

Chest Binding Best Practices for Healthcare Providers

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Background

356,000 youth aged 13–24 years identify as transgender (Herman et al., 2017).

Did not capture other gender identities who may experience gender dysphoria.

Chest dysphoria is primary cause of gender dysphoria in trans masculine and gender diverse (TMGD) individuals (Dutton et al., 2008).

Binding is one strategy to reduce chest dysphoria (Julian et al., 2020).

What is Chest Binding?

The act of flattening chest tissue, developed during an endogenous female puberty, using constrictive materials, compression or wrap.

(Julian et al., 2020)



Historical Practices



- Corsets used in western European until Victorian era
- 1920s - flappers bound their chests
- Japanese kimono
 - the obi (belt) goes around the lower torso
 - chest bound by sarashi

Importance



Most trans masculine individuals will bind their chest for years.

Current research focuses on negative physical effects.

Community resources identify it as necessary interventions for emotional wellbeing.

People who experience negative physical effects from binding are unlikely to discuss it with their medical provider (Jarrett et al., 2018).

Study Aims



- Assess the impact of chest binding in a community sample of trans masculine and gender diverse (TMGD) youth, by comparing two cohorts:
 - binding
 - non-binding
- Provide data on the impact of chest binding and fill in the knowledge gaps
 - to improve mental health and overall health outcomes
 - highlight binding trends to inform best practices

Recruitment

Disseminated via social media, social networks, listservs and community agencies.

REDCap online survey

- Consenting
- Pre-screening questions
- Demographic questions
- Questions to identify patterns and trends of binding
 - Based on clinical observations & community member input
- The Chest Dysphoria Scale (Olson-Kennedy et al., 2018)
- Gender Congruence and Life Satisfaction subscale (Jones et al., 2018)

Children's Hospital LOS ANGELES
THE CENTER FOR TRANSYOUTH HEALTH AND DEVELOPMENT

Do you experience chest dysphoria or discomfort with your chest?

Researchers from the Center for Transyouth Health and Development at Children's Hospital Los Angeles are conducting a research study about chest discomfort/chest dysphoria and how this affects participation in life events.

If you are eligible, you will complete an anonymous survey that will take about 10-15 minutes.

Who Can Participate?

