

# Gender and Sexual Diversity

2021-2022

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# Statement Honoring the Land on which the University of Washington Stands

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UW Medicine acknowledges the land we occupy today as the traditional home of the Tulalip, Muckleshoot, Duwamish and Suquamish tribal nations. Without them we would not have access to this working, teaching and learning environment. We humbly take the opportunity to thank the original caretakers of this land who are still here.



# Goals and Objectives

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- 1) Appreciate the range of gender diversity and variations in sexual identity.
- 2) Recognize the importance of having both competence from the standpoint of medical knowledge as well as having a culturally informed approach with patients and/or colleagues with life experience and identities that differ from your own.
- 3) Apply trauma-informed principles when providing medical care for patients and be aware that some have experienced trauma in healthcare settings.

# The course of today's discussion:

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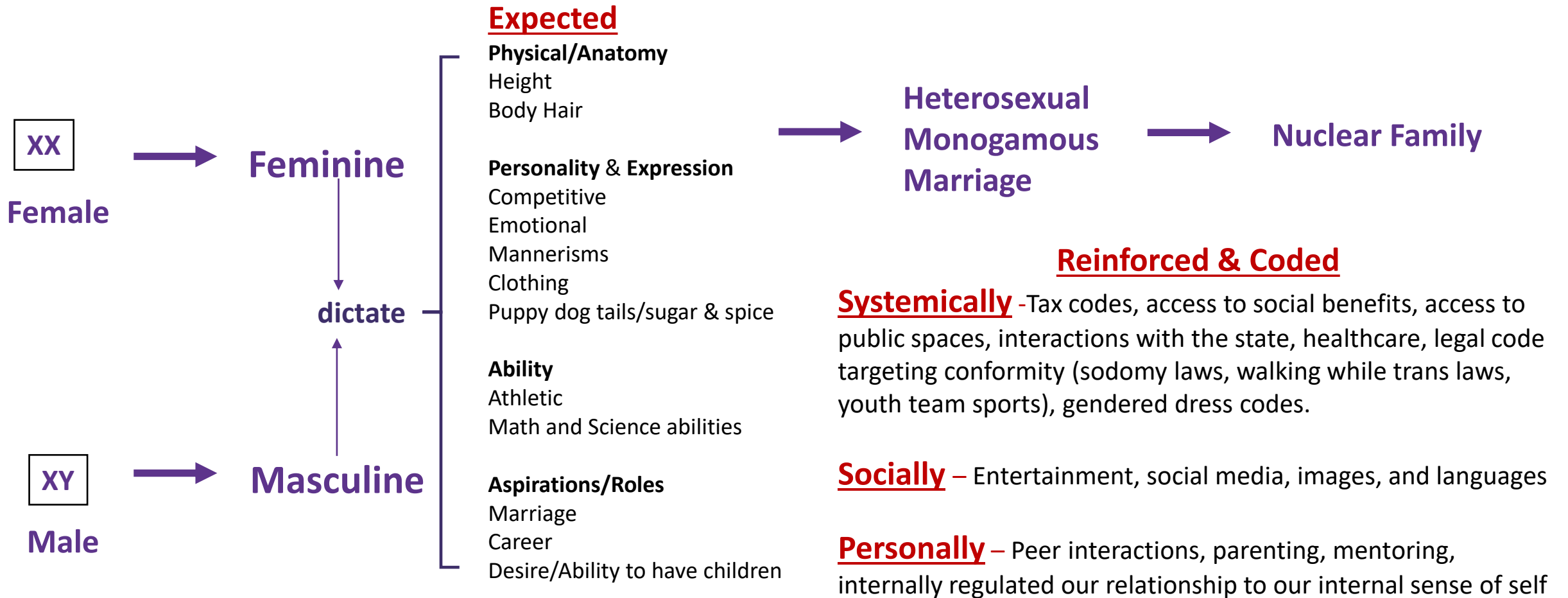
- **A review of terminology & concepts**
- **The healthcare experiences & health disparities affecting LGBTQ+ people**
- **How to have a trauma-informed approach to patients & colleagues**
- **Optimizing interactions with gender & sexually diverse (GSD) patients and colleagues**

What is your earliest memory of being told or realizing that an item or behavior was not “appropriate” for your gender?

