some may just use the term *man*.
  - Trans woman/transgender woman/male to female (MTF) (noun)
    - A transgender person whose gender identity is female may use these terms to describe themselves. Some will just use the term *woman*.
  - Cisgender (adj.)
    - A person whose gender identity and assigned sex at birth correspond (i.e., a person who is not transgender).
- National LGBT Health Education Center: Glossary of LGBT Terms,  
• <http://www.lgbthealtheducation.org>

# What does LGBTQI mean?

- **Lesbian**
  - A sexual orientation that describes a woman who is emotionally and sexually attracted to other women.
- **Gay**
  - A sexual orientation that describes a person who is emotionally and sexually attracted to people of their own gender. Most commonly used to describe men.
- **Bisexual**
  - A sexual orientation that describes a person who is emotionally and sexually attracted to people of their own gender and people of other genders.
- **Transgender**
  - Describes a person whose gender identity and assigned sex at birth do not correspond.
- **Questioning**
  - Describes an individual who is unsure about or is exploring their own sexual orientation and/or gender identity.
- **Intersex**
  - Group of rare conditions where the reproductive organs and genitals do not develop as expected. Some prefer to use the term disorder (differences) of sex development. Can also be an identity term.

- National LGBT Health Education Center: Glossary of LGBT Terms,
  - <http://www.lgbthealtheducation.org>

# Gender Minority Youth

- We are seeing more pre-pubescent gender-nonconforming youth at a much younger age.
- If you remember from the definitions a gender-conforming youth is one whose “gender expression differs from a given society’s norms for males or females.”
  - “feminine boys” or “masculine girls”

# A quick lesson on gender identity development (MacNish, 2015)

- By age 2 to 3 1/2 a child is able to label his/her own gender.
- By age 3 1/2 to 4 1/2 a child's gender remains the same across time.
- By age 6 gender is independent of external features
- According to Bem (1981) once a child gets a sense of his/her gender identity the begins to develop a schema which are beliefs that will influence his/her behaviors.

# A quick lesson on gender identity development (MacNish, 2015)

- Bandura (1977) posits that
  - Gender identity and its corresponding roles are learned within the context of environment (family, community, society).
  - Children observe the world and learn and imitate what they see.
  - The environment (family, community, society) will either re-enforce or punish behavior.

# So how does society deal with gender-nonconforming youth?

- In the past we have pathologized gender non-conforming youth.
  - Gender Identity Disorder (DSM-IV TR)
- In the latest edition of the Diagnostic and Statistical Manual (DSM-V)
  - Gender Dysphoria In Children
    - “A marked incongruence between one’s experienced/expressed gender and assigned gender
      - A strong desire to be of the other gender or an insistence that he or she is the other gender (or some alternative gender different from one’s assigned gender).

# Sexual Minority Youth

- Again very early in his/her psychosocial development
  - He or she feels “different”
  - Initially may not be erotic but gender non-conforming
- Certainty about orientation and identity increase with age (Remafedi, Resnick, Blum & Harris, 1992)
  - Some will make a clear choice and say “I am gay”, “I am lesbian”, “I am bisexual”.
  - Other may not be ready until they are in their late teens.

# What are the major psychosocial issues faced by gender and sexual minority youth?

- According to the 2013 National School Climate Survey found that
  - School in many cases is a hostile environment for gender and sexual minority youth. 7 out of 10 students surveyed reported incidents of harassment.
  - As a result of sexual orientation
    - 1 in 5 physically assaulted
    - 2 in 5 physically harassed
    - 3 in 4 verbally harassed
  - As a result of gender expression
    - 1 in 8 physically assaulted
    - 1 in 4 physically harassed
    - 1 in 2 verbally harassed

- Harassment and victimization can have a negative impact on a student academic and well-being

- Feel less connected to the school environment
- May lower his/her academic achievement
- May negatively impact educational aspirations
- Poorer sense of self
- More likely to be absent from school

- Kosciw, J. G., Greytak, E. A., Palmer, N. A. & Boesen M. J. (2014). *The 2013 National School Climate Survey: The experiences of lesbian, gay, bisexual and transgender youth in our nation's schools*. New York: GLSEN

- The marginalization and social isolation increases feelings of

- Hopelessness

- Lack of belongingness

- Anxiety

- Suicidal ideation and attempt

- Adelson, S. (n.d.) *Sexual Orientation, gender development, and mental health in children and adolescents*. National LGBT Health Education Center, Fenway Institute: Boston. ([www. Lgbthealtheducation.org](http://www.Lgbthealtheducation.org)).

