

# WHY TRANS PEOPLE NEED MORE VISIBILITY

With more visibility comes more understanding. These statistics can and will get better as trans people become more visible in our society.

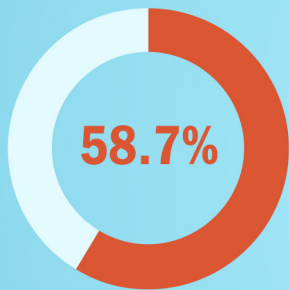


**80%** of trans students feel unsafe at school because of their gender expression

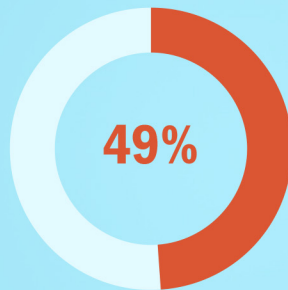
The Gender, Violence, and Resource Access Survey found that



**50%** of trans people have been raped or assaulted by a romantic partner



58.7% of gender non-conforming students have experienced verbal harassment in the past year because of their gender expression, compared to 29% of their peers



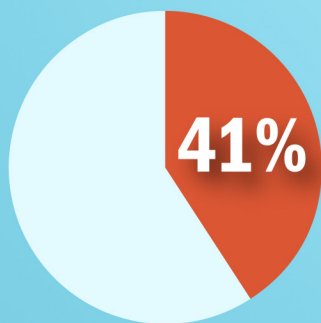
49% of trans people reported physical abuse in a 2007 survey

Trans people of color are...

**6X**



more likely to experience physical violence when interacting with the police than white cisgender survivors of violence



41% of trans people have attempted suicide



1 in 5 transgender people have experienced homelessness at some point in their lives



1 in 8 have been evicted due to being transgender

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Infographic Design by Landyn Pan

# 10 TIPS FOR WORKING WITH TGIQ\* PATIENTS

\* *trans, gender non-conforming, intersex, and queer*

1

**Ask, don't assume!** Just because someone "looks like" a particular gender doesn't mean they identify that way. Ask them what name and pronoun they prefer to use, note their preferred name and pronouns on intake and medical history forms - and use it consistently.

2

**Don't ask unnecessary questions** about their bodies or genitals. If you're treating a sprained arm, focus on their arm. Respect the privacy of the patient, and ensure that they are treated professionally and compassionately.

3

**Describe people by features**, rather than perceived gender. "The person in the blue coat" or "the patient with a red scarf" is more accurate than "that man over there".

4

Many (but not all!) TGIQ people have complicated relationships with their body. Asking them **what terms they prefer to be used for their body and/or body parts**, and then using those terms, can help them feel empowered and affirmed.

5

Remember that TGIQ patients are more likely to have been harassed, shamed, and even assaulted in medical offices, so **ask permission before touching them** and give them clear information about any procedures that you need to perform. Respect that due to those traumatic experiences, they may also react to other kinds of interactions, and focus on providing them with safe, responsive, affirming treatment.

6

**Ask BEFORE bringing additional personnel** into the room (including other doctors, medical students, or nursing staff) - treating your TGIQ patients like "examples" can feel like you are de-personalizing, shaming, or harassing them.

7

Respect that TGIQ will often **bring a "safe person" or patient advocate** into their appointments with them, and be open to this. If you absolutely have to deliver something where another person cannot be in the room, such as a Domestic Violence screener, simply be clear about the fact that they will need to step outside for just a moment. TGIQ patients may also benefit from work with a patient advocate, so make advocate contact information easily available in your practice.

8

Have literature, pictures, etc that are applicable to the TGIQ population in your lobby and patient rooms. **Seeing their lives represented and affirmed** goes a long way towards making TGIQ people feel comfortable

9

No transition is the same. **Medical transitions are deeply personal.** Some TGIQ folks don't medically transition at all and some do; some medical transitions may or may not include surgeries. Don't assume anything about how medical transition relates to their identities - respect that their personal transition is critical to their health, and ask about their desires in a supportive, solution-focused manner.

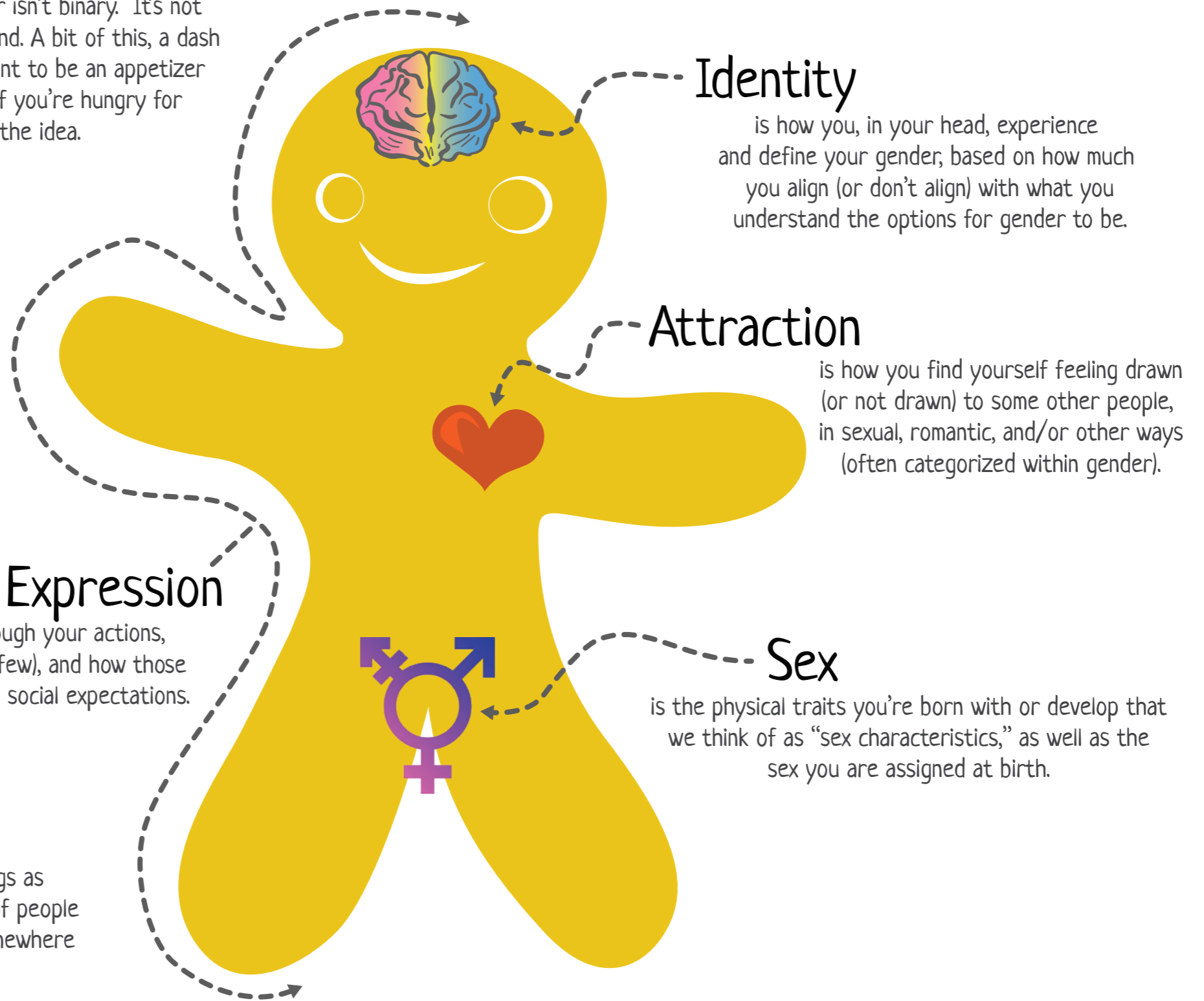
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In all work with TGIQ patients, **focusing on patient-guided care is critical**; patient's needs and desires should direct treatment goals and methods. Coordinating medical care with various specialties (such as endocrinologists and therapists) should be a priority, in order to effectively treat the whole person in an affirming, empowering manner.

