

TRANSGENDER HEALTH IN THE EMERGENCY DEPARTMENT

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**UCDAVIS
HEALTH**

ACKNOWLEDGMENT

- ▶ We are not transgender
- ▶ Caution when speaking for vulnerable groups
- ▶ Humility
- ▶ There are very few trans EM docs, even less academic faculty
 - ▶ Why might that be?

DISCLOSURES

- ▶ None

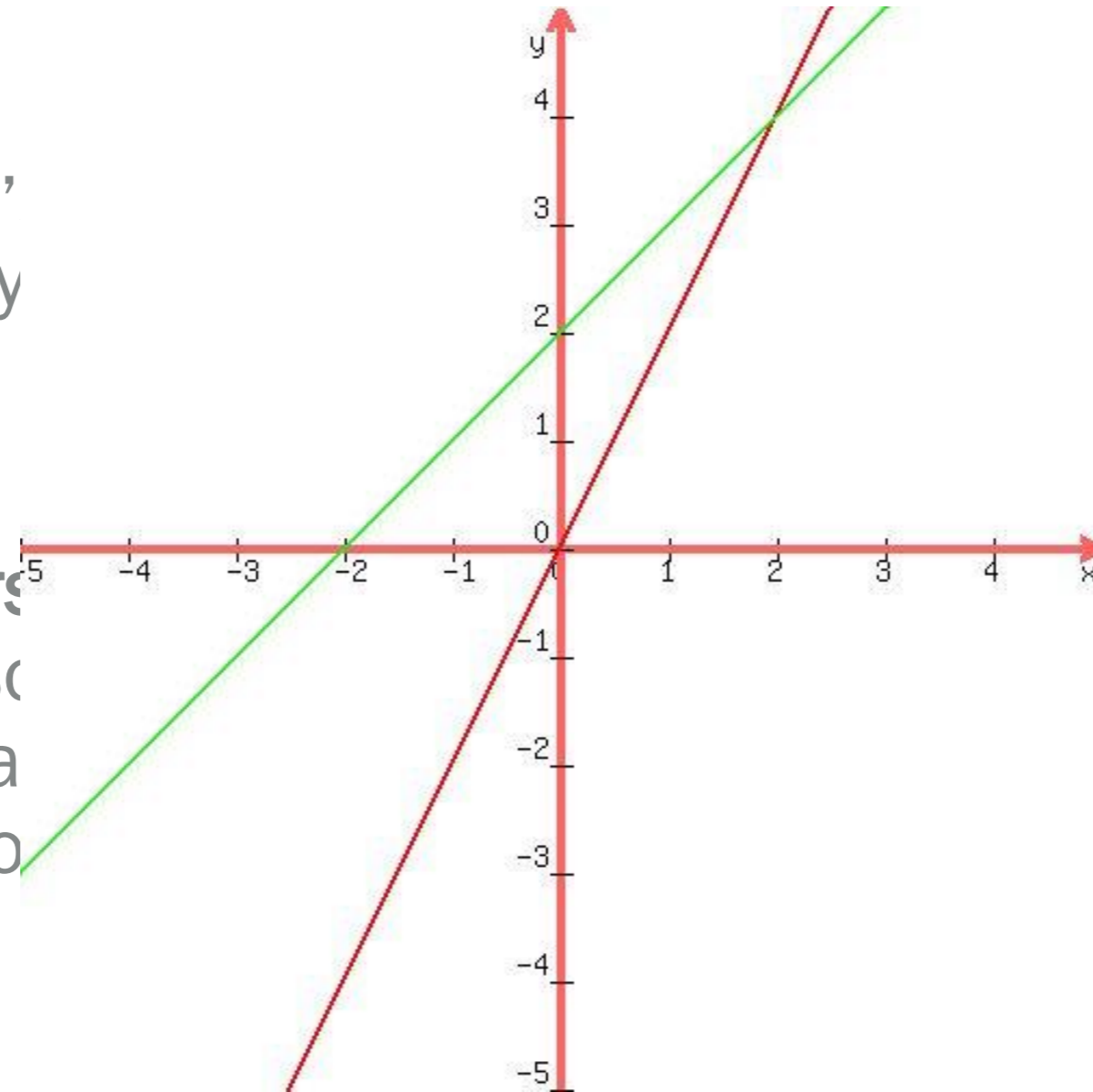
LEARNING OBJECTIVES

- ▶ Define & describe terms commonly used and preferred with patients that self-identify as transgender
- ▶ Demonstrate communication styles used to build trust with this vulnerable population
- ▶ Identify and explore social and structural determinants of health particular to transgender patients
- ▶ Explore strategies to provide gender-affirming medical care for this population
- ▶ Describe the role of trauma informed care in providing comprehensive care for this patient population

THE BUILDING BLOCKS

Sex: A person's sex is determined by chromosomes (specifically the sex chromosomes, X and Y, and the gonads) as well as

Gender: A person's gender is determined by how that person is perceived by others, including institutions and cultural norms, as well as their own self-perception and experience.



gonads) well as

or female and presentation; environment and

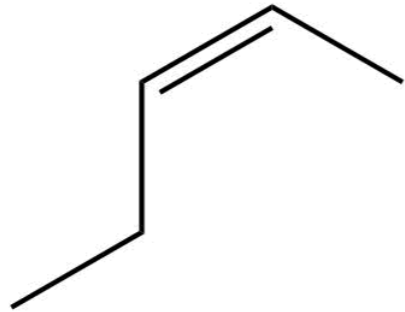
THE BUILDING BLOCKS

