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Olgu Sunumu /Case Report *2022 - 4(2)*

Nursing Care Offered to A Teenager at Risk of Gender Dysphoria and Suicide: A Community Mental Health and Public Health Nursing Approach*

Cinsiyet Hoşnutsuzluğu ve İntihar Riski Olan Bir Gence Sunulan Hemşirelik Bakımı: Toplum Ruh Sağlığı ve Halk Sağlığı Hemşireliği Yaklaşımı

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Öz

Cinsiyet hoşnutsuzluğu olan gençler, genellikle belirli psikososyal problemler için risk altındadır ve ayrıca ayrımcılık ve damgalanmaya maruz kalırlar. Bu sorunlar arasında sosyal izolasyon, sosyal geri çekilme, yalnızlık, okulu bırakma, suça eğilim, madde kullanımı, şiddete maruz kalma gibi sorunlar yer almaktadır. Tüm bu sorunların özellikle geleneksel cinsiyet rollerinin korunduğu toplumlarda yaşayan gençlerin kişisel ve sosyal yaşamlarında önemli olduğu düşünülmektedir. Bu çalışmada intihar etmek istediğini belirten ve cinsiyet hoşnutsuzluğu nedeniyle homofobik tutumlara maruz kalan 17 yaşındaki erkek bireye bütüncül hemşirelik bakım girişimlerinin sunulması amaçlanmıştır.

Anahtar Kelimeler: Cinsiyet hoşnutsuzluğu, intihar riski, genç, hemşirelik.

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Abstract

Young people who are gender dysphoria are often at risk for certain psychosocial problems as well as being victims of discrimination and stigmatization. Such problems include issues such as social isolation, social withdrawal, loneliness, dropping out of school, tendency to crime, substance abuse, and being subject to violence. It is thought that all these problems are especially important in personal and social lives of young people living in societies where traditional gender roles have been conserved. In this study, it was aimed to offer holistic nursing care interventions to a 17-year-old male person who stated that he had wanted to commit suicide and been subject to homophobic attitudes because of the confusion about his gender.

Keywords: Gender dysphoria, suicide risk, youth, nursing.

INTRODUCTION

Gender identity is people's perception and acceptance of their own body and self in certain sexuality, and their having the appropriate orientation in their emotions and behaviors (APA, 2013). People's constant discomfort with their biological gender or sexual role is defined as gender dysphoria (Fisk, 1974). Definitions that have been used in the past such as "transsexualism," "gender identity disorder" and "gender identity disorder in childhood" have been criticized for leading to stigmatization (Drescher, 2015). For this reason, in DSM–5, it is expressed as gender dysphoria instead of gender identity disorder (APA, 2013). Likewise, in ICD-11, the subject has been removed from the mental disorders group and included in sexual health-related conditions under the heading of gender mismatch (WHO, 2018). These statements have been adopted to minimize the stigmatization and the emphasis on the emotional component associated with the previously utilized definition (Townsend, 2016). Another change in DSM–5 is the separation of categories of gender dysphoria in adulthood and youth and of those in childhood. Diagnostic criteria in children have mostly been based on their developmental characteristics. Children should have at least five criteria that persist for at least six months and accompany the desire to be of the other gender. These criteria are defined as people's strong discontent with their sexual anatomy, strong preference to wear the clothes of the gender to which they feel they belong to, imitation of the characteristics of the gender, resistance to wearing physically gender-appropriate clothing, persistent choice to assume the role of the other gender in games, and persistent choice of playmates from the other gender (APA, 2013). There is not a single accepted theory that explains the development of gender identity. Multiple theories that give different degrees of emphasis on biological, environmental-social and cognitive elements have been proposed (Shechner, 2010; Steensma et al., 2013). Its treatment is a complicated process. People should undergo extensive counseling and psychotherapy and live in the gender role that they have been wanting to move to for at least one year before any surgical intervention. Current approach in cases of gender dysphoria is a process that involves a holistic analysis in mental, physical and social terms. In this process, after a comprehensive evaluation with a multidisciplinary team, interventions should be carried out regarding the biological gender of the person or the gender role that the person intends to move to (Coleman et al., 2012).

