Caring for the transgender patient in the inpatient setting

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Disclosures

Medications presented as off-label use

No financial disclosures

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Introduction

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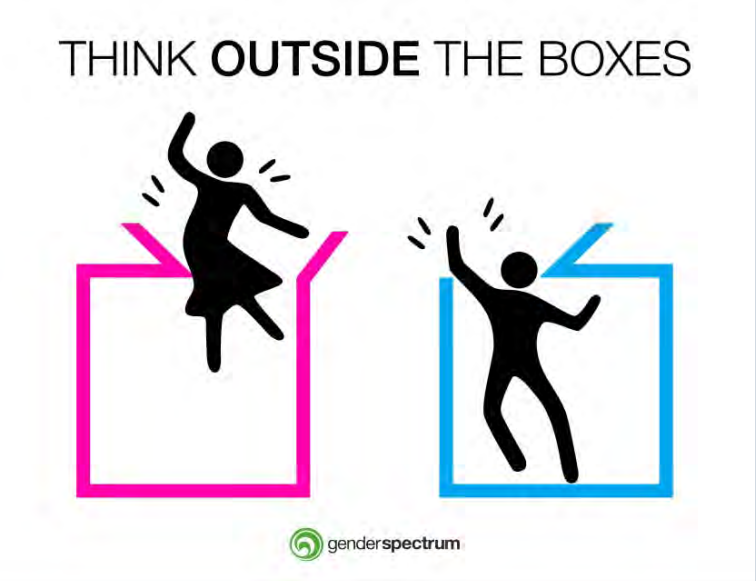

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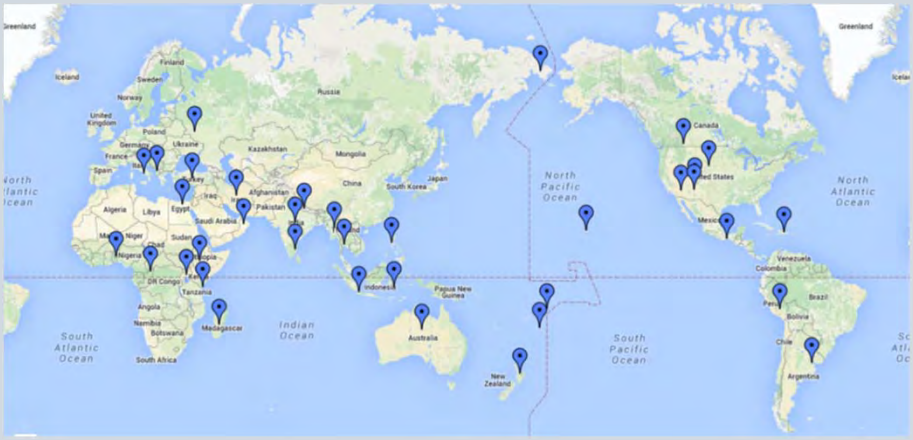
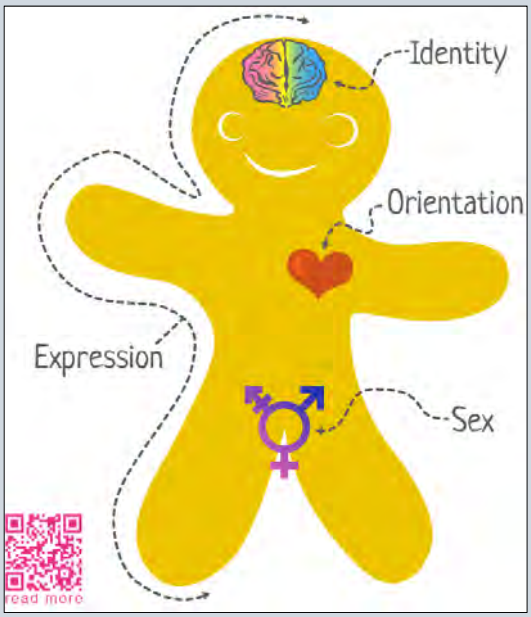
World Gender Customs