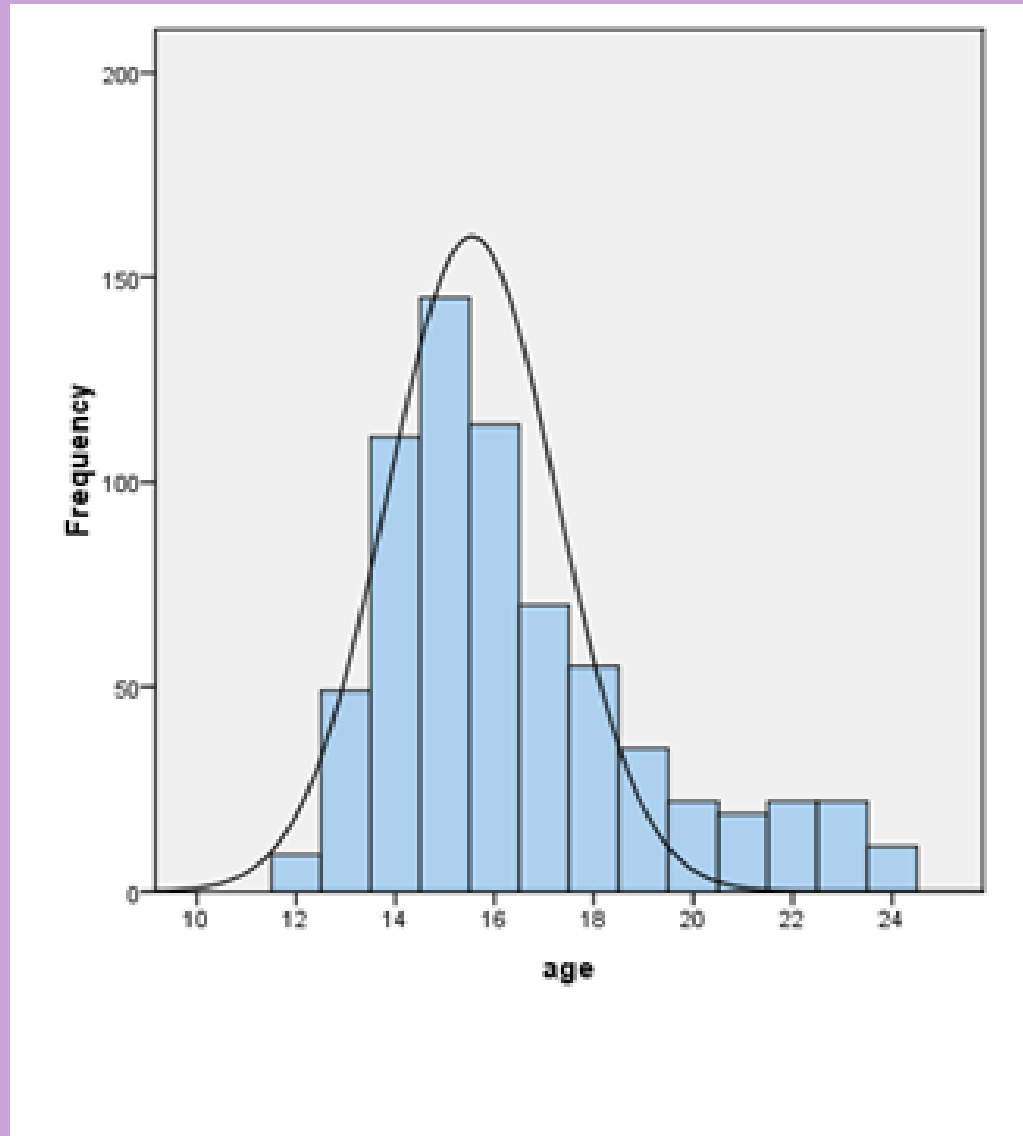
- Currently experiencing chest dysphoria and/or discomfort with your chest

Eligible participants may enter in a drawing to win one of 200 \$10 Amazon gift cards.

Take Survey Here:
<https://is.gd/chestbinding>

Participation in this study is voluntary.
For any questions, contact Renée Sabetti, NP at 323-985-8128 or rsabetti@chla.usc.edu

Demographics



Age (yrs.)

Min:13

Avg:16.43

Max: 24

Gender Identity	n	%
Male	428	62.6%
Transmasc	264	38.60%
Non-Binary	170	24.9%
Agender	21	3.1%
GNC	58	8.5%
Two-Spirit	4	0.60%
Other	19	2.80%

Gender Identity

State	#
AL	18
AK	2
AZ	18
AR	5
CA	179
CO	14
CT	5
DE	5
FL	39
GA	18
ID	4
IL	18
IN	15
IA	7
KY	11
LA	13
ME	3
MD	5
MA	16

MI	25
MN	10
MS	3
MO	10
MT	1
NE	5
NV	10
NH	5
NJ	11
NM	2
NY	38
NC	22
OH	16
OK	7
OR	12
PA	8
RI	3
SC	5
SD	3
TN	5

TX	34
UT	4
VT	1
VA	11
WA	11
WV	3
WI	19
DC	3
MP	1
PR	1

Location

Demographics

Ethnicity/Racial Identity	n	Percentage
American Indian/ Alaska Native	29	4.20%
Asian	37	5.40%
Black/African American	37	5.40%
Caucasian/White	533	77.90%
Native Hawaiian/Pacific Islander	5	0.70%
Middle Eastern	17	2.50%
Latino/Latinx	117	17.10%
Other	9	1.30%
Declined to State	6	0.90%

Ethnic/Racial Identity

Services Connected To	n	%
Mental Health	273	39.90%
Medical Care	162	23.70%
Community Center	92	13.50%
Other	8	1.20%
None	342	50.00%

Gender Affirming Services



Binding Cohort

(n=608; mean age= 16 yr)

95.7% reported learning to bind online

Of those experiencing negative physical effects, 95% continued to feel more comfortable in public spaces

95.4% felt it was important to have a masculine appearing chest

Without access to commercial binders, many youth used tape, bandages, plastic wrap, tarps, panty hose, girdles, etc.