Concurrent psychiatric problems may occur in cases of gender dysphoria. These problems include health problems such as loneliness, depression, a desire for suicide, anxiety, substance abuse, and eating disorders, as well as psychosocial problems such as stigmatization, decrease in academic success, and being subject to violence (Coleman et al., 2012; Blondeel et al., 2018). These problems are often caused by a lack of family, peer and social support. That is why it is so important for healthcare professionals to use their expertise to offer the necessary support. Primary healthcare professionals and especially nurses are in a key position in advocacy efforts to maintain the care of young people experiencing gender dysphoria, as well as educating families, offering them counseling and eliminating social barriers. Nurses should coordinate all care interventions for young people experiencing gender dysphoria to live the gender they have chosen without psychosocial sequelae (Kameg & Nativio, 2018). Moreover, investigative nurses have the responsibility to train a well-equipped workforce in providing comprehensive gender-based care and to contribute to the accumulation of knowledge in the subject (White & Fontenot, 2019).

In this context, social barriers that negatively affect the lives of young people experiencing gender dysphoria are thought to be of importance. As a matter of fact, in Turkey, a country where traditional gender roles are protected, males, highly religious people, traditional and

conservative people, those with low social relations and low acquaintance with gay people, sexists, those with traditional attitudes about gender roles, and those who have causal implications on the controllability of homosexuality have been reported to exhibit more homophobic attitudes than others (Orta & Camgöz, 2018).

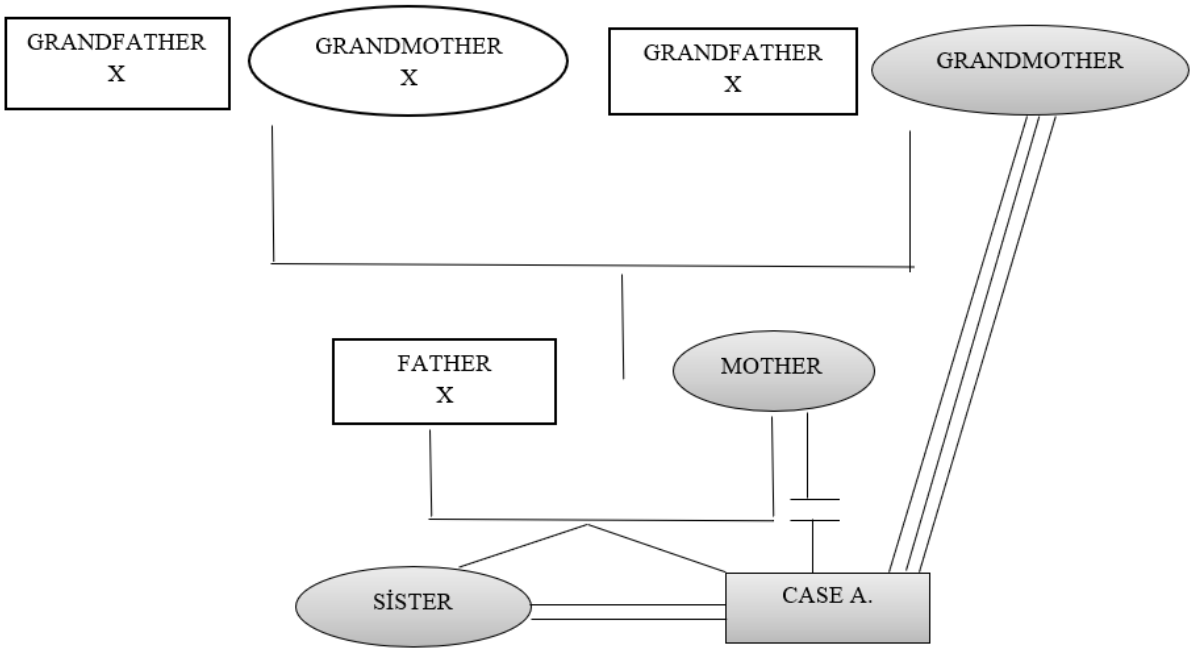
It was aimed in this study to offer holistic nursing care interventions to a 17-year-old male, who had been subject to homophobic attitudes and stated that he had wanted to commit suicide due to the confusion regarding his gender.

THE INFORMATION OF FAMILY MEMBERS

General Information

Case A. is the elder child of a family with two children. A has a sister. A lives with his younger sister, mother, and grandmother (It is shown in gray in the genogram). His father passed away when A was three years old. Moreover, Case A's father's parents and A's mother's father also passed away. While Case A has an intertwined relationship with his grandmother (three lines), she has a broken relationship with his mother (dashed line). He has a close relationship (two lines) with his sister. Deaths were indicated by x in the genogram.

Figure 1. Genogram of a Three-Generation Family (Case A.)