Intersex: Biologic sex as defined by gonadal, chromosomal, or anatomic characteristics that does not fit into binary male/female categories.

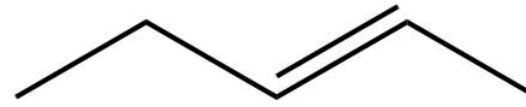
Female/Male: A category of biological **sex**, typically associated with XY / XX chromosome complement.

Woman/Man: One of two binary categories of **gender**, typically associated with feminine/masculine behaviors and characteristics.

THE BUILDING BLOCKS



cis



trans

Queer (Genderqueer): A gender identity outside the male/female binary paradigm; Non binary

Transgender: One's gender identity is not consistent with his or her biologic sex assigned at birth.

Cisgender: One's gender identity is consistent with his or her biologic sex assigned at birth.

Institute of Medicine (US) Committee on Lesbian, Gay,

Bisexual and Transgender Health Issues and Research

Gaps and Opportunities.

LGBTQIA



TRANSGENDER

TRANS MAN

AMAB/AFAB

TRANS WOMAN

NON-BINARY
("ENBY")

TRANSMASCULINE

GENDER -
NONCONFORMING

TRANSFEMININE

TRANSEXUAL

GENDERQUEER

Gender is less like this:



And more like this:



NAME/PRONOUNS

- ▶ Important!
- ▶ Document appropriately in EMR
- ▶ Ensure team members are using correct name/pronouns
- ▶ If you make a mistake, **immediately take ownership, apologize and move forward**
 - ▶ This is common

HOW DO I ADDRESS MY PATIENT?

HOWEVER THEY WOULD LIKE.

- ▶ “My name is Dr. Toles; I use she/her pronouns. What name and pronouns do you use?”