(Breakout groups) – 5 Min

# The Danger of Having a Single Story in Society

The danger of a single story\* is that a stereotypical portrayal of people and their lives limits our understanding of others and even our own possibilities. This affects LGBTQ people in powerfully negative ways.

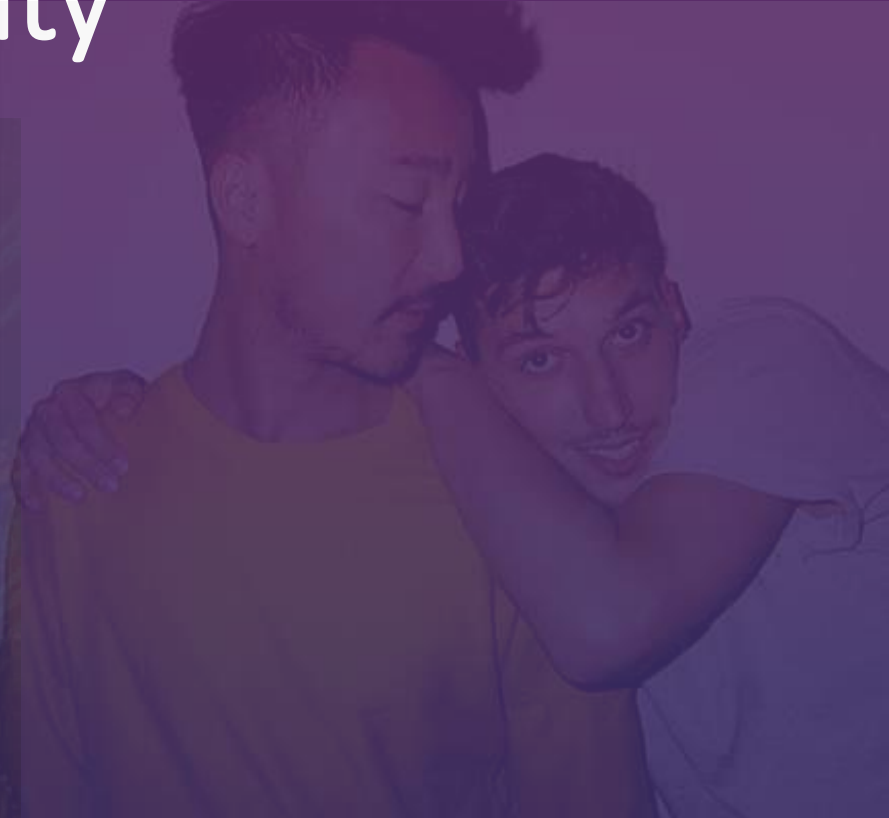
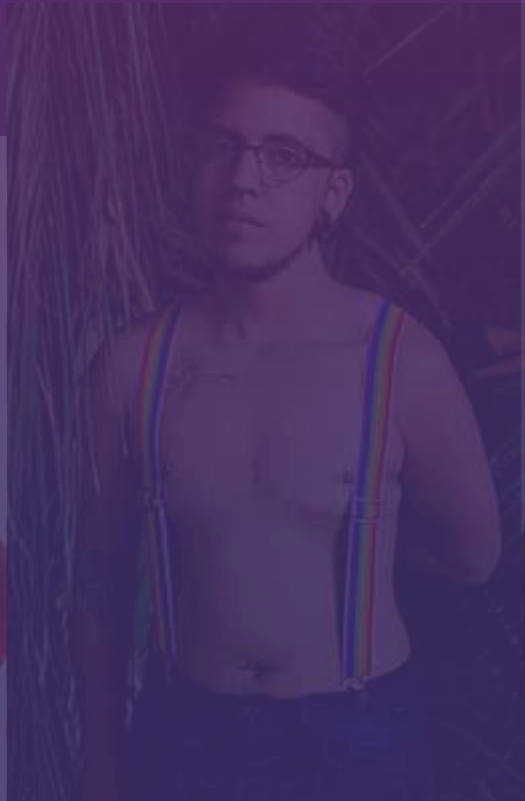


\*Chimamanda Ngozi Adichie - The danger of a single story: [https://www.ted.com/talks/chimamanda\\_ngozi\\_adichie\\_the\\_danger\\_of\\_a\\_single\\_story](https://www.ted.com/talks/chimamanda_ngozi_adichie_the_danger_of_a_single_story)