Mother

The interview with the mother was made during the first home visit. The mother is 32 years old, primary school graduate and unemployed. He does not have any chronic disease. She stated that for the last 1 year she spent most of her time with housework and avoided visiting neighbors and friends. She stated that the biggest reason for this situation was that she could not fit into her clothes due to the weight and weight she gained recently. Ms. K., who uses 2 packs of cigarettes a day, stated that she did not quit smoking due to the fear of gaining weight, and that she even consumed 8-10 cups of tea and 4-5 cups of coffee a day to reduce her appetite. K., whose general appearance was unhappy and pessimistic during the visit,

emphasized that she had taken care of her sick father for years and then lost her husband at a young age, which made her very sad. Mrs. K. stated that she only does cleaning and cooking in the family, her mother takes care of everything about the children, and her children do not share anything with her. She stated that she was not bothered by this situation because her mother was a stronger and smarter woman. She especially stated that she was insufficient in terms of meals that her son would like, that she could not prepare breakfast because she could not wake up in the morning, that her children did not like it even if she prepared breakfast, and that children consumed ready-made food at school. During the visit, it was observed that her conversations focused around weight gain, clothes, body, helplessness and unhappiness.

Grandmother

The first interview with the grandmother was made in a quiet and communicative environment at the workplace. Ms. M. is 56 years old and works full time in the private sector as a worker. Ms. M. stated that she does not have any chronic diseases. Just like her daughter, her grandmother is addicted to cigarettes and uses more than 2 packs of cigarettes a day. During the interview, he stated that according to him, the most important person in the family is his great-grandson A. The grandmother stated very clearly that they needed help and that she was open to cooperation if the nurses guided them. The grandmother stated that she was very worried about the gender identity confusion that her granddaughter A was experiencing. She expressed her concern as follows: *"My grandson can live the way he wants to live. I have the utmost respect for his decisions… I didn't go to university, I don't know anything, but I raised my grandson and I know him. My grandson wouldn't do anything wrong. If he is experiencing these because of a disease or his hormones, I will support him until the end, as long as he goes to university, has a profession, stays on his feet. But he doesn't tell us everything, I'm afraid bad people will hurt him. Please help us. If my grandson listens to you, I am ready for anything".*

Sister (Younger Sister)

The first interview with N., younger sister of A, was made after school hours, in their own room at home. N. is 14 years old and does not have any chronic disease. N., who is very successful in school lessons, stated that he does not have much communication with his family and spends most of his time at home. It was seen that N. spent most of his time listening to music and painting. N., who is very talented in painting, explained the pictures he drew by showing them to the nurses during home visits.

The Case

Within the scope of a university's community mental health and public health nursing practice, a senior nursing student was followed up for a period of six months in the 2018–2019 academic year, under the supervision of mental health and diseases nursing, and public health nursing faculty members.

Within the scope of public health practices (home visits that have lasted for 5 years), there was a trust in health professionals in the region where Case A and his family lived. This trust has been supported by the effective communication of public health and mental health lecturers. Interviews were conducted with A and his family members at their homes. In order to ensure privacy, interviews were conducted in separate rooms of the house so that other family members could not hear. The service provided to the family continued throughout the

2018-2019 academic year (approximately 6 months). During this period, interviews were made with A 12 times and with family members 7 times.

Female members of the broken family which was a nuclear family (mother, grandmother and sister) asked for help for the 17-year-old person, A. A total of four people lived in the house: the grandmother, the mother, the daughter and the son. A lost his father when he was three years old, so he grew up among two female parents and his sister. A, who frequently argued with her mother and expressed that he could not communicate with her, referred to his grandmother as "mother." So much so that the grandmother was a very dominant character and had thoughts like "*My daughter may have given birth to A, but I raised him, so I am his mother*." According to the mother, A was a 17-year-old boy who had been alienated from society, subjected to violence, had no circle of friends, had not left home and had poor school performance. The mother stated that A was considered gay because of his clothing and hairstyle, and that people made fun of him on the street or anywhere else. With regard to the case of violence, he said that he was insulted and beaten by four male individuals in their 30s, and that his nose was broken as a result of this incident. In the interview with A, it was observed that he had concerns and avoided talking. When asked to talk about what his mother was talking about, he said, "*Can you really help me? If I'm homosexual, I'll kill myself, I can't live with that kind of shame. I don't even know if I'm a boy or a girl...*" Statements of the family were also important when following the case. The mother made comments such as "*A has been playing house with dolls and girls since he was a child. He loved baking cakes. And when he got a little older, he used to dance like a belly dancer in women's clothes at birthday celebrations, and we all enjoyed it a lot.*" The grandmother said, "*One day we read his love messages involving men on his phone. We stopped him when we read in the messages that he was going to run away with someone else. Please help my grandson. Let's do whatever it takes. I'm with him until he lands a job and stands on his own two feet. Then he can live however he wants. He's my darling, everything.*"

