The Bureau of Health Equity Learning Event Series

LGBTQIA+ Health



DELAWARE HEALTH AND SOCIAL SERVICES
Division of Public Health

Partnership for Healthy Communities
A COMMUNITY ENGAGEMENT INITIATIVE

MEET THE SPEAKER

Noah Duckett, LCSW

Noah Duckett (he/him) is a licensed clinical social worker and community advocate for the LGBTQIA+ community in Delaware. He works closely with major LGBT organizations, medical practices, and educational institutions throughout the country to offer clinical consults and education, and is the author of the first and only guide to legally transitioning in Delaware.

Noah is the co-Founder of the Delaware Sexuality and Gender Collective, an organization providing vital resources to the transgender community in Delaware, including connection to pro bono legal resources, meal support during recovery from gender-affirming surgery, access to free gender affirming clothing, and education, training, and programming around gender and sexuality. He is a member of the State of Delaware's inaugural LGBTQIA+ Commission and uses his clinical and advocacy experience to help create a more affirming Delaware.



Overview

01 Introduction
Definitions

02 Transition Logistics
National Landscape
Consequences and Stats

03 Clinical Considerations
Informed Consent

04 Introduction to Allyship
Discussion



General Terms

Sex

Assigned at birth; biological and binary

Gender

Doesn't always match the sex you were assigned at birth and doesn't have to be binary

Orientation

Attraction to others (sexual, romantic)

LGBTQIA+

Expression

The way you present yourself to the world through clothing, demenour, and actions

Body Decisions

The way we feel about our body and the choices we make to align our feelings with our physical selves

Sexuality and Romantic Terms

Lesbian

Women who are attracted to women

Gay

Typically a man who is attracted to other men, but can also be a "catch-all" identity

Bisexual

Someone who is attracted to people of their own gender and people of other genders

Queer

Kind of a "catch-all" identity, reclaimed from previous use

Pansexual

Someone who is attracted to someone, regardless of their gender

Asexual

Little or no interest in sex; prioritizing romantic connection over sexual connection