(Julian et al., 2020)

Non-Binding Cohort

(n=17; mean age=16 yr)

94.7% reported wanting to bind

67.1% reported not binding due to unsupportive parents

Additional reasons given for not binding:

- chest size too big
- fear of impact on future surgery
- asthma
- fear of causing breast cancer

(Julian et al., 2020)

Findings

Most reported binding every day for over 8 hours to provide protection against being misgendered

With limited information about safe binding practices, youth find resources that may not be safe

Higher levels of chest dysphoria were connected to lower life satisfaction

Youth bind or contemplate bind despite potential discomfort, lack of support from parents & lack of resources from medical providers



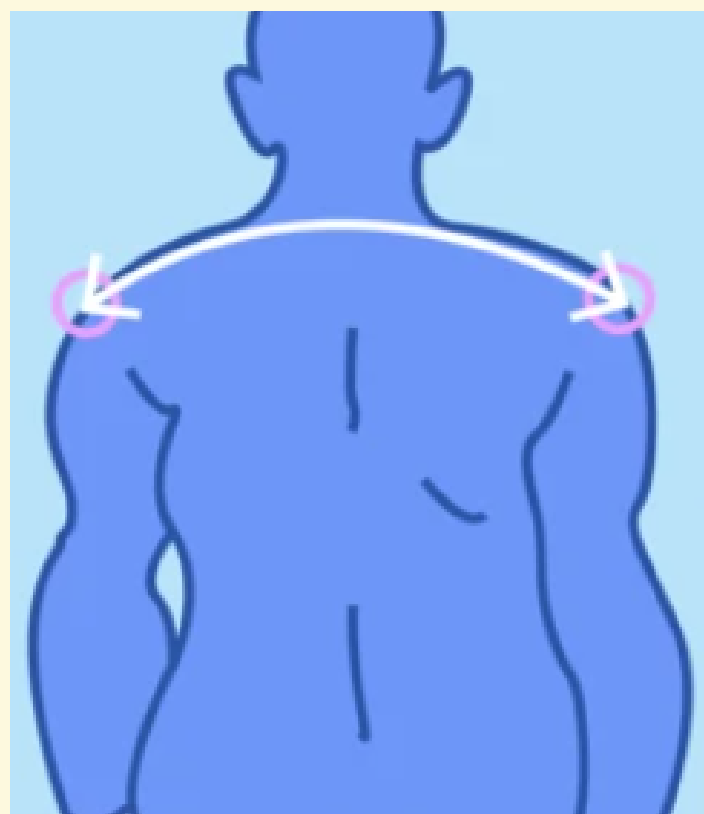
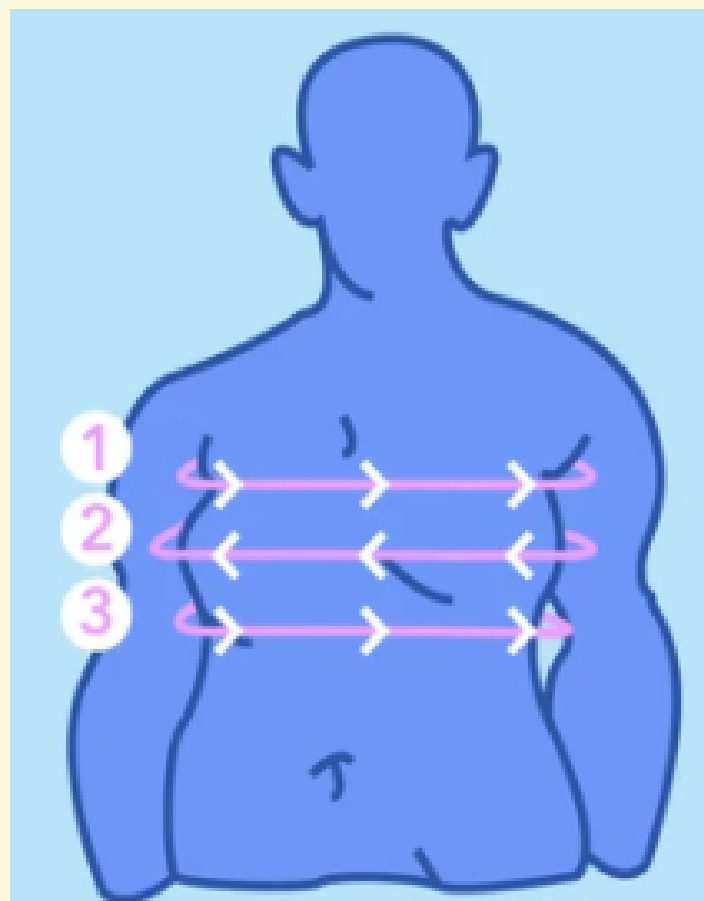
Implications for Practice