GENDER DYSPHORIA

- ▶ Distress or discomfort that arises from the incongruence between one's expressed gender identity and assigned gender
- ▶ Diagnosis in the Diagnostic and Statistical Manual of Mental Disorders (DSM-5)
- ▶ Causes clinically significant distress and can deeply and negatively impact the lives of transgender people
- ▶ Treated by affirming gender in various domains

TRANSITIONING

Any steps a person takes to affirm their gender identity

NON-SURGICAL GENDER AFFIRMING BODY MODIFICATIONS

Feminizing

Breast Prosthetics

Tucking

Scrotal trauma

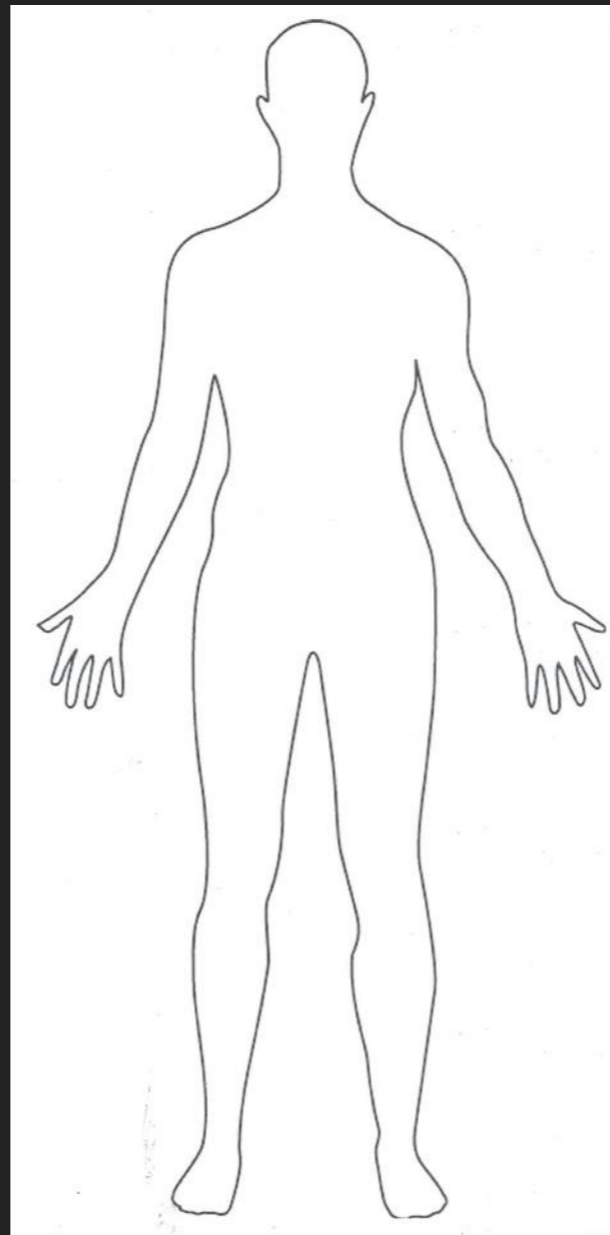
Urinary trauma

Epididymitis

Orchitis

Prostatitis

Cystitis



Masculinizing

Binders

Breathing restriction

Chest (breast) pain

Skin irritation

Fungal infections

Packing

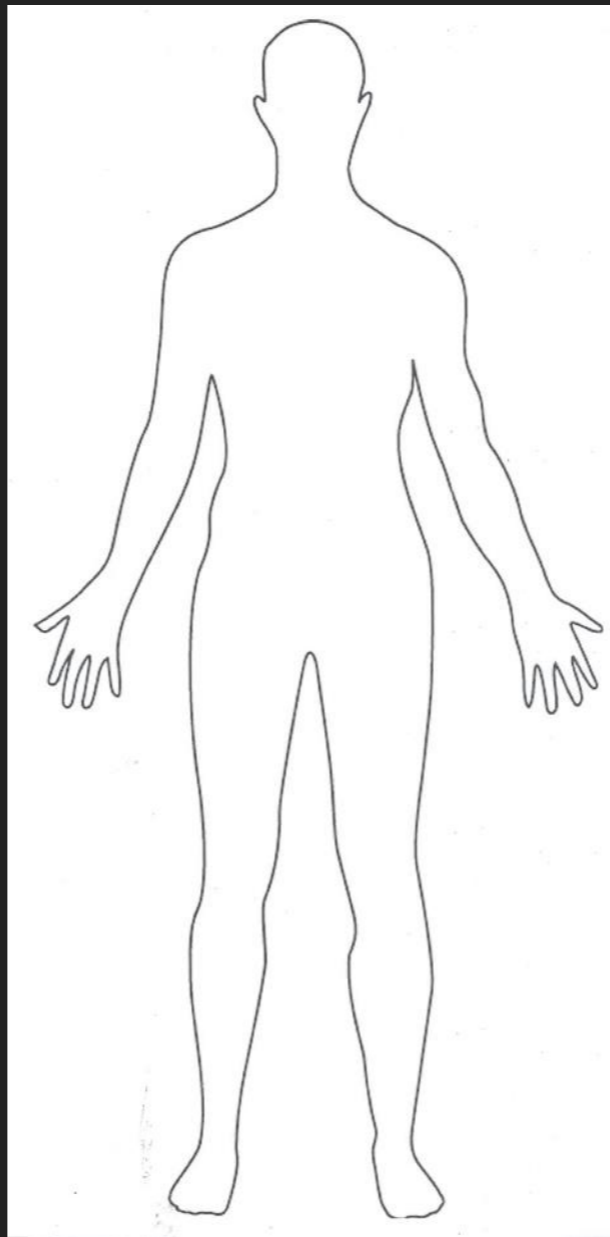
MEDICAL GENDER AFFIRMING BODY MODIFICATIONS