# The Genderbread Person

by its pronounced **METROsexual**.com

Gender is one of those things everyone thinks they understand, but most people don't. Gender isn't binary. It's not either/or. In many cases it's both/and. A bit of this, a dash of that. This tasty little guide is meant to be an appetizer for gender understanding. It's okay if you're hungry for more after reading it. In fact, that's the idea.



We can think about all these things as existing on continuums, where a lot of people might see themselves as existing somewhere between 0 and 100 on each

⊘ means a lack of what's on the right side

## Gender Identity

- ⊘ → Woman-ness
- ⊘ → Man-ness

personality traits, jobs, hobbies, likes, dislikes, roles, expectations

common GENDER IDENTITY things

## Gender Expression

- ⊘ → Femininity
- ⊘ → Masculinity

style, grooming, clothing, mannerisms, affect, appearance, hair, make-up

common GENDER EXPRESSION things

## Anatomical Sex

- ⊘ → Female-ness
- ⊘ → Male-ness

body hair, chest, hips, shoulders, hormones, penis, vulva, chromosomes, voice pitch

common ANATOMICAL SEX things

Identity ≠ Expression ≠ Sex  
Gender ≠ Sexual Orientation

## Sex Assigned At Birth

Female  Intersex  Male

Typically based solely on external genitalia present at birth (ignoring internal anatomy, biology, and change throughout life), Sex Assigned At Birth (SAAB) is key for distinguishing between the terms "cisgender" (when SAAB aligns with gender identity) and "transgender" (when it doesn't).

## Sexually Attracted to... and/or (a/o)

- ⊘ → Women a/o Feminine a/o Female People
- ⊘ → Men a/o Masculine a/o Male People

## Romantically Attracted to...

- ⊘ → Women a/o Feminine a/o Female People
- ⊘ → Men a/o Masculine a/o Male People