- The marginalization and social isolation increases feelings of

- The likelihood of engaging in high risk behaviors

- Running away
- Not attending school
- Homelessness
- HIV/STIs

- Adelson, S. (n.d.) *Sexual Orientation, gender development, and mental health in children and adolescents*. National LGBT Health Education Center, Fenway Institute: Boston. ([www.Lgbthealtheducation.org](http://www.Lgbthealtheducation.org)).

- Some gender and sexual minority youth may be out to family, friends, and teachers, others may not.
  - Being out is a process that requires a supportive environment
- We must be careful not to inadvertently “out” a student.

- So where do they go for support?

- Friends

- Online

# Role of the School Nurse

- According to the National Association of School Nurses Position Statement (2016) LGBTQ Students: The Role of the School Nurse
  - All students are entitled to a safe, supportive and inclusive environment.
  - The school nurse as a vital member of the team supports students' health and wellbeing, advocates for policies and practices that provide for the safety of all students.

# Role of the School Nurse

- Be aware of the psychosocial issues that impact the lives of gender and sexual minority youth.
- Help the student identify 1 supportive member of the school team (e.g., teacher, counselor, school nurse)
- Help create a “safe space” where gender and sexual minority youth can discuss issues, concerns and fears about being in school.

# Role of the School Nurse

- Be aware of the reputable resources in the local community (e.g., PFLAG).
- Provide information for Suicide Hotline and Trevor Project

- Trevor Project ([www.trevorproject.org](http://www.trevorproject.org))
  - It is an organization that provides crisis intervention and suicide prevention for LGBTQI youth.
    - Trevor Lifeline (866-488-7386) available 24 hours a day/7 days a week.
    - TrevorChat Online instant messaging with TrevorChat counselor
    - TrevorText by texting Trevor to 1-202-304-1200 (Limited availability)

- Trevor Project

- Lifeguard Workshop

- Free online module video, curriculum and teacher resources for middle and high school classrooms

- Training for Youth Serving Professionals

- LGBTQ on Campus for Faculty and Staff
    - Step In, Speak up!

- Trevor Project

- Trevor Support Center

- Preventing Suicide

- Learn how to address gender and sexual minority youth in a respectful way.
  - Ask the student how he/she would like to be addressed.
  - Practice zero tolerance for verbal and physical harassment.
  - Avoid assuming they are not sexually active, or do not have a partner.
  - Ask if they have a significant other or partner.

# Transitioning

- In the public eye this is controversial
- Again a reminder gender identity is not the same as sexual orientation

# Transitioning

- A new area of medicine is the care of the transgender and gender non-conforming youth.
  - Managing transition in transgender and gender non-conforming youth requires a high degree of cultural sensitivity and awareness of the issues that transwomen and transmen face.
  - It requires a high degree of cultural humility in which a transgender and gender non-conforming youth is approached on his or her terms.

# Transitioning

- Gender non-conforming youth can be divided into two groups
  - Peri-pubertal or those in the early pubertal stages of development
  - Those who are further along the stages of development, including those who have completed their pubertal development
    - Kennedy-Olsen, J., Rosenthal, S. M., Hastings, J. & Wesp L. (n.d.) Health considerations for gender non-conforming children and transgender adolescents. University of California San Francisco. (<http://transhealth.ucsf.edu/trans?page=guidelines-youth>)

# Transitioning

- For gender non-conforming children
- Parents are often at a loss on how to care for their child, so they will seek professional help.
- Usually for children no medical intervention is advised.
- What a child needs is a safe environment where they can experience healthy growth and development.
  - Kennedy-Olsen, J., Rosenthal, S. M., Hastings, J. & Wesp L. (n.d.) Health considerations for gender non-conforming children and transgender adolescents. University of California San Francisco. (<http://transhealth.ucsf.edu/trans?page=guidelines-youth>)

# Transitioning

- An aspect of a healthy environment may be the child experiencing social transition, which means changing their outward appearance (how they dress, growing hair, cutting hair), changing their name and pronouns to match their internal sense of self.
  - Kennedy-Olsen, J., Rosenthal, S. M., Hastings, J. & Wesp L. (n.d.) Health considerations for gender non-conforming children and transgender adolescents. University of California San Francisco. (<http://transhealth.ucsf.edu/trans?page=guidelines-youth>)

# Transitioning

- As transgender and gender non-conforming youth enter puberty most will experience gender dysphoria, especially as the secondary sex characteristics develop and do not correspond to their internal sense of self.
- It is at this time that parents will usually seek healthcare professionals for guidance to initiate treatment to suppress the secondary sex characteristics.

# Transitioning: A school nurse's responsibility

- Self awareness of biases and fears will be very important.
- Participating in continuing education courses, seeking counsel from experts in the field of gender and sexual minority youth healthcare.
- Working with school administrators, counselors, families to provide a safe environment where transgender and gender non-conforming youth can discuss their feelings, fears, concerns.