Feminizing

Estrogen

Androgen blockers

i.e. spironolactone



Masculinizing

Testosterone

SURGICAL GENDER AFFIRMING BODY MODIFICATIONS

Feminizing

Top Surgery

Breast augmentation

Bottom Surgery

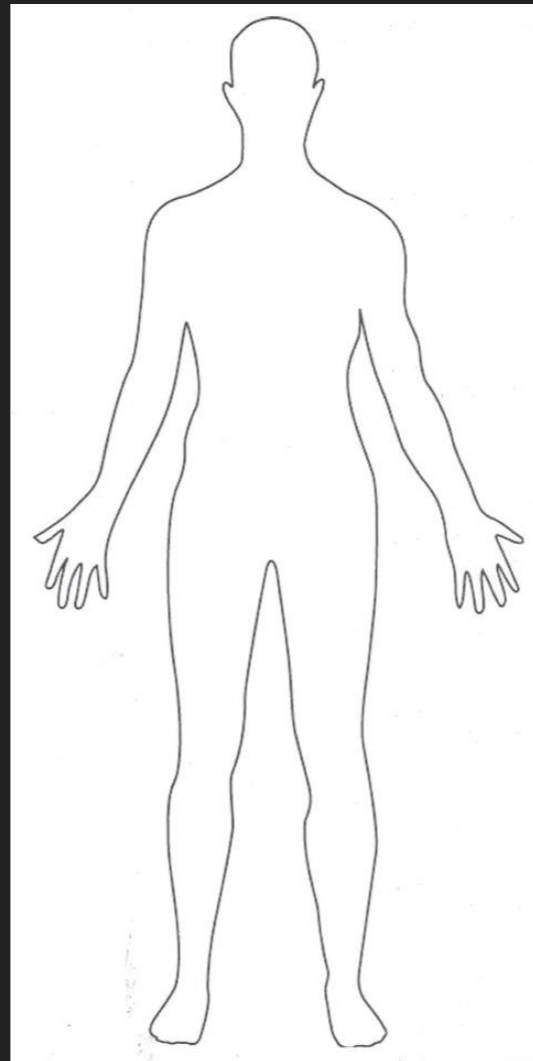
Penectomy

Orchiectomy

Vaginoplasty

Clitoroplasty

Vulvoplasty



Masculinizing

Top Surgery

Mastectomy

Bottom Surgery

Hysterectomy/Ovariectomy

Vaginectomy

Phalloplasty

Metoidioplasty

Scrotoplasty

Non-Binary Surgery

Gender Nullification Surgery

GENDER NULLIFICATION SURGERY



SOCIAL AND STRUCTURAL DETERMINANTS OF HEALTH

SOCIAL STRUCTURES

- ▶ The policies, economic systems, and other institutions (judicial system, schools, etc.) that have produced and maintained modern social inequities and health disparities, often along the lines of social categories such as race, class, gender, sexuality, and ability. This includes systems of oppression.

STRUCTURAL VIOLENCE

- ▶ Social arrangements that put individuals and populations in harm's way.
- ▶ They are embedded in the political and economic organization of our social world.
- ▶ They are violent because they cause harm to people.
 - ▶ Farmer et al. 2006 "Structural Violence and Clinical Medicine"

STRUCTURAL VIOLENCE: ANTI-TRANSGENDER LEGISLATION

- ▶ 2022 on pace to see record number of **anti-transgender legislation** in the US
 - ▶ Sports, gender-affirming care, bathrooms
- ▶ Many targeting transgender youth
- ▶ More than 300 anti-LGBTQ+ bills proposed in 2022
- ▶ Direct negative impact on the health and well-being of transgender and LGBTQI+ people
 - ▶ i.e. suicide, anxiety, depression

SYSTEMS OF OPPRESSION

TYPE OF OPPRESSION	PRIVILEGED SOCIAL GROUP	BORDER SOCIAL GROUPS	OPPRESSED SOCIAL GROUPS	SOCIAL IDENTITY CATEGORY
RACISM	White People	Biracial People	Asian, Black, Latina/o, Native People	Race
SEXISM	Biological Men	Transsexual, Intersex People	Biological Women	Sex
TRANSGENDER OPPRESSION	Gender conforming biological men and women	Gender ambiguous biological men and women	Transgender, Genderqueer, Intersex People	Gender
HETEROSEXISM	Heterosexuals	Bisexuals	Lesbians, Gay men	Sexual Orientation
CLASSISM	Rich, Upper Class People	Middle Class People	Working Class, Poor People	Class
ABLEISM	Able-bodied People	People with Temporary Disabilities	Disabled People	Ability/Disability
RELIGIOUS OPPRESSION	Protestants	Roman Catholic (historically)	Jews, Muslims, Hindus, Sikhs	Religion
AGEISM/ADULTISM	Adults	Young Adults	Elders, Young People	Age

INTERSECTIONALITY

- ▶ The complex, cumulative way in which the effects of multiple forms of discrimination (such as racism, sexism, and classism) combine, overlap, or intersect especially in the experiences of marginalized individuals or groups. -Merriam Webster
- ▶ Coined in 1989 by Professor of Law and critical race theorist Dr. Kimberle Crenshaw



HEALTH INEQUITIES
OFTEN RESULT FROM
STRUCTURAL VIOLENCE &
EXPERIENCES OF
DISCRIMINATION AND ARE
NOT INHERENT
QUALITIES.

HEALTH INEQUITIES

- ▶ Increased risk of poverty, depression, anxiety, substance abuse, STIs, cardiovascular disease²
- ▶ Ethnic and racial minority transgender patients experience even greater levels of poverty, discrimination and health disparities⁶