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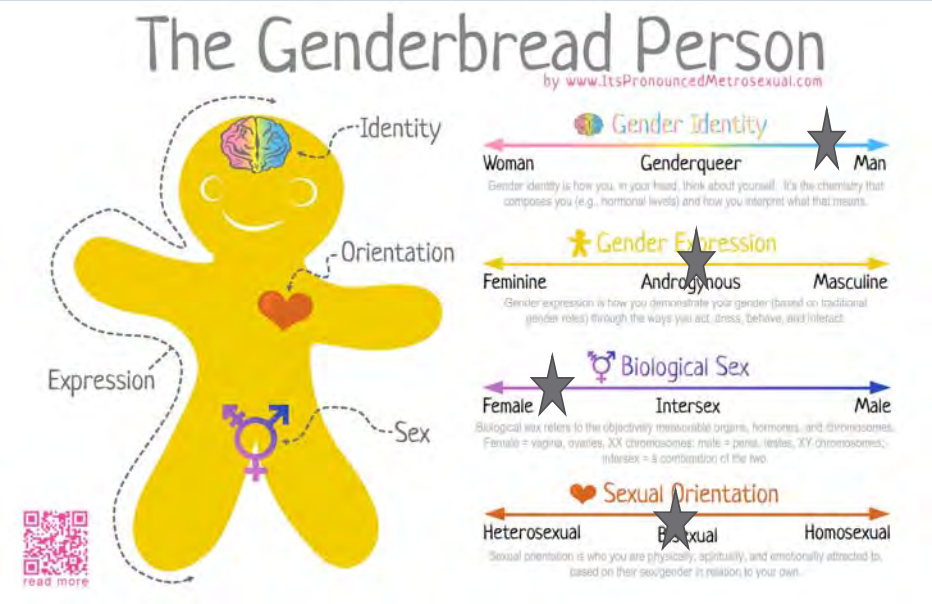

How common is being transgender?

0.6% of adults (Williams Institute 2016)

Prevalence:

- ***Epilepsy 0.8%***
- ***Down's Syndrome 0.1%***
- ***Type 1 DM 0.5%***

Transgender people make up a small but significant portion of our population.

We can do better.

Adult transgender patients report discrimination and harassment at physician offices.

- 24% of transgender adults refused care at a doctor's office.
- 1 in 3 trans adults delay preventive care due to discrimination.
  - JM Grant et al., "Injustice at Every Turn: A Report of the National Transgender Discrimination Survey" 2011

How does your hospital rate?

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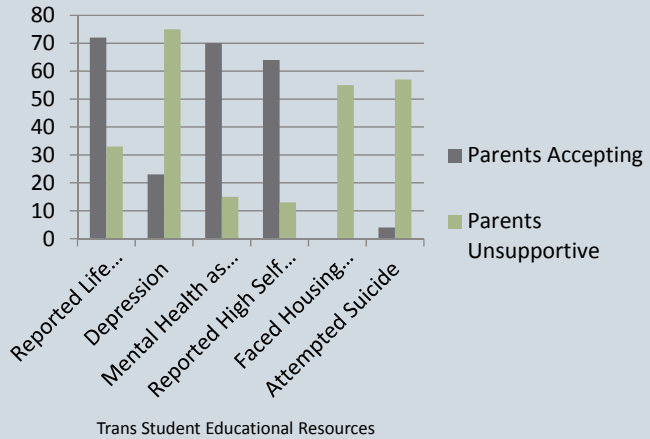
Kids need us.

80% of trans students feel unsafe at school because of their gender expression
- School Climate Survey: The experiences of LGBT Youth in our nation's school, GLSEN 2010

Trans youth have higher rates of:
- Depression and Anxiety (2-3x more common)
- Suicide (40% attempt)
- Bullying victimization
- Physical and sexual assault

Parents Respect Us.



Trans Student Educational Resources

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Terminology

Gender non-conformity is **not** the same as gender dysphoria

Gender Nonconformity

The extent to which a person's gender identity, role, or expression differs from cultural norms prescribed for people of a particular sex

People may also use the terms gender fluid, gender independent, gender questioning or agender

Gender Dysphoria (DSM V)

Discomfort or distress that is caused by a discrepancy between a person's gender identity and that person's sex assigned at birth

Formerly referred to as "Gender Identity Disorder" in DSM IV

Transgender

Umbrella term describing persons whose gender identity, expression, or behaviors fall outside cultural norms for their biologic sex; often called "trans" or "trans*"

Terminology

Transition

The period during which transgender persons change their physical, social, and legal characteristics to the gender opposite that of their biological sex. May also be an ongoing process of physical change and psychological adaptation

Cisgender

Individuals for whom gender and physical sex characteristics are in alignment. The prefix "cis" means "on the same side as"

Intersex/Disorders of Sexual Development (DSD)

Refers to a group of medical conditions in which an infant's or child's reproductive organs are not clearly male or female, affecting the way sex is assigned. This is separate from transgender or gender identity

Terms to avoid

These terms can have negative connotations and may be considered offensive or polarizing

Biologically male/female; genetically male/female; born a man/woman
Assert the notion that biology (chromosomes and genitalia) trumps other factors when thinking about someone's gender

Tranny; she-male; he/she; it
These labels have been used as defamatory slurs

Transsexual
An older term, specifically refers to individuals who have physically altered their bodies through either hormones or surgery

Pre-op(erative)/Post-op(erative)
Inaccurately suggests that one must have surgery to transition

Sex Change Operation
If necessary, refer to "sex reassignment surgery (SRS)" or "gender affirmation surgery"

Pronoun Awareness

Depending on where someone falls on the gender spectrum and how they identify, they may have a preference specific pronouns

Using someone's preferred pronouns demonstrates awareness and respect for their gender identity

Do your best with humility and ask for help.