# Concepts and language that relate to sexual and gender diversity

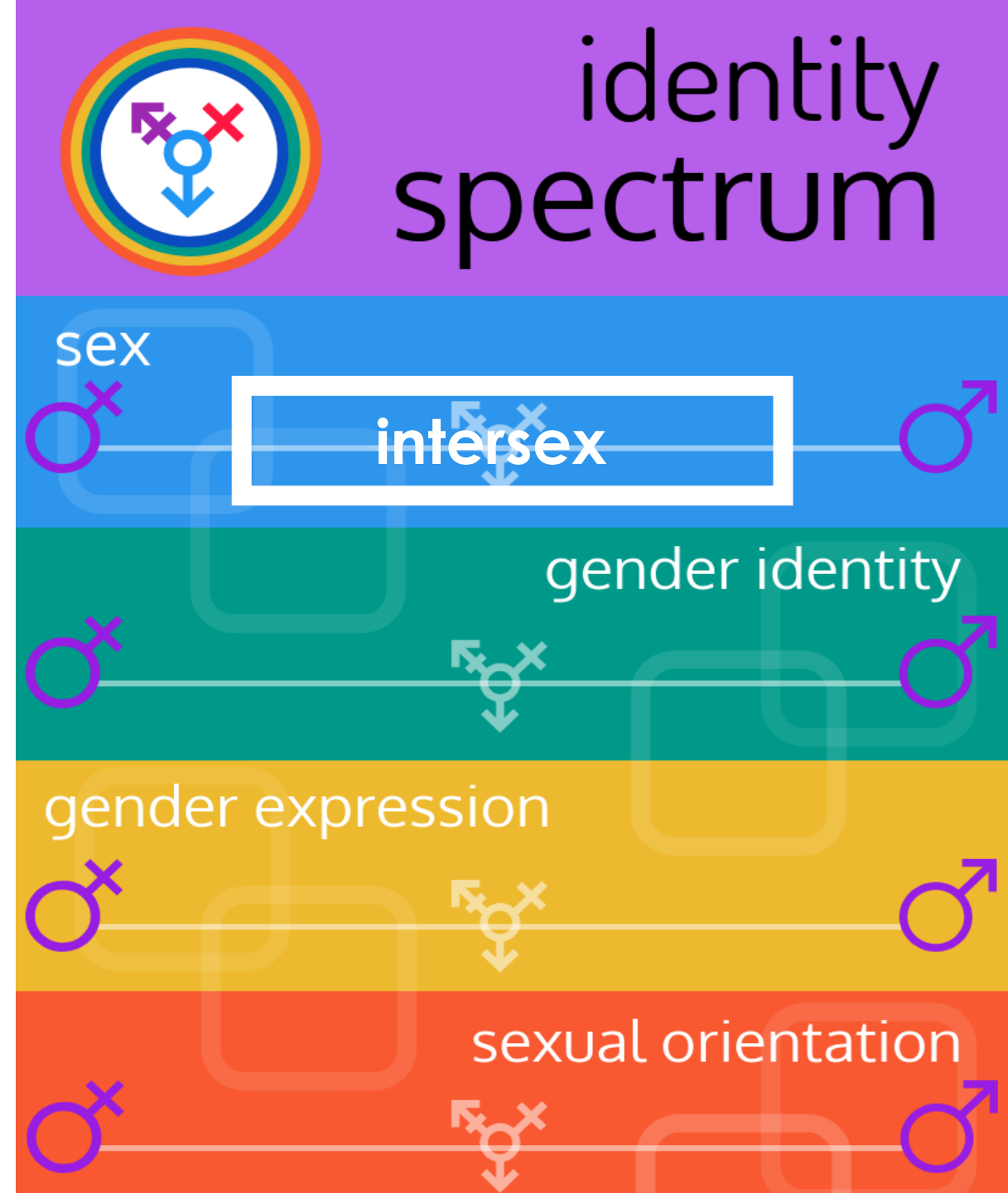


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# Variables in the Equation of Self

- **Sex**: chromosomes, hormones, anatomy; designated at birth
- **Gender identity**: core sense of self, attitudes, emotions, societal role & ways of relating
- **Gender expression**: presentation including clothing, hair, body language, manner, voice