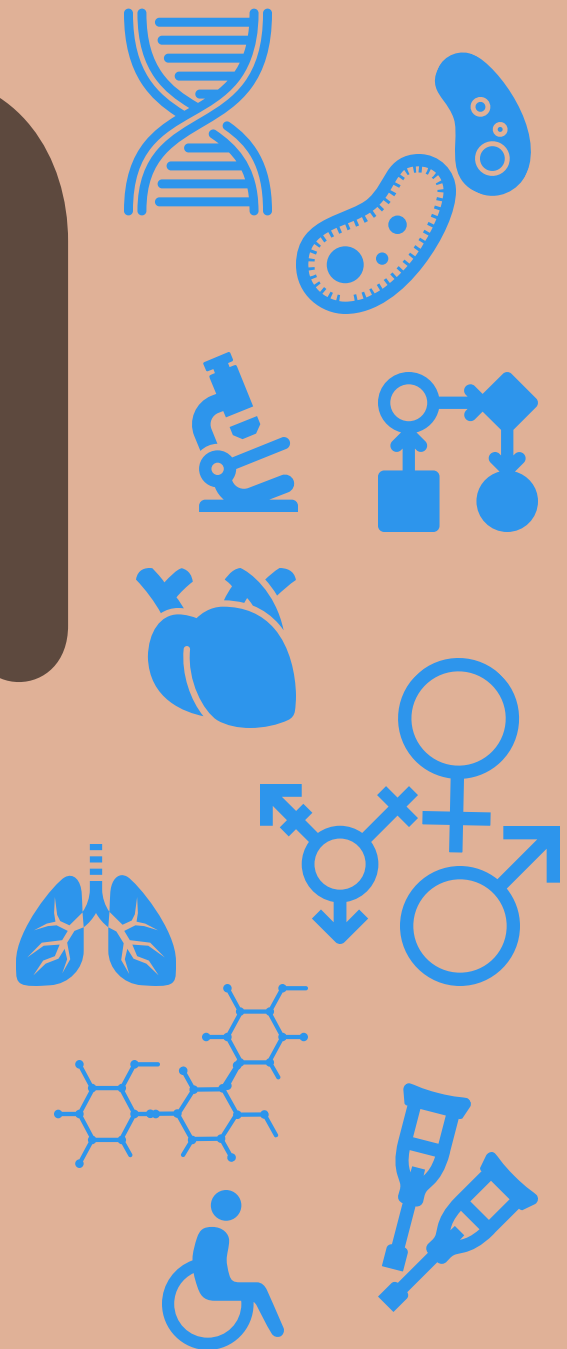
# gender

vs

# sex

**socially constructed**  
behaviors, interests,  
expressions, identity

**biological attributes**  
chromosomes, genes,  
hormones, anatomy



## BIGENDER

IDENTIFYING AS  
TWO GENDERS

## GENDERFLUID

GENDER CHANGES

## TRIGENDER

IDENTIFYING AS THREE  
GENDERS

## NEUTROIS

GENDER NEUTRAL

## AGENDER

NO GENDER

\*ALSO GENDERLESS OR  
NEUTROIS

## ANDROGYNE

HAVING BOTH  
MASCULINE AND  
FEMININE QUALITIES

## DEMIGIRL

IDENTIFYING  
PARTIALLY AS GIRL  
BUT NOT WHOLLY

## DEMIGUY

IDENTIFYING  
PARTIALLY AS GUY  
BUT NOT WHOLLY

## TRANSGENDER

IDENTIFYING AS A  
GENDER OTHER THAN  
THE ONE ASSIGNED AT  
BIRTH

## CISGENDER

IDENTIFYING AS THE  
GENDER YOU WERE  
ASSIGNED AT BIRTH

## GENDERQUEER

OUTSIDE OF THE  
GENDER BINARY

## NON-BINARY

OUTSIDE OF THE  
GENDER BINARY

\*USED AS AN UMBRELLA TERM  
OR AS ITS OWN IDENTITY

# UW Medicine

## Transgender and Gender Non-Binary (TGNB) Common Terms<sup>1</sup>

*Keep in mind that definitions can vary greatly across communities and individuals, and that it is best to give all patients an opportunity to provide information on how they identify when seeking care. Here are some terms related to the experience of those who are TGNB.*

**Agender** (adj) ‘without gender,’ individuals identifying as having no gender identity.

**Cisgender** (adj) A person whose gender identity and assigned sex at birth match (i.e. a person who is not transgender).

**Gender** (n) Refers to a social construct regarding culture-bound conventions, roles, and behaviors (i.e. gender expression) for, as well as relations between, genders.

**Genderqueer** (adj) A term used by some individuals who identify as neither entirely male nor entirely female. These individuals may identify as transgender, may desire to be on hormones or undergo surgery, or may not.

**Gender affirming surgery (GAS)** (n) Surgeries used to modify one’s body to conform more with one’s gender identity.

**Gender Expression** (n) How a person represents or expresses one’s gender identity to others, often through behavior, clothing, hairstyles, voice or body characteristics.

**Gender Fluid** (adj) Having different gender identities at different times, migrating between male and female identities.

**Gender Identity** (n) Our gender identity is how we see ourselves. Some of us see ourselves as women, some as men, some as a combination of both, some as neither. Some of us have complex identities that may even be fluid and change over time. We all make hundreds of conscious decisions every day about how we are going to express our gender.

**Gender Non-Conforming** (adj) Describes a gender expression that differs from a given society’s norms for males and females.

**Honorific** (n) A title or word implying or expressing high status, politeness, or respect. Along with Mr. Mrs. Miss, etc., Mx (pronounced as ‘mix’ or ‘mux’) is a general neutral honorific for that may be used for non-binary individuals.

**Intersex** (n) An umbrella term that includes many variations of differential sex development, which is sometimes referred to as those born with a Difference of Sex Development (DSD).

**Non-binary** (adj) Describes a person whose gender identity falls outside the traditional gender binary of male and female. Sometimes abbreviated to NB or “enby.” Some people identify as “non-binary,” while others identify with another non-binary gender identity, such as genderqueer, gender fluid, or agender.

**Pronoun** (noun) A word that takes the place of a noun. She, herself, they, and this are examples of pronouns. You can use the singular pronoun “they” until someone tells you their preferred pronoun.

**Questioning** (adj.) Describes an individual who is unsure about or is exploring their own sexual orientation and/or gender identity.

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<sup>1</sup> **Source:** <https://www.lgbthealtheducation.org/wp-content/uploads/2016/12/Affirmative-Care-for-Transgender-and-Gender-Non-conforming-People-Best-Practices-for-Front-line-Health-Care-Staff.pdf>

# UW Medicine

**Sex assigned at birth** (noun) The sex (male or female) given to a child at birth. Most often this is based on the child's external anatomy. Also referred to as "assigned sex at birth" or "Natal Gender."

**Trans man/transgender man/transmasculine** (noun) A transgender person whose gender identity is male. Some may use these terms to describe themselves, while some will just use the term "man." The phrase "assigned female at birth" is commonly used by individuals in self-reference.

**Trans woman/transgender woman/transfeminine** (noun) A transgender person whose gender identity is female. Some may use these terms to describe themselves, while some will just use the term "woman." The phrase "assigned male at birth" is commonly used by individuals in self-reference.

**Transgender** (adj.) Describes a person whose gender identity and assigned sex at birth do not match. Also used to include gender identities outside of male and female. Sometimes abbreviated as trans.

**Transition** (noun) For transgender people, this refers to the process of coming to recognize, accept, and express one's gender identity. Most often, this refers to the period when a person makes social, legal, and/or medical changes, such as changing their clothing, name, sex designation and using medical interventions.

**Transphobia** (noun) The fear of, discrimination against, or hatred of transgender or gender non-conforming people or those who are perceived as such.

**Transsexual** (adj.) Sometimes used in medical literature or by some transgender people to describe those who have transitioned through medical interventions. Avoid using this term to describe transgender people unless they identify themselves as such, as it is largely outdated and can be perceived as negative to some.

**TERMS TO AVOID:** The following terms are considered offensive by most and should not be used: she-male, he-she, "real" woman/man, transvestite, transgendered, "a transgender," male-to-female, and female-to-male.