Current Treatment Recommendations

GENDER AFFIRMING

Does not view gender variance as a mental illness.

Supports children in living as they feel most comfortable and promotes exploration of gender identity

Goal is to meet the medical and mental health needs of youth with gender variance.

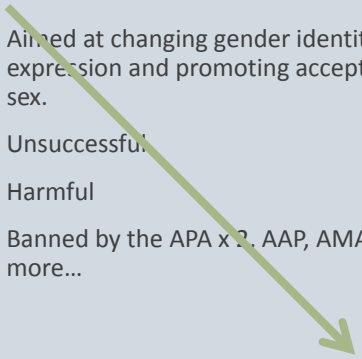
REPARATIVE

Aimed at changing gender identity or expression and promoting accepting the natal sex.

Unsuccessful

Harmful

Banned by the APA x 2, AAP, AMA, NEA and more…



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Persistence of GD

Not all gender non-conforming children will go on to adult transgender identity.

At puberty, patients still affirming transgender identity will likely have persistent gender dysphoria.

DeVries et al:

- 70 children diagnosed with gender dysphoria and treated with hormone suppression, 100% of patients continued on to medical and/or surgical transition during adolescence/adulthood

- DeVries et. al, J Sex Med 2011;8:2276-2283

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Degrees of transitioning

Social – involves changing name, pronouns, and external appearance
- Home
- School

Medical – involves puberty suppression (reversible) and cross-sex hormone therapy (partially reversible)

Surgical (irreversible)

Satisfaction with Transition

94% of trans people reported improvement in their quality of life by transitioning.

96% reported that their sense of well-being improved by transitioning.

Transition satisfaction rates:
- 96% overall
- 97% hormone therapy
- 96% chest surgery
- 90% genital surgery

Close, Colin, Affirming Gender, Affirming Lives: A report of the 2011 transition survey, Santa Rosa CA: GATE 2012.

Guardians of Childhood, Meet your opponents

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What you might hear…

This is a mental disorder.

We should encourage children to accept their biological sex.

This is experimental treatment.

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Professional Guidelines

Many medical societies have consensus statements supporting gender-affirming care…AAP, AMA, AACAP and more!

Pediatric Endocrine Society Guidelines:

https://academic.oup.com/jcem/article-lookup/doi/10.1210/jc.2009-0345

World Professional Association for Transgender Health (WPATH):

http://www.wpath.org

Center of Excellence for Transgender Health, Department of Family and Community Medicine, University of California San Francisco. Guidelines for the Primary and Gender-Affirming Care of Transgender and Gender Nonbinary People; 2nd edition. Deutsch MB, ed. June 2016. Available at www.transhealth.ucsf.edu/guidelines .

#ProtectTransKids

Human Rights Campaign

Compassion is the basis of all morality.

Arthur Shopenhaur

The Stages of Transition

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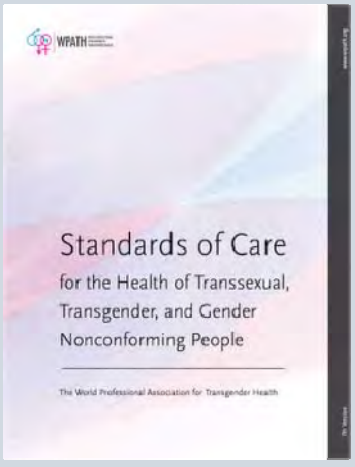
Guidelines



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Guidelines

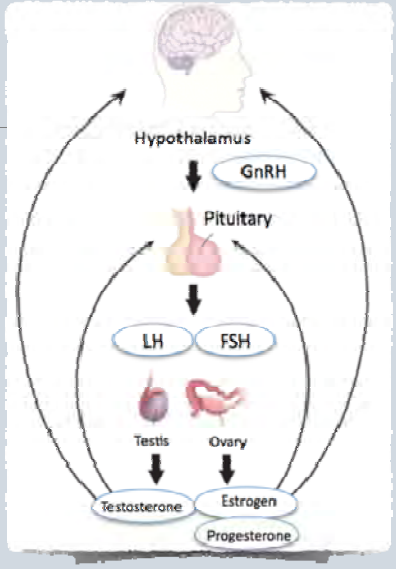
Center of Excellence for Transgender Health, Department of Family and Community Medicine, University of California San Francisco. Guidelines for the Primary and Gender-Affirming Care of Transgender and Gender Nonbinary People; 2nd edition. Deutsch MB, ed. June 2016.