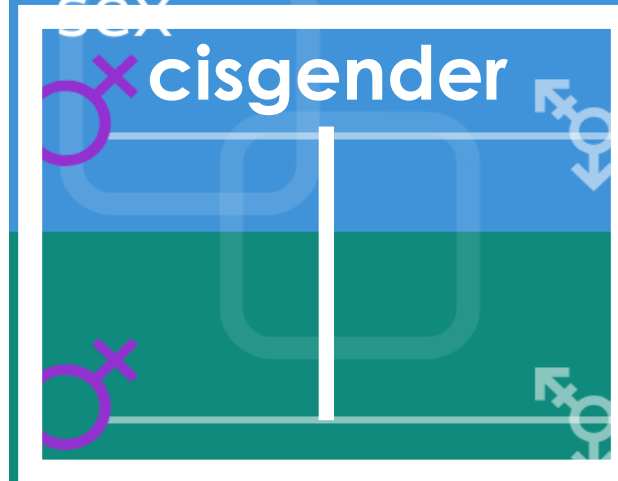


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# identity spectrum

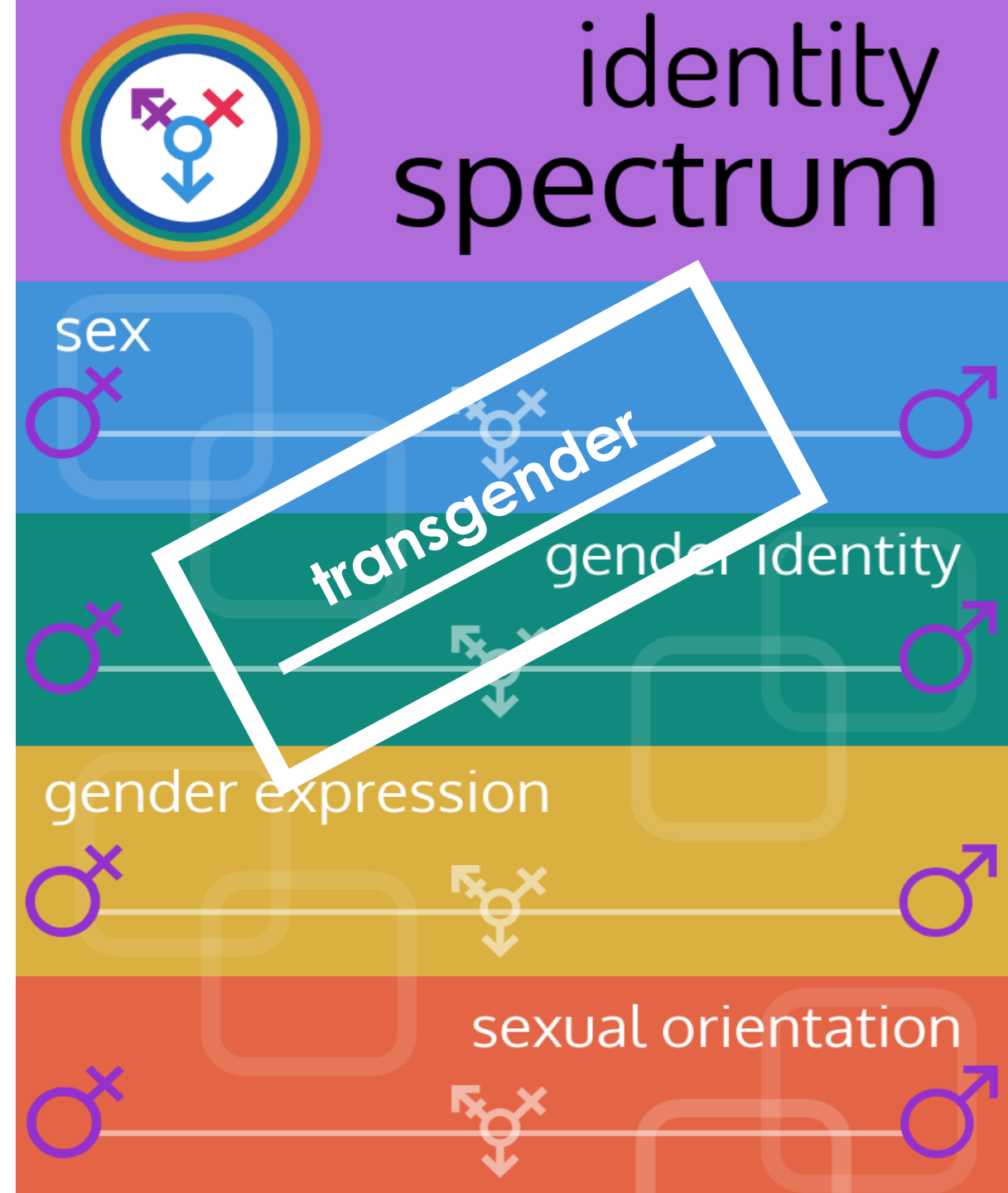