# LGBTQ-INCLUSIVE LANGUAGE DOs and DON'Ts

**AVOID SAYING...** **SAY INSTEAD...**

**WHY?**

**EXAMPLE**

AVOID SAYING...	SAY INSTEAD...	WHY?	EXAMPLE
"Hermaphrodite"	"Intersex"	Hermaphrodite is a stigmatizing, inaccurate word with a negative medical history.	"What are the best practices for the medical care of intersex infants?"
"Homosexual"	"Gay"	"Homosexual" often connotes a medical diagnosis, or a discomfort with gay/lesbian people.	"We want to do a better job of being inclusive of our gay employees."
"Born female" or "Born male"	"Assigned female/male at birth"	"Assigned" language accurately depicts the situation of what happens at birth	"Max was assigned female at birth, then he transitioned in high school."
"Female-bodied" or "Male-bodied"		"-bodied" language is often interpreted as as pressure to medically transition, or invalidation of one's gender identity	
"A gay" or "a transgender"	"A gay/transgender person"	Gay and transgender are adjectives that describe a person/group	"We had a transgender athlete in our league this year. "
"Transgender people and normal people"	"Transgender people and cisgender people"	Saying "normal" implies "abnormal," which is a stigmatizing way to refer to a person.	"This group is open to both transgender and cisgender people."
"Both genders" or "Opposite sexes"	"All genders"	"Both" implies there are only two; "Opposite" reinforces antagonism amongst genders	"Video games aren't just a boy thing -- kids of all genders play them."
"Ladies and gentlemen"	"Everyone," "Folks," "Honored guests," etc	Moving away from binary language is more inclusive of people of all genders	"Good morning everyone, next stop Picadilly Station."
"Mailman," "fireman," "policeman," etc.	"Mail clerk," "Firefighter," "Police officer," etc.	People of all genders do these jobs	"I actually saw a firefighter rescue a cat from a tree."
"It" when referring to someone (e.g., when pronouns are unknown)	"They"	"It" is for referring to things, not people.	"You know, I am not sure how they identify."



# How do I ask that?



## **A patient's appearance is confusing to me.**

New experiences can cause us to feel unsettled. Appreciate human diversity! Remember that they/them can work in a pinch. Standardize your workflow and ask everyone: "What pronouns do you use? I can add that to your file."



## **The name they told me doesn't "fit".**

Just as Robert might prefer Bob or Katherine likes Kate, a TGNB person may use a *lived by name* that differs from *legal name* on their ID. You can say: "Is there another name you'd like to be called? I can note that in your file."



## **What about those personal questions?**

TGNB teens may feel embarrassed by some questions. And TGNB adults may be caught off guard when asked. But, asking about menses, sexual activity, and previous health screenings is still necessary. Acting matter of fact helps. You can preface it with: "These are questions we ask all patients..."



## **X-ray / Imaging - Anyone could be pregnant?**

It's a possibility until it isn't! Transmasculine folks with reproductive organs still present could be. Using testosterone is not a reliable birth control, especially early on. Again, adding this to a standard string of questions for every patient helps it become easier to ask.



## **Insurance isn't matching up.**

Sometimes TGNB patients have not updated all identification. Some reasons are: funds, employer, name is not legally changed yet, may never want to. They know there is a discrepancy. You can say: "I see the name on insurance is different than the name you go by. Can you confirm legal name and sex just for billing purposes?":

## **And remember...**

- Always ask/explain any physical touch
- If you take notes, let the patient know what/why you're writing
- Ask the patient their goals for the visit
- Pay attention to the language the patient uses about themselves
- Offer them your own pronouns, too
- Be flexible

# Introductions With Pronouns



## Show it

**he/him/his**  
**she/her/hers**  
**they/them/theirs**

Using pronouns is one way we show the world our gender identity. You can wear a ribbon, sticker, or button that states your pronoun or that invites someone to ask.

Wearing this conveys that you understand the importance of pronouns which will help establish trust.

## Ask it

Ask every patient what pronouns they use. For example: "Before we get started, I want to ask what pronouns you use." If more is needed, explain that it's out of respect in addressing patients the way they want to be addressed. Bonus: "Is there another name you'd like to be called - I can note that in your chart as well."



## Share it

Once they've responded, now it's your turn to **let them know the pronoun YOU use**. Even if it's visible on your name badge, verbalize it anyway. This also helps build rapport. For those of the TGNB community and allies, this shows them that you "get it" and respect the concept of gender identity being different than sex assigned at birth.

# When greeting others

Avoid:

ladies gentlemen ma'am sir girls guys etc.

Consider using instead:

“Thanks, **friends**.  
Have a great  
night.”

“Good morning,  
**folks!**”

“Hi, **everyone!**”

“And for **you?**”

“Can I get  
you **all**  
something?”

Why?

Shifting to gender-inclusive language respects and acknowledges the gender identities of all people and removes assumption.

## Be mindful of language



# Responding to SOGI Confusion



When asking for Pronoun, sometimes a patient looks confused or verbalizes that it's a silly question. They may even feel offended that you had to ask them when they feel it's obvious. Here are some examples of replies that can help defuse the situation and keep things moving:

If they reply: *"I'm obviously a man/woman, why are you even asking me that?"*

Go ahead and select the traditional pronoun option, thank them, and move on.

It's ok, these are just questions we ask everyone to make sure our records are correct. Let's move on to see if your insurance is up to date"

"I know personal questions at check-in can be uncomfortable; thanks for helping me. Do you have any changes to your address or phone number?"

"I'm sorry my question upset you, let's move on and make sure we have your correct phone number on file."

"This information helps us get it right for everyone, but if they do not apply to you, let's move on to be sure other information in your file is correct."

For patients that try to continue the conversation, redirect them once more. It's ok to let them know you need to get them checked-in so others aren't kept waiting. Getting worse? Call for some backup.



# DOs & DON'Ts for Providers



## Do

- Use gender neutral language and inclusive language.
- Use terms like "partner" or "significant other."
- Ask "Are you seeing someone?" or "Are you in a relationship?"



## Don't

- Make assumptions about a person's gender identity, or sexual orientation.
- Don't assume and use the term "boyfriend/girlfriend."
- Don't ask "Do you have a boyfriend/girlfriend?"

## Do

Listen to what a person has to say.



## Don't

Interject or interrupt.

## Do

Be honest when you don't understand something.



## Don't

Make assumptions or be disrespectful when asking questions.

## Do

Ask them about confidentiality & reassure them of your confidence.



## Don't

Out someone's sexual orientation or gender identity.

## Do

Use the pronouns that someone asks you to use. When you mess up the pronoun—correct yourself, apologize, and move on.



## Don't

Ignore the importance of using the correct pronouns.

## Do

Respect an individual's identity & use the terms that someone uses for themselves. Mirror a person's language.



## Don't

Use language like "he says he's a girl, but he's really a boy" or "she's not a real girl."

## Do

Accept a person's identity.



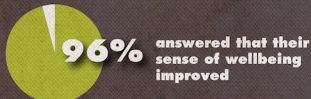
## Don't

Ask invasive questions about someone's body.