Available at www.transhealth.ucsf.edu/guidelines .

Early Puberty

GnRH Analogues

- Available at Tanner Stage 2
- Suppresses endogenous sex hormone production
- - Brief stimulatory period
- Prevents development of sex characteristics that are difficult or impossible to reverse
- Gives more time to explore gender and developmental issues
- Allows for lower doses of estrogen/testosterone therapy if gender affirming hormones are pursued



P. Koopman, 2015. The HPG axis and its role in sex development. Retrieved from *Sex Development: Genetics and Biology* (http://www.dsdgenetics.org).

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Early Puberty

Endo Pharmaceuticals, 2016. What is Supprelin LA?. Retrieved from Supprelin LA (http://http://www.supprelinla.com/patient/what-is-supprelin-la.aspx).

GnRH Analogues

- Available in two forms:
  - Histrelin Subcutaneous Implant
    - Effective for 12 months
  - Leuprolide Intramuscular Injection
    - Available in every 1 or 3 month preparations
  - Physical effects typically viewed as reversible

Early Puberty

GnRH Analogues

- Patients can stop hormone suppression and proceed with biologic puberty
- No permanent effects on fertility
- Unknown long term effects on bone health and density
- Unknown long term effects on brain development
- *Early suppression of transgender females could lead to insufficient penile tissue for vaginoplasty

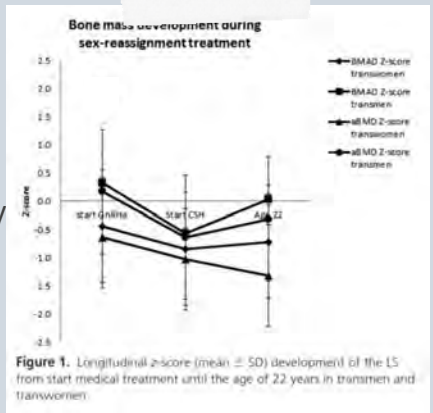

Figure 1. Longitudinal z-score (mean ± SD) development of the LS from start medical treatment until the age of 22 years in transmen and transwomen

Klink D, Caris M, Heijboer A, van Trotsenburg M, Rotteveel J. Bone mass in young adulthood following gonadotropin-releasing hormone analog treatment and cross-sex hormone treatment in adolescents with gender dysphoria. J Clin Endocrinol Metab. 2015; 100:E270-5.

Late Puberty/Adult

GnRH agonists can still be used

Exogenous Estrogen/Testosterone
- Develop desired secondary sex characteristics and suppress/minimize undesired secondary sex characteristics

Guidelines suggest initiation at 16 years of age with parental consent
- If on pubertal suppressing agents, delaying until 16 years could significantly impact bone health
- Psychosocial isolation from peers
- Several gender centers start between 14-16 years

Feminizing Therapy

Exogenous 17-beta estradiol (patch, pill and injection)
- Ethinyl estradiol not recommended
- Side effects include migraines, mood swings, hot flashes, weight gain, poor energy, impaired fertility, decreased libido and erectile dysfunction

Anti-androgens
- Less effective than full blockade
- Spironolactone
  - Potassium sparing diuretic with direct anti-androgen receptor activity AND suppressive effect on testosterone synthesis
  - Monitor for hyperkalemia
- 5-alpha reductase inhibitors (finasteride/dutasteride)
  - Blocks conversion of testosterone to dihydrotestosterone (more potent androgen)

TABLE 1B: EFFECTS AND EXPECTED TIME COURSE OF FEMINIZING HORMONES[A]

Effect	Expected Onset[B]	Expected Maximum Effect[B]
Body fat redistribution	3-6 months	2-5 years
Decreased muscle mass/ strength	3-6 months	1-2 years[C]
Softening of skin/decreased oiliness	3-6 months	unknown
Decreased libido	1-3 months	1-2 years
Decreased spontaneous erections	1-3 months	3-6 months
Male sexual dysfunction	variable	variable
Breast growth	3-6 months	2-3 years
Decreased testicular volume	3-6 months	2-3 years
Decreased sperm production	variable	variable
Thinning and slowed growth of body and facial hair	6-12 months	> 3 years[D]
Male pattern baldness	No regrowth, loss stops 1-3 months	1-2 years

[A] Adapted with permission from Hembree et al. (2009). Copyright 2009, The Endocrine Society.
[B] Estimates represent published and unpublished clinical observations.
[C] Significantly dependent on amount of exercise.
[D] Complete removal of male facial and body hair requires electrolysis, laser treatment, or both.