THE REPORT OF THE



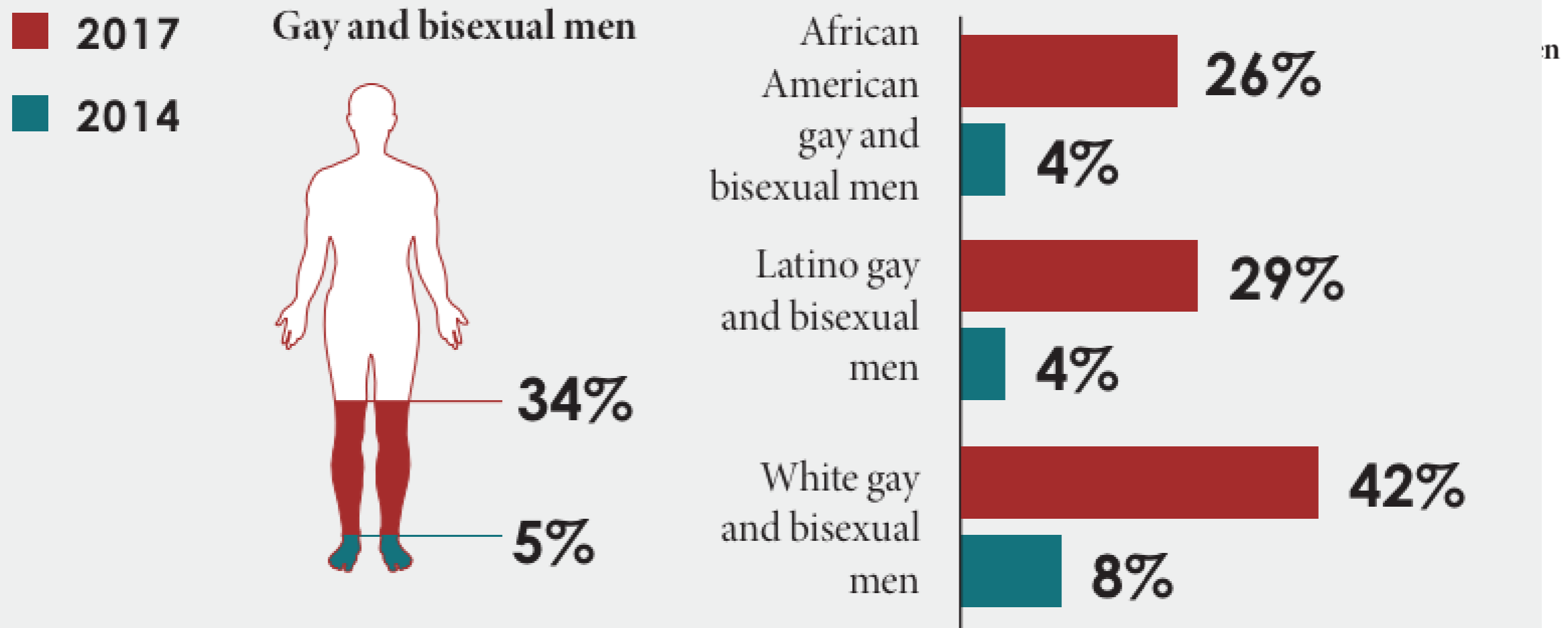
2019
U.S.
TRANSGENDER
SURVEY

HIV

- Respondents were living with HIV (1.4%) at nearly five times the rate in the U.S. population (0.3%)
- HIV rates were higher among transgender women (3.4%), especially transgender women of color.
- Nearly one in five (19%) Black transgender women were living with HIV, and American Indian (4.6%) and Latina (4.4%) women also reported higher rates.

HEALTH DISPARITIES: HIV (LGB)

PREP USE AMONG GAY AND BISEXUAL MEN AT HIGH RISK OF HIV BY RACE/ETHNICITY IN 20 U.S. CITIES, 2014 VS. 2017



Complete data set available [here](#)

BURDEN OF DISEASE: MENTAL HEALTH

- ▶ LGBT persons are at increased risk for suicidal ideation & attempts, depression & mood disorders
- ▶ LGBT youth are 2 to 3 times more likely to attempt suicide
- ▶ LGBT report experiencing elevated levels of violence, victimization, and harassment

TRANSGENDER TEENS NEED SAFE & SUPPORTIVE SCHOOLS

TRANSGENDER STUDENTS IN SCHOOL

ALMOST **2%** OF
HIGH SCHOOL STUDENTS
IDENTIFY AS
TRANSGENDER



TRANSGENDER STUDENTS FACE HEALTH RISKS



27% FEEL
UNSAFE AT OR
GOING TO OR
FROM SCHOOL



35% ARE
BULLIED AT
SCHOOL



35% ATTEMPT
SUICIDE

SAFE AND SUPPORTIVE SCHOOLS CAN HELP!