MENTAL STATE ASSESSMENT

A preferred to wear t-shirts that appeared suitable for his age, and that were seasonal but too long to be accepted by the social environment in which he lived, and clothes of that sort. A, who avoided eye contact during conversations and whose tone was calm, gave clear answers to questions. He stated that he had anxiety due to the reactions he had received from his surroundings in his daily life. He stated that after the violence that he had been subject to, he had begun to wake up scared at night and therefore had trouble sleeping. He also stated that he had smoked more than one pack a day after the incidence. He expressed that he had a desire to get rid of the unknown about his gender identity, that he was angry with himself, and that he wanted to kill himself. After these incidents, he quickly lost weight. His social interaction with his friends and teachers was deteriorated. A, who had constant clashes with his grandmother and mother, stated that he had good communication with his 14-year-old younger sister from time to time.

NURSING INTERVENTIONS AND DISCUSSION

The youth's history was taken first of all by establishing a safe environment for him and his family to express themselves. His mental state was assessed. Priority was given to offer information about the gender and sexual development. After that, the interventions administered during the six-month follow-up period of the case were presented together with the literature:

Intervention for mental disorder: In studies on gender dysphoria, the prevalence of mental disorders, — major depression and anxiety disorders, in particular — was found to be higher than in the general population (Nuttbrock et al., 2010). In a study on gender dysphoria, it was found that young people experience depression and anxiety (James et al., 2020). It has been stated that the history of suicide in transsexual people is 30% or more (Nuttbrock et al., 2010). In studies on transsexual people in university hospitals in Turkey, the prevalence of mental disorder and a history of suicide have been reported at high rates (Turan et al., 2015; Yüksel et al., 2017). Because A expressed dissatisfaction with his gender and wanted to kill himself, an appointment was arranged at the child psychiatry department. The process of follow-up and treatment was initiated in terms of the diagnosis of A's gender dysphoria. He was also diagnosed with major depression, and began to receive treatment on that (he was not hospitalized, he was followed in the polyclinic). A. was compatible with the treatment process and used her medications regularly. However, the family (mother and grandmother) who lacked knowledge and had concerns about the drugs used in the treatment of mental illnesses, was trained in this regard. They also had a consultation on the use of the drugs. It was seen that mother and grandmother supported A's treatment process and drug use.

Intervention for endocrine examination: There are social, legal, psychological and medical dimensions of gender dysphoria. Collaborations should be established with different areas of expertise (Kameg & Nativio, 2018; White & Fontenot, 2019). For this reason, A was examined at the department of pediatric endocrinology at a university hospital. According to the laboratory results, "he was considered to be in favor of a male at puberty stage-5 and had no endocrine pathology," and this information was given to A and his family.

Intervention for consultancy: Health professionals and especially nurses, who play an important role in every step of the process of gender dysphoria, need to be informative and supportive (Kameg & Nativio, 2018; White & Fontenot, 2019; Frei et al., 2019). Expert support can significantly influence a family's coping process. For this reason, A's family members and he were informed about gender dysphoria and counseled. After the counseling, A stated that he understood himself better. In addition, family members stated that they understood A's behavior better thanks to counseling.

Intervention for social support (Teachers): Youth who are dissatisfied with their gender need the support of their family and school environment in particular (Kameg & Nativio, 2018; Yüksel et al., 2017). For this reason, meetings were arranged with the teachers at the school, they were informed about the process that A was going through, and they were asked to provide support. The literature teacher stated that A was a strange child, so he was alienated, that the absence of his father was reflected in A's actions, and that the fact that everyone in the house were women had an impact on his behavior. Following that (two times), the teachers were trained in gender identity and about the importance of their support in A's process. Teachers stated that they would support A's process. In addition, the guidance counselor was interviewed 4 times and information was shared about the changes in A during these meetings. The guidance teacher followed the process closely and offered support.