Gender Terms

Cisgender

When the sex that you were assigned at birth matches your gender

Transgender

When the sex that you were assigned at birth does NOT match your gender

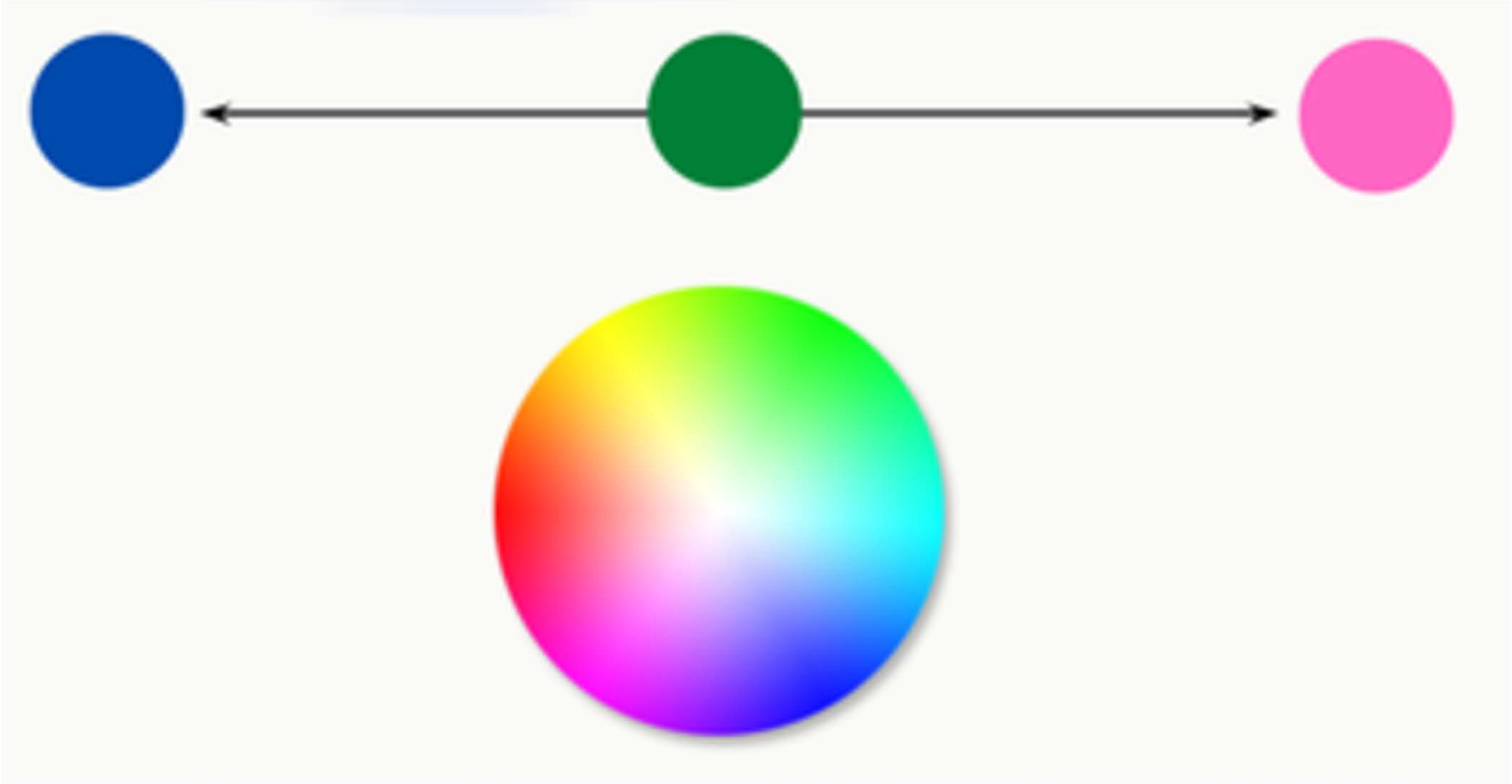
Non-binary

When you don't identify within the traditional gender binary (male or female)

Other Terms

Intersex, Agender, Demi, Two-Spirit, Gender-Fluid, Androgynous, Genderqueer, etc.

Understanding Fluidity



Social Transition

- Appearance
- Name and pronouns
- Certain documents
- Friends, family, coworkers, etc.



Medical Transition

- Puberty blockers
- Hormones
- Surgeries
- Fertility



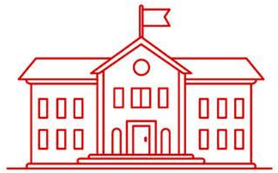
Legal Transition

- Name change
- Social Security
- License / ID
- Birth certificate
- Other records



Current National Landscape

Schools



- Athletics
- Book banning
- Consequences for teachers
- Social/Mandatory reporting

Legal Transition



- Repealing document changes
- Registry creation
- Considerations for visibility

Medical



- Scare tactics for youth
- Restrictions on care
- Consequences for providers
- Program cuts and closures

General Attitudes



- Election cycle
- Grooming
- Detransition
- Regret

Statistics and Consequences



Detransition and Regret Rates

- 13% — context and comparison
- Availability of data
- Misrepresentation



School and Home

- Bullying
- School policies
- Safety
- Mental health

Health care



- Being denied care
- Health care abuse
- Kind vs. Competent
- Cycle of vulnerability

New Layer: Provider Fear



- Decreasing services
- Referring out
- Increasing barriers
- Fear of liability

Turban, J. L., Loo, S. S., Almazan, A. N., & Keuroghlian, A. S. (2021). Factors Leading to "Detransition" Among Transgender and Gender Diverse People in the United States: A Mixed-Methods Analysis. LGBT health, 8(4), 273–280. https://doi.org/10.1089/lgbt.2020.0437

Provider Considerations

- **Liability**
  - Local protections
  - Wording in documentation
  - Balancing due diligence vs. gatekeeping and safety
  - Screeners
- **Documentation**
  - F64.9 diagnosis
  - Visibility of name and pronouns
  - Balancing insurance requirements vs. patient needs and safety
- **Holding Space**
  - Indecision and uncertainty
    - Yours and theirs!
  - Parents and partners
  - Case management and processing
  - Importance of a multidisciplinary team

Keep in mind...