- **CREATE AND ENFORCE ANTI-BULLYING POLICIES**
- **IDENTIFY AND TRAIN SUPPORTIVE SCHOOL STAFF**



Data from 2017 Youth Risk Behavior Survey of U.S. high school students in 10 states and 9 large urban school districts (N=131,901 students) as published in Johns, et al. *MMWR* 2019 (doi:10.1093/mmwr.mm68.01.a)

WWW.CDC.GOV

Transgender Identity and Experiences of Violence Victimization, Substance Use, Suicide Risk, and Sexual Risk Behaviors Among High School Students — 19 States and Large Urban School Districts, 2017

WHY MIGHT TRANS
PEOPLE BE AFRAID
TO COME TO THE
ED?

"Sometimes You Feel Like the Freak Show": A Qualitative Assessment of Emergency Care Experiences Among Transgender and Gender-Nonconforming Patients

Elizabeth A Samuels ¹, Chantal Tape ², Naomi Garber ³, Sarah Bowman ⁴, Esther K Choo ⁵

- ▶ Qualitative study exploring ED experiences of trans people
 - ▶ 32 participants, >18 yo, 72% male, 78% white
 - ▶ Identified 4 major themes
 - ▶ System structure
 - ▶ Care competency
 - ▶ Discrimination and Trauma
 - ▶ Cost, length-of-wait, etc.

SYSTEM STRUCTURE

- ▶ Emergency care system is not designed for safe and private gender disclosure and fosters mistrust between providers and patients
 - ▶ Being treated by several providers
 - ▶ Being asked questions repeatedly
 - ▶ Being placed in shared rooms lacking privacy
 - ▶ Documentation systems (EMR, name bands, etc.) reflect sex rather than gender identity resulting in misgendering, misnaming, inappropriate repetitive questioning

CARE COMPETENCY

- ▶ Providers perceived as not knowing how and when to ask about gender identity
- ▶ Patients felt the onus to educate their providers about their identity and relevance to medical care
- ▶ Patients described feeling objectified
 - ▶ Having multiple learners come see the patient
- ▶ This lack of competency led to patients withholding information and feeling disrespected and dehumanized

DISCRIMINATION AND TRAUMA

- ▶ Patients describe OVERT instances of discrimination in the ED
 - ▶ Gender identity or anatomy mocked and scrutinized
 - ▶ Overhearing team members discussing gender identity and/or anatomy in public spaces in the ED
 - ▶ Transphobic comments shared with them about other patients

TRAUMA INFORMED APPROACH

- Physical exams can generally be traumatic and anxiety inducing.
- Trauma informed approach
 - 1 *Realizes* the widespread impact of trauma and understands potential paths for recovery
 - 2 *Recognizes* the signs and symptoms of trauma in clients, families, staff, and others involved with the system
 - 3 *Responds* by fully integrating knowledge about trauma into policies, procedures, and practices
 - 4 *Seeks to actively resist re-traumatization*

SAMHSA

TRAUMA INFORMED CARE BASICS

- Patient centered, validating, and transparent
- Respect and affirm identities
- Respect privacy
- Bodily autonomy
 - Consent to touch
- Explain what you are doing and why
- Provide needed accommodations (specific chaperone?)
- Don't ASSUME. If not sure, ask.