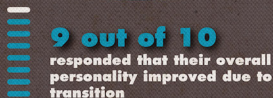
# The Myth of Trans Regrets

Based on a 2011 study of 448 individuals performed by Gender Advocacy Training & Education

**Myth:** A number of transgender people are beginning to admit that choosing to transition ruined their lives.



**Myth:** Transitioning will make a person bitter and depressed.

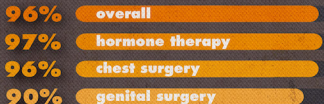


**85%** described their emotional stability as "improved" (11% reported no change)



**Myth:** Transgender people don't really want to change their body, they just get pressured into it.

## Transition Satisfaction Rates



Close, Colin, *Affirming Gender, Affirming Lives: A Report of the 2011 Transition Survey*. Santa Rosa, CA: GATE, 2012.

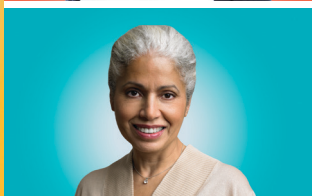
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# New Sexual Orientation and Gender Identity Questions:

## Information for Patients



**Thank you for taking the time to complete these questions.** If you have additional questions, we encourage you to speak with your provider.



This project was supported by the Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services (HHS) under cooperative agreement number U30CS22742, Training and Technical Assistance National Cooperative Agreements (NCAs) for \$449,985.00 with 0% of the total NCA project financed with non-federal sources. This information or content and conclusions are those of the author and should not be construed as the official position or policy of, nor should any endorsements be inferred by HRSA, HHS, or the U.S. Government.

**We recently added new questions about sexual orientation and gender identity to our registration forms.**

Our health center thinks it is important to learn this information from our patients. Inside are some frequently asked questions about why we are asking these questions and how the information will be used.

**Q: WHY AM I BEING ASKED ABOUT MY SEXUAL ORIENTATION AND GENDER IDENTITY?**

Every patient has unique health needs. Research shows that lesbian, gay, bisexual, and transgender (LGBT) people have health needs that differ from the rest of the population. They also experience higher rates of certain health issues compared to others. Learning about sexual orientation and gender identity will help us to deliver appropriate health services and culturally sensitive care to LGBT patients as well as all of our patients.

**Q: WHAT IS GENDER IDENTITY?**

**Gender identity** is a person's inner sense of their gender. For example, a person may think of themselves as male, as female, as a combination of male and female, or as another gender.



**Q: WHAT DOES TRANSGENDER MEAN?**

Transgender people have a gender identity that is not the same as their sex at birth.

- **Transgender man (FTM)** describes someone assigned female at birth who has a male gender identity
- **Transgender woman (MTF)** describes someone assigned male at birth who has a female gender identity
- **Genderqueer** describes someone who has a gender identity that is neither male nor female, or is a combination of male and female.

**Q: WHAT IS SEXUAL ORIENTATION?**

**Sexual orientation** is how a person describes their emotional and sexual attraction to others.

- **Heterosexual (straight)** describes women who are emotionally and sexually attracted to men, and men who are emotionally and sexually attracted to women.
- **Gay** describes a person who is emotionally and sexually attracted to people of their own gender. It is most commonly used when talking about men.
- **Lesbian** describes a woman who is emotionally and sexually attracted to other women.
- **Bisexual** describes a person who is emotionally and sexually attracted to people of their own gender and people of other genders.

**Q: HOW DO I CHOOSE THE CORRECT INFORMATION?**

There are no right or wrong answers. If you don't find an answer that fits, you can choose "Something else" or "Other," or you can talk with your provider.

**Q: WHO WILL SEE THIS INFORMATION?**

Your provider(s) will see this information, and it will become part of your medical record. In addition, a few other staff will have access to this information. Your information is confidential and protected by law, just like all of your other health information.

**Q: WHAT IF I DON'T WANT TO SHARE THIS INFORMATION?**

You have the option to check the box "Choose not to disclose." Later, your provider may ask you these questions privately during your visit. You can choose whether to share this information at that point, and/or you can ask your provider more questions.

**Q: HOW WILL THIS INFORMATION BE USED?**

Your provider(s) will use this information to help meet your health care needs. In addition, gathering this information from all patients allows the health center to see if there are gaps in care or services across different populations. Learning this tells us if we need to improve the care we give to our patients.



# Non-Binary Gender Identities

## Fact Sheet

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### What is non-binary gender identity?

Non-binary gender identity is any gender identity that does not fall within the strict categories of contemporary Western societies, which typically consider gender to be binary, e.g., either man or woman. It is important to acknowledge that non-binary gender identities are not new identities or new concepts and have been recognized throughout the world for as long as gender has been a conscious identity of humans. Over the past several decades, the LGBTQ (lesbian, gay, bisexual, transgender, and queer/questioning), feminist, and other social movements have also challenged binary gender categories. More recently, there has been increasing recognition and visibility of people who do not identify exclusively as either male or female. This fact sheet provides basic information for psychologists, psychology students, and others who are interested in understanding non-binary gender identities.

### How many people are non-binary?

Because there is limited research on individuals with non-binary gender identities, it is difficult to estimate the exact number of people who identify as non-binary. Most research has not included non-binary as a response category when inquiring about gender. From the limited research that has done this, it is estimated non-binary individuals make up 25-35% or more of *transgender* populations (James, Herman, Rankin *et al*, 2016; Barr, Budge, Andelson, 2016; Mikalson, Pardo, and Green, 2014). However, these studies sampled only transgender populations and did not capture non-binary individuals who do not identify as transgender.

### Pronouns

Pronoun use is an important issue for non-binary people. Some non-binary people choose to use pronouns other than she/her/hers and he/him/his. Some examples of gender-neutral pronouns are they/them/theirs (as singular pronouns) and ze/hir/hirs. It is important to recognize that a person's gender pronouns cannot be assumed from their appearance. One way of being affirming and supportive of non-binary identities is to avoid these assumptions and always ask or provide an option to disclose preferred gender pronouns. It is suggested to make this a universal practice rather than just doing so with people who are LGBTQ or have an ambiguous gender presentation.

### Experiences of non-binary people

Much of what is known about the lived experience of non-binary people comes from personal accounts, including blog posts, personal essays, and postings on social media. From these sources, as well as limited psychological research, it appears stigma experienced by non-binary individuals may differ from that facing other LGBTQ people. For example, prejudicial attitudes toward non-binary people may be greater than attitudes toward other LGBTQ people, given the lack of knowledge and information that most people have about this population. The lack of cultural visibility of non-binary identities may make the identity development process more difficult for non-binary individuals. Further, even after coming to terms with their own identity, they may face additional stress from having to frequently "come out" as

non-binary, even in LGBTQ contexts, and from being mis-gendered or misunderstood.