Coleman E, Bockting W, Botzer M, Cohen-Kettenis P, DeCuypere G, Feldman J, et al. Standards of care for the health of transsexual, transgender, and gender-nonconforming people, version 7. Int J Transgenderism. 2012;13:165-232

Reversible Partially Reversible Irreversible

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Masculinizing Therapy

- Testosterone
  - Injection (subcutaneous or intramuscular), Topical (creams, gels, nasal, buccal) and Pellet Implants
    - Injection labeled for intramuscular route only but subcutaneous route shown to have equal efficacy and improved patient satisfaction
    - Benefits of subcutaneous administration include a smaller and less painful needle, and may avoid scarring or fibrosis from long term (possibly > 50 years) intramuscular therapy
  - Side effects include hair loss, unwanted body hair, acne, vaginal atrophy, secondary exposure for cis-gender women and children, reduced fertility, abnormal fetal development, acne, sex drive and cell phone

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TABLE 1A: EFFECTS AND EXPECTED TIME COURSE OF MASCULINIZING HORMONES [A]

Effect	Expected Onset[B]	Expected Maximum Effect[B]
Skin oiliness/acne	1-6 months	1-2 years
Facial/body hair growth	3-6 months	3-5 years
Scalp hair loss	>12 months[C]	variable
Increased muscle mass/strength	6-12 months	2-5 years[D]
Body fat redistribution	3-6 months	2-5 years
Cessation of menses	2-6 months	n/a
Clitoral enlargement	3-6 months	1-2 years
Vaginal atrophy	3-6 months	1-2 years
Deepened voice	3-12 months	1-2 years

[A] Adapted with permission from Hembree et al.(2009). *Copyright 2009, The Endocrine Society.*
[B] Estimates represent published and unpublished clinical observations.
[C] Highly dependent on age and inheritance; may be minimal.
[D] Significantly dependent on amount of exercise.

Coleman E, Bockting W, Botzer M, Cohen-Kettenis P, DeCuypere G, Feldman J, et al. Standards of care for the health of transsexual, transgender, and gender-nonconforming people, version 7. Int J Transgenderism. 2012;13:165-232

Reversible Partially Reversible Irreversible

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Mental Health Support

Historically mental health provider authenticated gender identity and require referral letter prior to therapy (Gatekeeper)

This approach is rapidly falling out of favor

Being replaced by a support model

Should not attempt to force youth to accept sex assigned at birth

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Informed Consent

Historically mental health professional referral letter required prior hormonal therapy

Most transgender care providers have transitioned to informed consent pathway
- Requires comfortability with making assessment of gender dysphoria and capacity to consent

Counseling may be an necessary for some but as a supportive mechanism

Informed consent handouts available on line and cover expectation and risks
- Physical changes
- Emotion changes
- Effects on fertility
- Sections on medications and each ones effects

Many providers transitioning away from required signing of informed consent forms

Risks of Feminizing Hormone Therapy

Thromboembolic Disease

Additional increase risk in >40 years of age, tobacco users, sedentary and obese

Risk decreased with transdermal/IM route of estradiol

Highest risk during the first year of therapy

Cardiovascular/Cerebrovascular Disease

Evidence in transgender women is unclear

Higher rates of tobacco use, obesity, age >40 years, diabetes and lipid disorders, and reduced physical activity

Transdermal route has lower risk

Liver Disease

May have transient liver enzyme elevations and, rarely, clinical hepatotoxicity

Epilepsy/Seizure Disorder

Lowers seizure threshold and may exacerbate underlying seizure disorders

Risks of Feminizing Hormone Therapy

Cancer

- No identified difference in general cancer rate in transgender patients on hormone therapy compared to sex-assigned controls.
- Insufficient evidence of changes in risk factor for organ-specific cancer risk
- Breast Cancer
  - Transwomen on estrogen have developed breast cancer but degree of risk compared to cisgender female peers poorly studied
  - Duration of estrogen exposure, family history of breast cancer, obesity and use of progestins likely influence the level of risk
- If a patient has a particular organ, screening should occur regardless of hormone use

Risks of Feminizing Hormone Therapy

Hyperprolactinemia

- Increased risk during the first year of therapy
  - Unlikely to develop after the first year
- May promote the clinical appearance of pre-existing but clinically unapparent prolactinoma
- Expectant management only in absence of visual disturbance, galactorrhea or new onset headaches