- Legal transition
- Medical transition
- Insurance

DSM-5 Criteria for Gender Identity Disorder (F64.9)

- A marked incongruence between one's experienced/expressed gender and assigned gender, lasting at least 6 months
- A marked incongruence between one's experienced/expressed gender and primary and/or secondary sex characteristics
- A strong desire to be rid of one's primary and/or secondary sex characteristics because of a marked incongruence with one's experienced/expressed gender
- A strong desire for the primary and/or secondary sex characteristics of another gender
- A strong desire to be of another gender
- A strong desire to be treated as another gender
- A strong conviction that one has the typical feelings and reactions of another gender
- Significant distress and impairment of daily functioning not otherwise attributed to substance abuse, other medical conditions, or other mental health disorders



Informed Consent

Capacity for Decision Making

Clear, Confident Choice

Informed of Benefits and Risks

Informed Consent for Gender-Affirming Care

- Minimizing gatekeeping
- Acknowledging and reducing barriers to care
- Supporting options
- Understanding that gender-affirming care is lifesaving and necessary care



Other Clinical Pieces

- Many aspects of gender affirming care require additional referrals and letters of support from mental health and medical professionals
  - Hormones and Surgeries
  - Legal Documentation

- Framework:
  - Patients deserve to receive consistent, comprehensive, quality care
  - Patients deserve to feel empowered to navigate their social, legal, and medical transitions in a way that feels best for them.



Letter Requirements

Letters must be written within 12 months of the surgery date. Out-of-date letters may require a brief update to confirm information.

1 Letter - Medical or mental health professional

- **Driver's license**
- **Birth certificate**
- **Chest/top surgeries**
- **Some facial surgeries**

2 Letters - Mental health professional

- **Bottom/genital surgeries**
- **Some facial surgeries**

The World Professional Association for Transgender Health (WPATH) guidelines do not require the second letter to be written by a doctoral-level clinician, but specific insurance or surgeon's requirements may differ.

Letter 1 – Surgical Letter

Identifying information and a statement of what the patient is seeking (type of surgery).

The duration of the mental health professional's relationship with the client, including the type of evaluation and therapy or counseling to date:

An explanation that the criteria for surgery have been met,

Whether they meet WPATH eligibility criteria including persistent and well documented gender dysphoria, capacity to make a fully informed decision and consent for treatment as well as age of majority. For those seeking genital surgery, whether they have had 12 months of continuous cross gender hormone therapy (required unless there are medical contraindications)

Results of the client's psychosocial assessment, including any diagnoses, developmental disorders, substance abuse, etc.

A chronological history of the patient's cross gender feelings starting with earliest possible recollection.

Pertinent background family, developmental, education, occupational, relational and social history.

Current stability of psychiatric symptoms. If there is a psychiatric diagnosis, is it well controlled?

Medical and psychiatric medications, dosage and starting dates as well as who prescribes them.

Level of support from parents, family, spouses, children, friends and colleagues, acceptance in work or school environment.

Legal gender change status including name change, gender status change on identification documents

The qualifications of the mental health professional including licensure & experiences working with trans patients

Letter 2 - Treatment Form

Some processes (birth certificate and driver's license) do not require an in-depth letter of support, but still require a signed form confirming that a patient "completed" a medical transition.

These forms are brief and no longer require you to document exactly how a patient has completed treatment.



