

## Providing Gender-Affirming Healthcare

Shay Phillips, M.Ed.  
Pronouns: ze/zir/zirs

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Who am I?  
Why am I leading  
this workshop?

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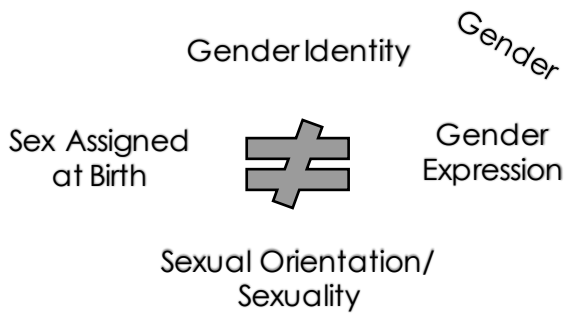
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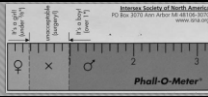
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### Sex Assigned at Birth



Generally based on genitalia, internal sex organs, chromosomes, hormone levels, secondary sex characteristics, etc.

Though there is significant variation of reproductive or sexual anatomy within the typical definitions of female and male, assigned sex generally only considers appearance of genitalia at birth and forces assignment of female or male.

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### Gender

Social norms and expectations, which vary between cultures and across time, for behavior, roles, expression, activities, personality characteristics, desires, etc. based on sex assigned at birth

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### Gender Identity

How you understand yourself in terms of the social norms and expectations of gender

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**Gender Expression**

How you demonstrate or perform your gender - dress, hairstyle, behavior, mannerisms, communication style, etc.

\*How others interpret your gender based on these things does not necessarily correspond to how you intend to be read

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**Sexual Orientation/Sexuality**

Sexual Attraction	Identity
Behavior	Romantic Attraction
Relationship Structure	Thoughts/Fantasy
	Ace Spectrum

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**What does it mean to be trans and/or non-binary?**

- Other important terms:
- Cisgender
  - Dysphoria

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**Why does gender-affirming healthcare matter?**

- Everyone has a relationship to gender
  - Assumptions and stereotypes are harmful for everyone, both in terms of mental and physical health
- Trans people have particularly bad health outcomes and negative experiences with the medical field
- Those health outcomes aren't inherent to being trans; it's about how other people react

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**Experiences with Healthcare\***

\* Much is unknown about trans people due to research designs that result in issues from data sets

- In the year prior to taking the survey:
  - 33% of those who saw a healthcare provider had at least one negative experience related to being transgender, such as verbal harassment, refused treatment, having to leave providers
  - 23% of respondents did not seek needed healthcare due to fear of being mistreated as a transgender person
  - 33% did not go to a healthcare provider when needed because they could not afford it
  - 25% experienced issues with insurance due to being transgender

-2015 U.S. Transgender Survey (USTS)

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**What do I mean by gender-affirming healthcare?**

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### Goals for Gender-Affirming Healthcare

- Be proactively inclusive
- Don't make assumptions
- Listen
- Center patients as the experts in their experiences
- Be aware of and contribute to dismantling the barriers that trans and/or non-binary people face
- Recognize that you will always have more to learn and work to further your knowledge and understandings
- Provide quality medical care

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### Initial Interactions with a Practice

- Online presence
- Paperwork
  - Fields for legal and chosen names
  - Field for pronouns
  - Choice in honorifics (including none)
  - Collect SOG (sexual orientation and gender identity) data
    - But do it separately - "transgender" is not a sexual orientation!
    - Consider when and where you are collecting this data - do patients know who will see it?
- Waiting room
  - What's there? Who's represented? What types of reading material are there?
  - Who works there?
  - How do staff greet patients?
- Bathrooms

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### Meeting Patients

- Introduce yourself first with your pronouns (practice this!)
  - Pts can be helpful for this too
- Don't use anyone's name before asking how they want to be addressed
  - This works for so many situations!
- Make note of what name and pronouns you should use in what situations
- Remember: pronouns don't necessarily tell you anything about a person's identity
  
- If you struggle with pronouns:
  - Practice! Practice! Practice!
  - Figure out what your hang-ups are

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### Health Histories

- Ask the same basic questions to everyone! And tell them that
  - Including youth and the elderly
- Don't assume anything
- Know why you're asking each question
- Asking about goals and desired care
  
- Bathrooms and voiding behavior

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### Sexual Health Histories

- What do you mean by "are you sexually active?"
  - Be specific!
- Asking sexual orientation doesn't necessarily tell you about behavior
- "Do you sleep with men, women, or both?" is not sufficient
  - Ask about number, identity, and body parts of past partners
- Don't use gendered terms for body parts before asking
- Make sure you find out what body parts are involved in the sex they are having
  - Also find out what else might be used during sex (toys or other objects) and safer sex practices for those

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### Physicals

- Bodies can be ticky things for trans people (but they aren't always. Dysphoria is not required to be trans)
- Being in a medical setting is not giving consent to be touched. Giving consent for one part of a physical is not consent for all
  - Ask and wait for consent. Explain what patients are consenting to
- Don't assume names of body parts - start with words that are as generic as possible (ex. chest, genitals) - come up with these ahead of time/look them up. Practice using them
  - You can ask if there are terms they'd like you to use

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**Check in with your patients**

Every. Single. Time.

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**What happens when you mess up?**  
Because you will.

- Apologize. And then move on.
- In your apology:
  - Take responsibility
  - Don't make excuses for yourself
  - Don't put your patient in a position where they would have to tell you it's okay
- Use it as a reminder that you need to continue practicing and educating yourself

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**Thank you!**

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