Migraines

- Exacerbate migraine events

Risks of Feminizing Hormone Therapy

Peri-operative Use

- Many surgeons prefer that estrogen be discontinued for at least 2 weeks before and after any procedure
  - Can have profound impact to patient
- No evidence suggests that transgender women who lack risk factors (personal/family history, excessive use of estrogen, smoking) must cease peri-operatively
  - Appropriate use of prophylaxis (heparin or compression devices)
  - Informed consent of pros and cons
- Alternatives:
  - Lower estrogen dose
  - Convert to transdermal route

Risks of Masculinizing Hormone Therapy

Polycthemia/Erythrocytosis

- Hgb & Hct levels should be interpreted in terms of dosing and menstruation status
- - Physiologic male range testosterone and amenorrhea: expect male range Hgb/Hct

Mental Health Conditions/Aggression

- No clear evidence of direct association between testosterone and mental health status
- May see some influence when on higher doses or supra-physiologic blood levels

Hair Loss

- Unpredictable nature, extent and time course
- Managed with 5-alpha reductase inhibitors,

Risks of Masculinizing Hormone Therapy

Metabolic Syndrome/PCOS

Not contraindicated but require monitoring for dyslipidemias and diabetes

Liver Disease

May have transient liver enzyme elevations

Cancer

No clear increased risk for breast, cervical, ovarian or endometrial cancers

Cardiovascular

Evidence suggests that risk is unchanged among transgender men using testosterone compared with non-transgender women

Surgical Interventions

Transgender women

Top Surgery: Mastectomy

Bottom Surgery: Vaginoplasty, Orchiectomy

Other: Facial feminization procedures, Reduction thyrochondroplasty (tracheal cartilage shave), Voice surgery

Transgender men

Top Surgery: Mammoplasty

Bottom Surgery: Phalloplasty/Metoidioplasty with Scrotoplasty, Vaginectomy, Hysterectomy, Oophorectomy

Other: Facial hair removal

Other Special Considerations

Chest Binding

- Provides a flat chest contour
- Tight fitting sport bras, shirts, ace bandages,
- Prolonged use can cause breast pain, skin irritation or fungal infections

Genital Tucking

- Provides a smooth groin contour
- Testicles moved into inguinal canal
- Penis and scrotum moved posteriorly to the perineum
- Tight fitting underwear or special undergarment (gaffe)
- Some use adhesives or duct tape
- Prolonged use can cause skin irritation, hernias, genitourinary tract trauma/infection, testicular pain/torsion/trauma

Cases

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Transgender affirming hospital policies

1. Gender Identity nondiscrimination policy
2. Access to hormone therapy
3. Protocols for interaction with transgender patients
4. Assign room placement based on patient's self-identified gender
5. Patients may use the restroom that matches their gender identity
6. Access to personal items that assist in gender presentation

St. Louis Children's Hospital cares about the rights of its patients and families. The information outlined here serves to inform you of these rights, and helps guide hospital staff to ensure all children and parents have their rights supported.

Access to Care

All patients rights are supported without regard to race, ethnicity, religion, culture, language, physical or mental disability, socioeconomic status, sex, sexual orientation, gender identity or expression, education or source of payment.

Case #1

- 4 year old female admitted with left arm cellulitis
- Parents are concerned because she refuses to wear dresses or bows in her hair
- She is obsessed with Thomas the Tank engine
- She will only play with boys at her preschool
- While role playing, she prefers to be the knight or king instead of the princess.

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Case #1

- Exploration of gender identity is a normal part of development
- Not all individuals with gender variance will develop adult transgender identity.
- Encourage parents to accept the patient's requests

Case #2

- 11 year old female is admitted for pyelonephritis
- She is started on IV antibiotics and fluids
- The following morning, she is clinically improved and the team begins discharge planning

Case #2

- After rounds, the patient's mother pulls you aside and expresses concerns regarding her daughter.
- Additional history reveals a decline in academic performance during the past year. She has become withdrawn from her friends and increasingly defiant at home.
- She has also started cutting herself and has scars on both her forearms.

Case #2

- Open ended gender neutral questions

TABLE 2 Using Gender Neutral Terms in the Psychosocial History

Heterosexist Question	Instead Ask
"Do you have a girlfriend?"	"Are you dating anybody?" "Are you involved any romantic relationship?"
"What do you and your boyfriend do together?"	"What do the 2 of you do together?" "Tell me about your partner."
"Are you and your girlfriend sexually active?"	"Are you having sex?" "Are the 2 of you in a sexual relationship?"