Intervention for body image: In the literature, it has been stated that distorted body image and eating disorders are correlated in young people experiencing gender dysphoria (Milano et al., 2019; Cibich & Wade, 2019). It was reported in a study that as a result of interventions in two cases experiencing gender dysphoria and anorexia nervosa, psychological recovery was achieved, and nutritional behavior returned to normal (Ristori et al., 2019). Also in A's case, his mother stated that A was not having adequate and balanced nutrition and that he lost

weight quickly. After physical examination, the body mass index of A, who was cachectic, was found to be 17.6. A's mother also stated that although her body mass index was normal, she considered herself overweight. The mother stated that she was staying hungry for a long time, that she did not have adequate and balanced nutrition, that she did not want to leave the house because of her weight, and that she did not want to quit smoking for fear of gaining weight. In order to solve these problems, a nutritional plan was prepared for A and his mother. Sample menus were explained for A's weight loss and the mother's adequate and balanced diet. During the follow-ups, it was seen that A and the mother were fed adequately and in a balanced manner, and that A's appetite was improved, and he began gaining weight. In the final evaluation, A's body mass index was found to be 20.32.

Intervention for discrimination and violence: People with gender dysphoria are often subject to discrimination and violence in society regarding their gender identities (European Union Agency for Fundamental Rights, 2014; Saraç & McCullick, 2017). A was insulted and beaten by four males in their 30s for his mimicking female dress characteristics and not wearing clothing suitable for males. The fact that his nose was broken and the fear that he would be subject to violence again as a result of the beating caused A to isolate himself from society. Therapeutic interviews were conducted to enable A to express his feelings and thoughts in this manner. In order for A to socialize, sports activities were organized in collaboration with his friends. A was seen socializing and participating in sports activities. At the same time, A stated that his self-confidence increased because he socialized and he was happy to socialize.

Intervention for smoking addiction: Stating that he smoked more, A was first provided with peer support for smoking addiction, and then directed to areas where he was successful (painting, music, English, and street sports). After these interventions, A stated that the number of cigarettes he smoked decreased and his sleep changed in a positive way.

Intervention for family communication: The family has an important place in the lives of children and young people. A family, which is an element that starts before birth and continues to affect human life until the end of it, affects the development and behavior of children and young people economically, culturally and socially, as well as physiologically. Parental attitudes and behaviors towards children are some of the factors that enhance children's personality (Kırman & Doğan, 2017). Problems such as the role conflict between A's mother and grandmother, and the constant arguments between the mother and the grandmother, adversely affected the mental health of the people in the family. In this respect, they were informed especially about what sort of attitudes and behaviors a mother should have towards her children. Observations were continued. In the observations, it was seen that the mother was able to fulfill the role of mother more, the conflicts within the family decreased and the harmony of mother and grandmother increased.

In addition to the interventions carried out on A, the family was assessed through a holistic approach during the visiting process, and nursing interventions were carried out about social isolation, communication conflicts, tantrums, physical diseases, and protection of mental health. Positive developments were supported. Along with the mental support offered to the mother, dietitian support was provided to monitor her weight. In addition, the mother was provided with regular counseling in the tobacco cessation unit. Anne was encouraged to take walks. An outdoor walking program was organized for the mother for motivation purposes, which she could do with her neighbors. At the end of the 6-month period, the mother stated

that she felt happy, she cooked with her son, the family process was better and she reduced smoking.

CONCLUSION AND RECOMMENDATIONS

Interventions on young people with gender dysphoria by using an appropriate psychosocial and medical approach are known to contribute to quality of life, reduction of suicide risk and prevention of mental disorders. Based on the interventions, A's symptoms of gender dysphoria were found to decrease, and he was found to adapt to his biological gender. It was observed that his anger towards himself decreased significantly, he began to communicate with his family, friends and teachers, and he was trying to become a successful social young person in his classes. He even joined the sports team of the school. A started playing music with his friends, people appreciated his interest in sports, and his self-esteem was restored. These changes positively affected A and his family. In conclusion, the interventions that healthcare professionals carried out through a long-term follow-up of the young person, who was dissatisfied with his gender, and of his family members, were effective.

Nurses who are highly likely to encounter similar cases are advised to use their educational, investigative, counseling, and advocacy roles as well as their nursing care roles and contribute more to the production of scientific knowledge on the subject.

Detailed mental, physical, and social examination made in gender dysphoria and suicide cases contributes to nursing practices. The study will contribute to nursing practices in promoting and maintaining health of young people with gender dysphoria. It will contribute by guiding nursing practices in similar cases.

Ethical Considerations: The case and his family were informed that the interviews conducted with them would be used for scientific purposes. Verbal and written permission was obtained from the case and his family.

Author Contribution: Idea: KÖ; Design: KÖ, GKÖ; Resources and Materials: KÖ, GKÖ, ZC; Data Collection: ZC; Data Analysis: KÖ, GKÖ; Literature Review: KÖ, GKÖ, ZC; Writing: KÖ, GKÖ; Critical Review: KÖ, GKÖ, ZC

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