LOGISTICAL CONSIDERATIONS

- ▶ Interview/Exam in quiet, private spaces
- ▶ Communicate with members of team such that pt *only has to disclose once*
- ▶ Provide access to gender neutral restrooms

PHYSICAL EXAM & IMAGING CONSIDERATIONS

- Discuss details of exam and procedures.
- Allow a support person to stay in room.
- Clearly explain each step.
- Consider anxiolytic.
- Speculum exam: consider initial external and/or bimanual exam



SEXUAL HISTORY

- ▶ Is this relevant to ED visit?
- ▶ Create an accepting and non-judgmental environment
- ▶ Consider specific health disparities relevant to the population
- ▶ Do: Behavior and anatomy-specific counseling (not identity)
- ▶ Consider IPV and be up front about mandated reporter status
 - ▶ "Do you feel safe in your current relationship?"
- ▶ Don't: "Men Women or Both?!"
 - ▶ Ask open ended questions
- ▶ Consider and discuss pregnancy risk for people with ovaries/uterus having PV sex.

Sexual Identity versus Sexual Activity



- ▶ 3.5% LGBT identity (8 million)
- ▶ 8.2% report same-sex behavior (19 million)
- ▶ 11% some degree same sex attraction (26 million)

WHAT CAN I
DO?

INSTITUTIONAL

- ▶ Affirm gender identity from initial presentation->forward
- ▶ Ensure documentation system allows for SOGI info.
- ▶ Non-discrimination policies
 - ▶ Posted publicly, communicated to local LGBTQIA-advocacy groups
- ▶ All-gender restrooms
- ▶ Ensure access to hormones (when safe and feasible) and personal items
- ▶ Cultural humility training for all staff



SOGI

[Click here to update patients preferred name](#)

Patients Preferred name:

Legal Information

Legal first name:

Legal last name:

Legal sex:

Female
 Male
 Unknown
 Nonbinary

Inform the patient that anything entered here will be visible to anyone with access to this legal medical record.

Sexuality

What is the patient's sexual orientation? (categories describe exclusive or predominant attraction)

Lesbian or Gay	Straight (not lesbian or gay)	Bisexual
Something else	Don't know	Choose not to disclose
Queer	Questioning/Unsure	Pansexual
Asexual	Developmentally/Cognitively unable to answer	

comments

Gender Identity

Autofill with default responses for:

Cisgender female
 Cisgender male

What is the patient's gender identity now? (how a person experiences/describes their own gender)

Female	Male	Transgender Female / Male-to-Female
Transgender Male / Female-to-Male	Other	Choose not to disclose
Queer	Questioning	Gender Non-Conforming
Genderqueer	Gender Fluid	Intersex
Developmentally/Cognitively unable to answer		

1P932A
RESTROOM



STAFF

- ▶ Use and document affirmed name/gender identity
- ▶ Communicate with members of team such that pt only has to disclose once
- ▶ Don't make assumptions
- ▶ Explain relevance of sensitive questions
- ▶ Be inclusive, respectful, affirming
 - ▶ Especially when taking sexual history (if relevant)
- ▶ Educate yourself (resources in references)
- ▶ Own mistakes

ID SCHWAG



SUMMARY

- ▶ Affirm, create safety and trust
 - ▶ Own mistakes
- ▶ Structural and social determinants of health
 - ▶ health inequities
- ▶ Name/pronoun are vital
- ▶ Gender spectrum NOT binary
- ▶ Trauma-informed ED care
- ▶ Educate yourself



THE FIRST PRIDE WAS A RIOT AGAINST POLICE BRUTALITY, LED BY TRANS WOMEN OF COLOR.

RESOURCES



- ▶ “Don’t be a Jerk” EM Pulse podcast by Toles et al. re: Trans Care in the ED
 - ▶ <http://bit.ly/2VSRtkb>
- ▶ “Looking through the Prism...” podcast by Jarman et al. re: Care of LGBTQ+ people in the ED
 - ▶ <http://bit.ly/2RNKsQw>



QUESTIONS?

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