Source: AAP Technical Report

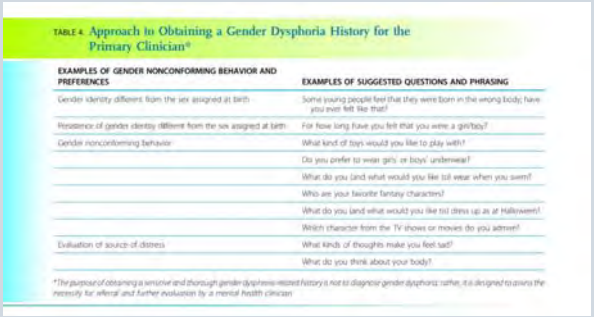

TABLE 4. Approach to Obtaining a Gender Dysphoria History for the Primary Clinician*

EXAMPLES OF GENDER NONCONFORMING BEHAVIOR AND PREFERENCES	EXAMPLES OF SUGGESTED QUESTIONS AND PHRASING
Gender identity different from the sex assigned at birth	Some young people feel that they were born in the wrong body; have you ever felt like that?
Persistence of gender identity different from the sex assigned at birth	For how long have you felt that you were a girl/boy?
Gender nonconforming behavior	What kind of toys would you like to play with?
	Do you prefer to wear girls' or boys' underwear?
	What do you (and what would you like to) wear when you swim?
	Who are your favorite fantasy characters?
	What do you (and what would you like to) dress up as at Halloween?
	Which character from the TV shows or movies do you admire?
Evaluation of source of distress	What kinds of thoughts make you feel sad?
	What do you think about your body?

*The purpose of obtaining a sensitive and thorough gender dysphoria–related history is not to diagnose gender dysphoria; rather, it is designed to assess the necessity for referral and further evaluation by a mental health clinician.

Source: Pediatrics in Review 37:89-96

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Case #2

- On exam, patient has short hair and is dressed in traditional male clothing.
- She has a flat affect and poor eye contact. Healed linear scars are noted on both forearms.
- Tanner 2 breast development

Case #2

- Patient admits that she has felt like a boy for many years. She would be preferred to be called by male pronouns and would like to change her name
- He was okay being a "tomboy" but since his body has started changing, he has felt more anxious

Case #2

- Puberty is associated with increase in high risk behavior and suicide
- Diagnostic criteria for gender dysphoria
- Ideal candidate for puberty suppression

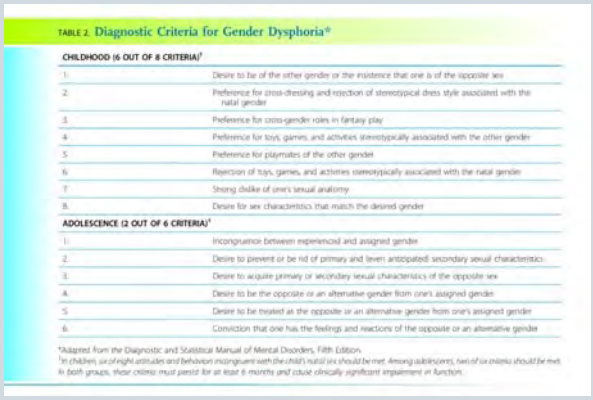


TABLE 2. Diagnostic Criteria for Gender Dysphoria*

CHILDHOOD (6 OUT OF 8 CRITERIA)†	
1.	Desire to be of the other gender or the insistence that one is of the opposite sex
2.	Preference for cross-dressing and rejection of stereotypical dress style associated with the natal gender
3.	Preference for cross-gender roles in fantasy play
4.	Preference for toys, games, and activities stereotypically associated with the other gender
5.	Preference for playmates of the other gender
6.	Rejection of toys, games, and activities stereotypically associated with the natal gender
7.	Strong dislike of one's sexual anatomy
8.	Desire for sex characteristics that match the desired gender
ADOLESCENCE (2 OUT OF 6 CRITERIA)†	
1.	Incongruence between experienced and assigned gender
2.	Desire to prevent or be rid of primary and (even anticipated) secondary sexual characteristics
3.	Desire to acquire primary or secondary sexual characteristics of the opposite sex
4.	Desire to be the opposite or an alternative gender from one's assigned gender
5.	Desire to be treated as the opposite or an alternative gender from one's assigned gender
6.	Conviction that one has the feelings and reactions of the opposite or an alternative gender

*Adapted from the Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition.
†In children, six of eight attitudes and behaviors incongruent with the child's natal sex should be met. Among adolescents, two of six criteria should be met. In both groups, these criteria must persist for at least 6 months and cause clinically significant impairment in function.