Ask more questions pertaining to chest dysphoria or discomfort

Learn how to size and fit patients for a binder

Know where to refer families to for proper gender affirming care





Best Practices

Right Size

- Measure all the way around:
 1. Under arms
 2. Largest part of chest
 3. Under chest

- Measure shoulders from point-to-point



Right Fit

Check measurements against each company's size chart.

Letter sizing can be very different for each company.

Half Binders may work better for smaller chests

Tanks may work better for larger chests

Here are some
GREAT
BINDER SAFETY
GUIDELINES
TO LIVE BY



NEVER sleep in your
BINDER!



DON'T wear your BINDER FOR
more than 9 HOURS a DAY
TAKE BREAKS IF YOU CAN!



**TAKE ONE OR TWO DAYS A
WEEK OFF.**



IF YOU EXPERIENCE **any**
TROUBLE BREATHING OR
any PAIN, TAKE YOUR BINDER
OFF!

LISTEN TO YOUR BODY!
Be safe! ❤️

Comfort is Key.

The binder should be snug, but not too tight.

The goal is to create a flatter chest, be able to breathe comfortably and limit discomfort.

Limit binding to less than 9 hours/day.

Take breaks as often as safe and comfortable.

As bodies grow and change, be sure to remeasure and refit.

Interventions

Avoid negative comments about binding.

Do not suggest for someone to stop binding.

Remeasure and refit as needed.

Encourage breaks when at home and when sleeping.

May need a larger size when exercising.

Monitor (or refer) for S/E: rashes, fractures, SOB, chest/back pain

Binding Myths

All size bodies and chests can bind. Different companies may fit better for different people.

People with asthma may need to wear binder for less hours/day. Avoid wearing if having asthma exacerbation.

Evidence does not suggest link to cancer.

Binding may alter skin elasticity, but will not greatly impact surgical options.





Commerical Binders

Made of thick durable nylon or spandex

Avg. Cost = \$30 – 50

Companies

gc2b - <https://www.gc2b.co/>

Flavnt - <https://www.flavnt.com>

Underworks - <https://www.underworks.com/>

FLAVNT
STREETWEAR



References

Dutton, L., Koenig, K., & Fennie, K. (2008). Gynecologic care of the female-to-male transgender man. *Journal of Midwifery & Women's Health*, 53(4), 31-337. <https://doi.org/10.1016/j.jmwh.2008.02.003>

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Julian, J.M., Salvetti, B., Held, J.I., Murray, P.M., Lara-Rojas, L., & Olson-Kennedy, J. (2020). The impact of chest biding in transgender and gender diverse youth and young adults. *Journal of Adolescent Health*. <https://doi.org/10.1016/j.jadohealth.2020.09.029>

Special Thanks to gc2b[©]!



“I cried. To be able to breathe, to be comfortable, to finally feel comfortable with my chest...I’m so thankful for this and love it 100%.”

“This binder means everything! It fits very comfortably and it already makes me feel much more secure ♡”