### Non-binary mental health

Research on the mental health of people with non-binary gender identities is limited and generally includes only those who *also* identify as transgender. From this research, it appears overall, non-binary people may face both greater levels of minority stress and unique forms of minority stress, in comparison to binary transgender peers, a factor which has been (*continued on reverse*)

## KEY TERMS

**Non-binary gender identity:** gender identities that do not fall exclusively in man/male or woman/female categories. Some examples include genderqueer, gender fluid, agender, and bigender. Within non-Western cultures, individuals from groups such as Two Spirit people, Fa'afafine, or Hijra are sometimes considered to comprise a 'third' gender, but may or may not identify as non-binary or transgender.

**Gender Binary System:** system by which society categorizes gender as falling into one of two categories (man/woman, male/female, masculine/feminine).

**Gender Non-Conformity:** describes those who do not conform with the prescribed social expectations associated with the gender that matches a person's sex assigned at birth. This term is also used to reference cisgender individuals who fit this description (e.g. butch women).

**Cisgender:** gender identity that matches social expectations of the sex they were assigned at birth (e.g., a person assigned female at birth, who identifies as a girl/woman).

**Binarism:** assumption that gender experience is binary and devaluation of non-binary experiences of gender.

**Cissexism/cisgenderism/cisnormativity:** assumption that everyone identifies within the gender assigned at birth, and devaluation of non-cisgender experiences or perspectives in favor of cisgender ones, via behaviors, actions, attitudes, and microaggressions.

**AFAB/AMAB:** assigned female/male at birth. Also DMAB/DFAB (designated male/female at birth) or FAAB/MAAB (female-/male- assigned at birth). Terms like "born female" or "natal male" are less accurate & may be considered microaggressions.

associated with higher levels of suicidality (Tebbe & Moradi, 2016). It appears that non-binary transgender people experience greater risk for negative mental health outcomes than their binary transgender peers (James, Herman, Rankin *et al*, 2016). For example, in one study, over half of the respondents reported clinical levels of depression and over one third of the respondents reported clinical levels of anxiety (Budge, Rossman, & Howard, 2014).

## RECOMMENDATIONS FOR CLINICAL PRACTICE

**Avoid gender binary assumptions.** Culturally aware clinicians avoid assumptions about a client's cultural identities, instead adopting an attitude of inquisitiveness and empathic attuning to the client. Clinicians can avoid assumptions about binary gender identities and inquire about a client's beliefs and experiences about gender in an open and understanding way.

**Understand there is no right way to "transition" and that not everyone wants to "transition."** Clinicians can recognize that clients whose gender identity does not align with their sex assigned at birth may have a range of ways in which they want to "transition" medically and socially and/or may not wish to "transition" at all. Remaining open to these possibilities and recognizing that a client's wishes and plans may change over time will allow the client to fully explore their options.

**Practice using singular pronouns such as they/them and zie/hir.** Using non-binary pronouns can feel awkward at first. Practicing using these pronouns outside of the therapy room will allow clinicians to get more comfortable and fluent in doing so and will make speaking with clients easier.

**Identify yourself as an ally.** Stickers, signs, or brochures (e.g., [www.redbubble.com/shop/nonbinary+stickers](http://www.redbubble.com/shop/nonbinary+stickers)) that identify the clinician or agency as a non-binary ally can go a long way in building trust with clients. This can also be accomplished by having a statement about your status as an ally on your web page or introductory forms.

**Educate yourself.** Continue to seek information about non-binary populations in professional literature as well as personal accounts, blogs, etc. This will help ease the burden on non-binary clients of having to educate their provider.

**Create inclusive forms.** Intake/client forms can be more inclusive by adding options beyond "male," "female," and "transgender," such as "non-binary" or adding more gender identity options (e.g. genderqueer, agender) and adding a write-in option. This will signal to clients that the clinician is aware of and supportive of non-binary identities and can serve as a springboard for discussion of gender identity.

(American Psychological Association, 2015)

## RECOMMENDATIONS FOR RESEARCH

Given the underrepresentation of non-binary gender populations in the literature, it is critical that psychologists add to the empirical base of information. Research questions about gender and gender identity should include options beyond "male," "female," and "transgender." Asking specifically about more common non-binary identities such as genderqueer and gender fluid, as well as an option to write in "other gender identity," allows for accurate information about client's current gender identity. Tate, Ledbetter, & Youssef (2013) also provides a template for a two-step method of obtaining meaningful information about gender identity.

Additionally, it is important for future research to take an intersectional approach to understanding the complexity and nuance of non-binary gender identities in diverse population groups. Research with multiracial and pansexual populations suggests that identity processes are complex and may look different for those with multiple marginalized identities and identities that are non-binary. It is important to continue to develop research methods, including sampling and measurement, to attend to the lived experience of diverse non-binary people.

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## COMMUNICATION GUIDE: LGBTQIA PEOPLE



### ***Build Trust, Respect Differences, Be Sensitive to Cues***

Clinicians who understand their patients' specific needs and preferences are more likely to have positive interactions with them. This improves opportunities to promote health and wellness; to prevent illness, disease, and injury; and to maintain and restore health.

This Culture Clue is for staff who work at University of Washington Medical Center (UWMC). It intends to increase awareness about the general needs and preferences of patients who define themselves as lesbian, gay, bisexual, transgender, queer/questioning, intersex, or asexual (LGBTQIA). Use this Culture Clue and feedback from your patients and their families to guide your communication and the care you provide.

**Every patient is unique. Consider their preferences, needs, and concerns as you interact with them. Treat your patients as they would like to be treated.**

### ***Help Your Patients Feel at Ease***

Many LGBTQIA individuals have difficulty finding a healthcare facility where they feel welcomed, accepted, and respected. Problems range from direct negative encounters, to refusal of care based on identity, to simple oversights made by well-meaning staff who lack understanding or training about how to interact with or meet the medical needs of LGBTQIA people. These problems can be additional barriers for LGBTQIA patients, leading to the postponement of medical care and poorer health outcomes. This can be especially harmful to LGBTQIA communities of color when compounded with racial and economic disparities. For those who have experienced discrimination, even small mistakes can be a reminder that they are seen as "different."