Source: Pediatrics in Review 37:89-96

Case #2 Advocacy

- Facilitate open discussion between patient and his parents
- Opportunity to advocate for the patient to access the restroom that matches the patient's gender identity at school and in the community

Source: AAP Technical Report

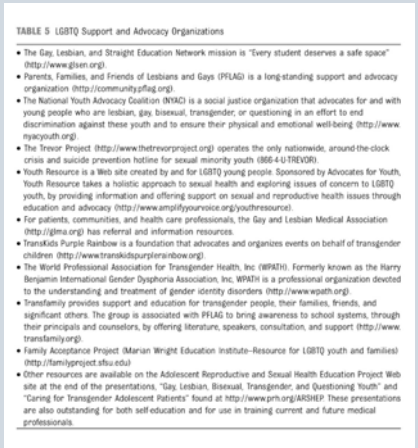


TABLE 5 LGBTQ Support and Advocacy Organizations

- The Gay, Lesbian, and Straight Education Network mission is "Every student deserves a safe space" (http://www.glsen.org).
- Parents, Families, and Friends of Lesbians and Gays (PFLAG) is a long-standing support and advocacy organization (http://community.pflag.org).
- The National Youth Advocacy Coalition (NYAC) is a social justice organization that advocates for and with young people who are lesbian, gay, bisexual, transgender, or questioning in an effort to end discrimination against these youth and to ensure their physical and emotional well-being (http://www.nyacyouth.org).
- The Trevor Project (http://www.thetrevorproject.org) operates the only nationwide, around-the-clock crisis and suicide prevention hotline for sexual minority youth (866-4-U-TREVOR).
- Youth Resource is a Web site created by and for LGBTQ young people. Sponsored by Advocates for Youth, Youth Resource takes a holistic approach to sexual health and exploring issues of concern to LGBTQ youth, by providing information and offering support on sexual and reproductive health issues through education and advocacy (http://www.amplifyyourvoice.org/youthresource).
- For patients, communities, and health care professionals, the Gay and Lesbian Medical Association (http://glma.org) has referral and information resources.
- TransKids Purple Rainbow is a foundation that advocates and organizes events on behalf of transgender children (http://www.transkidspurplerainbow.org).
- The World Professional Association for Transgender Health, Inc (WPATH). Formerly known as the Harry Benjamin International Gender Dysphoria Association, Inc, WPATH is a professional organization devoted to the understanding and treatment of gender identity disorders (http://www.wpath.org).
- Transfamily provides support and education for transgender people, their families, friends, and significant others. The group is associated with PFLAG to bring awareness to school systems, through their principals and counselors, by offering literature, speakers, consultation, and support (http://www.transfamily.org).
- Family Acceptance Project (Marian Wright Education Institute–Resource for LGBTQ youth and families) (http://familyproject.sfsu.edu)
- Other resources are available on the Adolescent Reproductive and Sexual Health Education Project Web site at the end of the presentations, "Gay, Lesbian, Bisexual, Transgender, and Questioning Youth" and "Caring for Transgender Adolescent Patients" found at http://www.prh.org/ARSHEP. These presentations are also outstanding for both self-education and for use in training current and future medical professionals.

Case #3

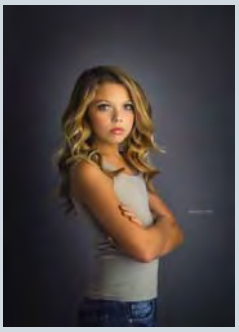
16 year old transgender female being admitted from the Emergency Unit for status asthmaticus.

Case #3: Admission process

- EMR capable of recording both gender assigned at birth (natal sex) and current self-identified gender
- Use of preferred pronouns and name. How will this be communicated to entire caretaking team?
- Allow patient to use the restroom of their choice
- Assign inpatient room based on their gender identity. Provide private room if requested and available
- Have plan in place if no appropriate room is available

Case #3: Inpatient

- Continue hormones during hospitalization
- Ensure patient has access to razors, make-up for gender presentation



Source: Corey Maison Facebook page

Case #4

- New OR nurse who is transgender female
- Don't forget about the employees!

SIDEBAR 3-1. Workplace Challenges Reported by LGBT Employees

Although an LGBT–inclusive nondiscrimination policy is fundamental to establishing an equitable and inclusive workplace, its presence alone does not guarantee fair and respectful treatment for LGBT employees. Examples of workplace challenges experienced by LGBT employees include the following:

- Being "outed" carelessly or maliciously
- Pressure to conceal LGBT status
- Uncertainty about whether, when, and to whom to "come out"
- Negative comments ranging from stereotyping, jokes, ridicule, and judgments to mockery, taunts, and abuse
- Distribution and posting of material hostile to LGBT people
- Harassment and/or ostracism
- Inappropriate and intrusive questions
- Limited availability of mentors and role models
- Denied and delayed promotions and pay increases
- Disproportionate and/or undesirable job assignments

Transgender employees can face additional challenges, including the following:

- Questioned about or denied bathroom use
- Being addressed as the wrong sex or by the wrong name

Source: The Joint Commission

Questions?

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