# Transitioning: A school nurse's responsibility

- Work with school counselors to develop a list of appropriate referrals for:
- Counseling (experienced in working with gender & sexual minority youth)
- Healthcare (Physicians, Nurse Practitioners, Physician Assistants versed in treatment of transgender and gender non-conforming children and youth)
- Community resources (San Antonio Gender Association, PFLAG)

# The Positives

- Your willingness to attend this presentation.
- Challenging stereotypes
- Educating a new generation of healthcare professional students in providing holistic care to gender and sexual minority youth (and adults).

# The Positives

- Conducting research in gender and sexual minority issues.

# Barriers to care

- We are only beginning to deal with the healthcare issues faced by gender and sexual minority youth.
- Section 1557 of the Patient Protection and Affordable Care of 2010 prohibits sex discrimination in any healthcare facility that receives federal funds.
  - In May, 2016 the US Department of Health & Human Services Office of Civil Rights issued rules that states that prohibition of sex discrimination extends to gender identity and sex stereotyping.
  - Human Rights Campaign (n.d.) *Creating equal access to quality health care for transgender patients: Transgender affirming hospital policies*. HRC: Washington, DC.

# Barriers to care

- Lack of health insurance; having to negotiate with the health insurance carriers for hormone replacement therapy and/or sex affirming surgery
- Lack of culturally sensitive healthcare professionals and staff
- Homelessness due to being turn out of the home

# Barriers to Care

- Fear of discrimination and stigmatization
- Fear of self-disclosing to teachers and healthcare professionals
- Lack of culturally sensitive healthcare clinic spaces

# Bibliography

- Adelson, S. (n.d.) *Sexual Orientation, gender development, and mental health in children and adolescents*. National LGBT Health Education Center, Fenway Institute: Boston. ([www.lgbthealtheducation.org](http://www.lgbthealtheducation.org)).
- GLSEN (2016). *Ready, Set, Respect: GLSEN's Elementary School Toolkit*. New York: GLSEN. Retrieved from <http://www.glsen.org>
- GLSEN (2016). *Safe Space Kit: A guide to supporting lesbian, gay, bisexual, and transgender students in your school*. New York: GLSEN. Retrieved from <http://www.glsen.org>
- Human Rights Campaign (n.d.) *Creating equal access to quality health care for transgender patients: Transgender affirming hospital policies*. HRC: Washington, DC.
- Kennedy-Olsen, J., Rosenthal, S. M., Hastings, J. & Wesp, L (n.d.). *Health considerations for gender non-conforming children and transgender adolescents*. Retrieved from <http://transhealth.ucsf.edu/trans?page=guidelines-youth>

# Bibliography

- Kosciw, J. G., Greytak, E. A., Palmer, N. A. & Boesen M. J. (2014). *The 2013 National School Climate Survey: The experiences of lesbian, gay, bisexual and transgender youth in our nation's schools*. New York: GLSEN.
- McGuire, , J. K., Anderson, C. R., Toomey, R. B. & Russell, S. T. (2010). School climate for transgender youth: A mixed methods investigation of student experiences and school responses. *Journal of Youth Adolescence*, 39, pp. 1175-1188.
- MacNish, M. (2015, October). Gender Identity Development. *Proceedings of the Advancing Excellence in Healthcare, 2015*. Retrieved from: <http://www.lgbthealtheducation.org/wp-content/uploads/Gender-Identity-Development.pdf>
- Russell, S. T., Ryan, C., Toomey, R. S., Diaz, R. & Sanchez, J. (2011). Lesbian, gay, bisexual, and transgender adolescent school victimization: Implications for young adult health and adjustment. *Journal of School Health*, 81(5), pp. 223-230.

# Bibliography

- Ryan, C., Russell, S.T., Huebner, D., Diaz, R. & Sanchez, J. (2010). Family acceptance in adolescence and health of LGBT young adults. *Journal of Child and Adolescent Psychiatric Nursing, 23(4)*, pp. 205-213.
- Substance Abuse and Mental Health Services Administration. (2014). *A practitioner's resource guide: Helping families to support their LGBT children*. (HHS Publication No. PEP14-LGBTKIDS). Rockville MD: Substance Abuse and Mental Health Services Administration.
- Toomy, R. B., Ryan, C., Diaz, R., Card, N. A. & Russell, S. T. (2010). Gender-nonconforming lesbian, gay, bisexual, and transgender youth: School victimization and young adult psychological adjustment. *Developmental Psychology, 46(6)*, pp. 1580-1589.