*Culture Clues™ is a project of the Patient and Family Education Committee at University of Washington Medical Center in Seattle, Washington.  
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**UW Medicine**



**Every person is unique. Put yourself in your patients' shoes and consider their beliefs, needs, and concerns as you interact with them. Treat your patients as *they* would like to be treated instead of how *you* would want to be treated.**

The key is to focus on the **person**. Treat every patient with respect, dignity, and basic good manners. Find out how the person wants to be addressed. Be aware that labels can be offensive, especially if the patient is from a culture that does not accept LGBTQIA identities.

- Do not rely on external appearances to determine the sexual orientation or gender identity of a patient. Ask the patient how they would like to be addressed and what name they want to be called.
- It is crucial that healthcare providers respect and honor patients' self-identities and use their preferred terminology (such as male, female, non-binary, genderqueer, gender non-conforming, third gender, or another gender). Avoid using terms that indicate gender, such as "sir" or "ma'am." Instead of saying, "*She* needs a follow-up appointment," say, "*This patient* needs a follow-up appointment."
- Maintain a welcoming personality at all times. Avoid asking questions that do not relate to assessing your patient's medical needs. Explaining why you need information can help avoid the perception of intrusion when you ask personal questions. For example, say: "*To help assess your health risks*, can you tell me about any history you have had with hormone use?" or "*To help assess your health risks*, in the last 24 months, with whom have you had sex?"
- Keep an open mind about different behaviors, identities, and expressions. Avoid showing disapproval, judgment, or surprise. Be aware of your body language and facial expressions. Stay flexible in your expectations.
- Be willing to politely correct your colleagues if they use the wrong names or pronouns, or if they make insensitive comments.
- Know that a sincere apology can go a long way toward getting a relationship back on track. If you make an error, you can say something like, "I apologize for using the wrong pronoun/name/terms. I will do better next time." But do not over apologize, either. Keep it honest and short.

### ***Show Your Patients Respect***

- Pay attention to the terms your patient uses, and use that wording in your conversation. For instance, if someone calls himself "gay," do not use the term "homosexual." If a woman refers to her "wife," say "your wife" when referring to that person, not "your friend."
- When providing healthcare for a transgender person, ask them for the name they would like you to address them with (their lived name). Their medical records may not provide the correct information.
- Avoid asking unnecessary questions. Ask yourself, "Is my question necessary for my patient's care, or am I asking out of my own curiosity?"

- Instead of asking, “Are you married?” ask, “Do you have a significant other?” Do not assume the gender of a patient’s significant other.
- Be aware that some patients may not wish to self-identify. Let each patient provide personal information at their own pace. Remember to use non-gendered language (patient, they, them), and you will avoid misgendering or offending a patient.

### ***Create a Relationship with Your Patients***

Treat your patients as they want to be treated instead of how you would want to be treated. This means asking about their preferences before acting. Pay attention to the patient’s cues and follow their lead.

- Set the tone for your visit by asking questions:
  - Ask your patients how they would like to be addressed. Remember to keep calling them by their preferred name.
  - Tell your patients why you think they are here, but also ask them why they think they are here.
  - Ask your patients what their goals are for their visit. Remind them they are an active partner in their care plan.
- At the end of the visit, check in with the patient. Ask if they have any other concerns besides the ones they have shared. Some people, such as those from low income families or people with language barriers, may wait until they have severe symptoms to see a doctor. They may feel intimidated during their first visit and may not share the extent of their healthcare needs.

### ***Provide Health Information in Ways Your Patients Accept***

Ask your patients these questions. Their answers will help you provide healthcare and treatment information in ways that they will accept:

- **What do you want us to know about the kind of healthcare you want to receive?**  
Remember to document these preferences so other providers can honor them.
- **Who else in your life needs to be involved in making decisions about your healthcare?** An example could be a family member, caregiver, or assistant.
- **Would you like the information written, in pictures, or both?** Remember to ask the patient to “teach back” the information you give them and then document their understanding.
- **Will you be able to follow the care plan I’m recommending?** If not, ask what might stand in the way of their following the treatment plan. Offer other treatment options, if possible.
- **Can a family member, friend, or someone else help you follow your plan of care?** If their answer is yes, ask who.

### ***Maintain Good Communication with Your Patients***

Good communication helps you and your patients build trusting relationships. These tips may help foster those relationships:

- Acknowledge and respect your patients’ story and their perspective on their health.
- Listen carefully. Let your patient know you are listening by nodding your head that you understand. If you do not fully understand, repeat what you have understood and ask the patient if you have understood correctly.

- Use open-ended questions instead of questions that can be answered with “yes” or “no.” This helps ensure that you and your patients share a common meaning.
- If you take notes, tell your patient what you are writing.
- If you are doing an exam, procedure, or other care that involves physically touching your patient, tell them what you are doing and what they will feel. Ask them if they have any physical sensitivities that you should be aware of.
- When providing written materials, be aware that some patients cannot read, but may not be comfortable revealing this. Watch for clues in the patient’s response to receiving a handout or form, such as, “I will read this later,” or “I forgot my glasses.” Find nonwritten ways to share information with these patients.

### ***Use Appropriate Terms***

Always be respectful. The use of certain words can create incorrect perceptions of LGBTQIA people. Such negative attitudes are often the most difficult barriers for people to overcome.

These definitions are adapted from the LGBTQIA Resource Center Glossary provided by the University of California, Davis; and the Affirmative Care for Transgender and Gender Non-Conforming People by the National LGBT Health Education Center:

**Asexual/aromantic:** A sexual orientation generally characterized by not feeling sexual attraction or a desire for partnered sexuality. Asexuality is distinct from celibacy, which is the deliberate abstention from sexual activity. Some asexual people do have sex. There are many diverse ways of being asexual.

**Bisexual:** A person whose primary sexual and affectional orientation is toward people of the same and other genders, or towards people regardless of their gender.

**Cisgender:** A person whose gender identity and assigned sex at birth match (a person who is not transgender).

**Gay:** A sexual and affectional orientation toward people of the same gender.

**Gender-affirming surgery (GAS):** Surgeries used to modify one’s body to conform more with one’s gender identity.

**Gender non-conforming:** A gender expression that differs from a given society’s norms for males and females.

**Intersex:** A general term used to describe the experience of genetically developing primary or secondary sex characteristics that do not fit neatly into society’s definitions of male or female. Intersex, which is sometimes referred to as DSD (those born with a difference of sex development), is an umbrella term that includes many variations of differential sex development. Many visibly intersex people are mutilated in infancy and early childhood by doctors to make the individual’s sex characteristics conform to society’s idea of what typical bodies should look like. “Hermaphrodite” is an outdated and inaccurate term that once was used to describe intersex people.