Letter Writing Considerations

- **Remember FLUIDITY!**
- **Use language that patients are comfortable with, especially when describing their bodies and lived experiences.**
  - **When possible, use direct quotes.**
- **Many requirements differ - Double check what is actually needed.**
- **Inform patients about logistics:**
  - **Potentially sensitive information being put in writing**
  - **Requirements around Gender Identity Disorder diagnosis**
  - **Requirements around the gatekeeping practice of letter writing**
  - **And more!**
- **Empower and collaborate with patients to make the experience positive for them.**

Language

- **Name and Pronouns**
  - Name vs. legal name
  - Pronouns and consistency
  - “Preferred”
- **Sex, Gender, and Sexuality**
  - Sex assigned at birth vs. biological sex
  - Gender: documentation
  - Sexuality: documentation
- **Medical Documentation**
  - Sexual behaviors and assumptions
  - Organ inventory and language
  - “Target Audience” for medical care
- **Informed Consent**
  - Consequences of documentation

Scripting

Intake

- I can look up your appointment by your name or phone number. Which would you prefer?
- What is the name on your insurance card/ID?
- What name would you like us to use when you're in our office?
- What pronouns would you like us to use?

In-Clinic

- The name that I have in our system for you is... Is that still okay to use? And are... pronouns okay?
- Logistics: writing the patient's name and pronouns at the top of their chart, making chart alerts, etc.

Remember

- Ask for EVERY patient, not just patients that are "obviously" seeking gender affirming care
- Never assume or lead patients to an answer (ex: "she/her pronouns, right?")
- What was your sex assigned at birth? And what is your gender? What is your sexuality?

Avoiding Assumptions

Life Experiences

- The structure of intimate relationships, friendships, and other social interactions
- Relationships with family of origin or chosen family
- Experiences with discrimination
- Experiences with coming out, transitioning, etc.

Health Needs

- Sexual behavior and experiences and goals for sexual health
- Outside referrals, specialty care, things outside of “typical” visit scope

Remember

- Every person has a different lived experience — checklists and scripts only get us so far!
- Open-ended questions or listing general options is usually most helpful

Ways to Normalize and Neutralize Care and Services

Moving away from gendered language:
What are some alternatives?

- **“Women’s Health”**
- **“Female or Male Condoms”**
- **Gendered Anatomy Posters**
- **Gendered Exam Names**
- **Sexual partner, person you are having sex with, etc.**



Signage


WHATEVER
Just wash your hands.




Whatever
Just please wash your hands
RESTROOM

Signage







Allyship

- Continue your own learning!
- Speak when you notice something or when someone asks you to speak up for them
- Listen, even when it's hard and even when it means changing behaviors
- Advocating with parents, partners, schools, insurance...
- Decreasing barriers to care
- Stats around support and allyship



Support – What Works and What Doesn't

Things to avoid...

- Here is a ton of stuff that I read from someone saying that transitioning ruined their life — are you sure that this won't be you?
- Maybe your health issues / mental health issues are because of the hormones you're taking?
- Here, look at this video someone "debating" an issue that relates to your identity or let me tell you this awful thing that my uncle said at dinner!
- You're freaking out over nothing. Everything will be fine.

Support – What Works and What Doesn't

Good ways to engage…

- Thank you so much for sharing that with me! What was … like for you?
- How can I best support you?
- I had a question and tried to research a bit myself, but I'm still not sure if I've got it right. Is it okay if I ask you?
- I'm not really sure what this means/what to do/what will happen — let's figure out a plan together

OOPS! We got it wrong.

This will absolutely happen, and it's absolutely okay...

AS LONG AS YOU:



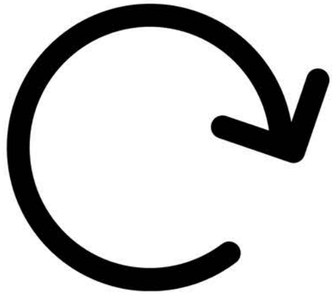
Stop



Take a Breath



Apologize and Acknowledge

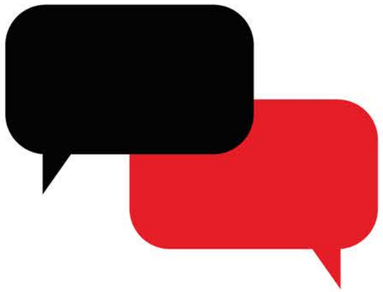


Correct



Move On

Through it all...



Language Matters



Consistency Matters



Intentions Matter



Actions Matter

Thank you for joining!
Time for Q & A

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