**Lesbian:** A woman whose primary sexual and affectional orientation is toward people of the same gender.

**Non-binary:** A person whose gender identity falls outside the traditional gender binary. Sometimes abbreviated to NB or “enby.” Some people identify as “non-binary,” while others identify with another non-binary gender identity, such as genderqueer, gender fluid, or agender.

**Queer:** One definition of queer is abnormal or strange. Historically, queer has been used as an epithet/slur against people whose gender, gender expression, and/or sexuality do not conform to dominant expectations. Some people have reclaimed the word queer and self identify as such. For some, this reclamation is a celebration of not fitting into norms/being “abnormal.” Manifestations of oppression within gay and lesbian movements such as racism, sizeism, ableism, cissexism, transmisogyny as well as assimilation politics, resulted in many people being marginalized, thus, for some, queer is a radical and anti-assimilationist stance that captures multiple aspects of identities.

Note that for some, the word “queer” continues to be triggering because of personal experiences with the term being used violently and as a slur. It’s important to simply respect what identities and terms a patient shares and uses to identify themselves.

**Questioning:** Someone who is unsure about or is exploring their own sexual orientation and/or gender identity.

**Sex assigned at birth:** The sex (male or female) given to a child at birth. Most often this is based on the child’s external anatomy. Also referred to as “assigned sex at birth.”

**Transgender:** Adjective used most often as an umbrella term, frequently abbreviated to “trans.” This adjective describes a wide range of identities and experiences of people whose gender identity and/or expression differs from conventional expectations based on their assigned sex at birth. Not all trans people undergo medical transition (surgery or hormones).

Some commonly held definitions of transgender are:

1. Someone whose determination of their sex and/or gender is not universally considered valid by the dominant culture; someone whose behavior or expression does not “match” their assigned sex, according to that culture.
2. A gender outside of the man/woman binary, since there are many genders.
3. Having no gender or multiple genders.

Transgender people may further self-define by these terms:

- **Trans man/transgender man/transmasculine:** A transgender person whose gender identity is male. Some may use these terms to describe themselves, while some will just use the term “man.” The phrase “assigned female at birth” may be used by individuals in self-reference.
- **Trans woman/transgender woman/transfeminine:** A transgender person whose gender identity is female. Some may use these terms to describe themselves, while some will just use the term “woman.” The phrase “assigned male at birth” is commonly used by individuals in self-reference.

**Transition:** For transgender people, this refers to the process of coming to recognize, accept, and express one's gender identity. Most often, this refers to the period when a person makes social, legal, and/or medical changes, such as changing their clothing, name, or sex designation, and using medical interventions.

**Transsexual:** This term is largely outdated. It is sometimes used in medical literature or by some transgender people to describe those who have transitioned through medical interventions. Avoid using it to describe transgender people unless they identify themselves as such.

### **Terms to Avoid**

The following terms are considered offensive by most and should **not** be used: she-male, he-she, "real" woman, transvestite, "real" man, tranny, transgendered, "a transgender," male-to-female, and female-to-male.

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### **UW Medicine Employees**

If you are an employee of the University of Washington or UW Medicine and want to learn more about these policies, or if you have specific questions regarding patients who define themselves as lesbian, gay, bisexual, transgender, queer/questioning, intersex, or asexual (LGBTQIA), please:

- Contact your Human Resources department.
- Visit the Center for Health Equity and Inclusion website at <http://cedi-web01.s.uw.edu>.

### **Resources to Learn More**

- 10 Tips for Working with Transgender Patients: An information and resource publication for health care providers. Transgender Law Center; 2011.
  - Advancing Effective Communication, Cultural Competence, and Patient- and Family-Centered Care for the Lesbian, Gay, Bisexual, and Transgender (LGBT) Community. The Joint Commission: [www.jointcommission.org/lgbt](http://www.jointcommission.org/lgbt).
  - Affirmative Care for Transgender and Gender Non-Conforming People: Best Practice for Front-line Health Care Staff. National LGBT Health Education Center, A Program of the Fenway Institute, 2016: [www.lgbthealtheducation.org/wp-content/uploads/2016/12/Affirmative-Care-for-Transgender-and-Gender-Non-conforming-People-Best-Practices-for-Front-line-Health-Care-Staff.pdf](http://www.lgbthealtheducation.org/wp-content/uploads/2016/12/Affirmative-Care-for-Transgender-and-Gender-Non-conforming-People-Best-Practices-for-Front-line-Health-Care-Staff.pdf).
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  - Gender-Neutral Language Sheet: [http://qmunity.ca/wp-content/uploads/2015/12/Gender-Inclusivity-Sheet\\_PDF-web-SEPT-2016.pdf](http://qmunity.ca/wp-content/uploads/2015/12/Gender-Inclusivity-Sheet_PDF-web-SEPT-2016.pdf).
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- Lesbian, Gay, Bisexual, Transgender, Queer, Intersex, Asexual Resource Center website: <https://lgbtqia.ucdavis.edu/index.html>.
- LGBTQ-Inclusive Language Do's and Don'ts: <https://thesafezoneproject.com/wp-content/uploads/2017/07/SZP-Language-DO-DONT-Handout.pdf>.
- National LGBT Health Education Center, A Program of the Fenway Institute. Collecting Sexual Orientation and Gender Identity Data in Electronic Health Records: [www.lgbthealtheducation.org/wp-content/uploads/Collecting-Sexual-Orientation-and-Gender-Identity-Data-in-EHRs-2016.pdf](http://www.lgbthealtheducation.org/wp-content/uploads/Collecting-Sexual-Orientation-and-Gender-Identity-Data-in-EHRs-2016.pdf).
- Providing Welcoming Services and Care for LGBT People: A Learning Guide for Health Care Staff: [www.lgbthealtheducation.org/wp-content/uploads/Learning-Guide.pdf](http://www.lgbthealtheducation.org/wp-content/uploads/Learning-Guide.pdf).
- Redefining Safe Spaces for Transgender Patients website: <https://nursing.usc.edu/blog/defining-safe-spaces-transgender-patients>.
- Understanding Gender and other topics on the Genderspectrum website: [www.genderspectrum.org/quick-links/understanding-gender](http://www.genderspectrum.org/quick-links/understanding-gender).

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