gender expression

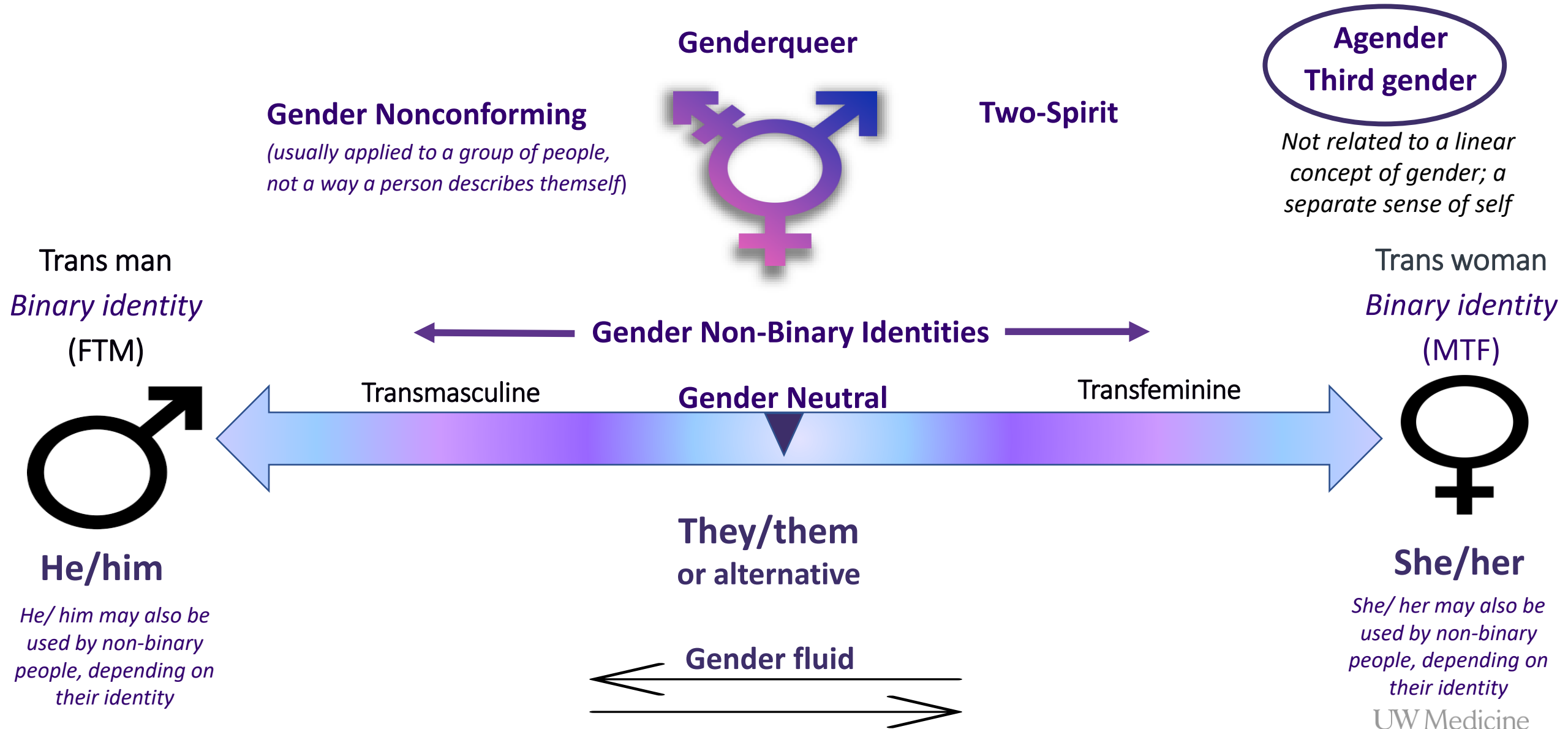
sexual orientation

# Variables in the Equation of Self

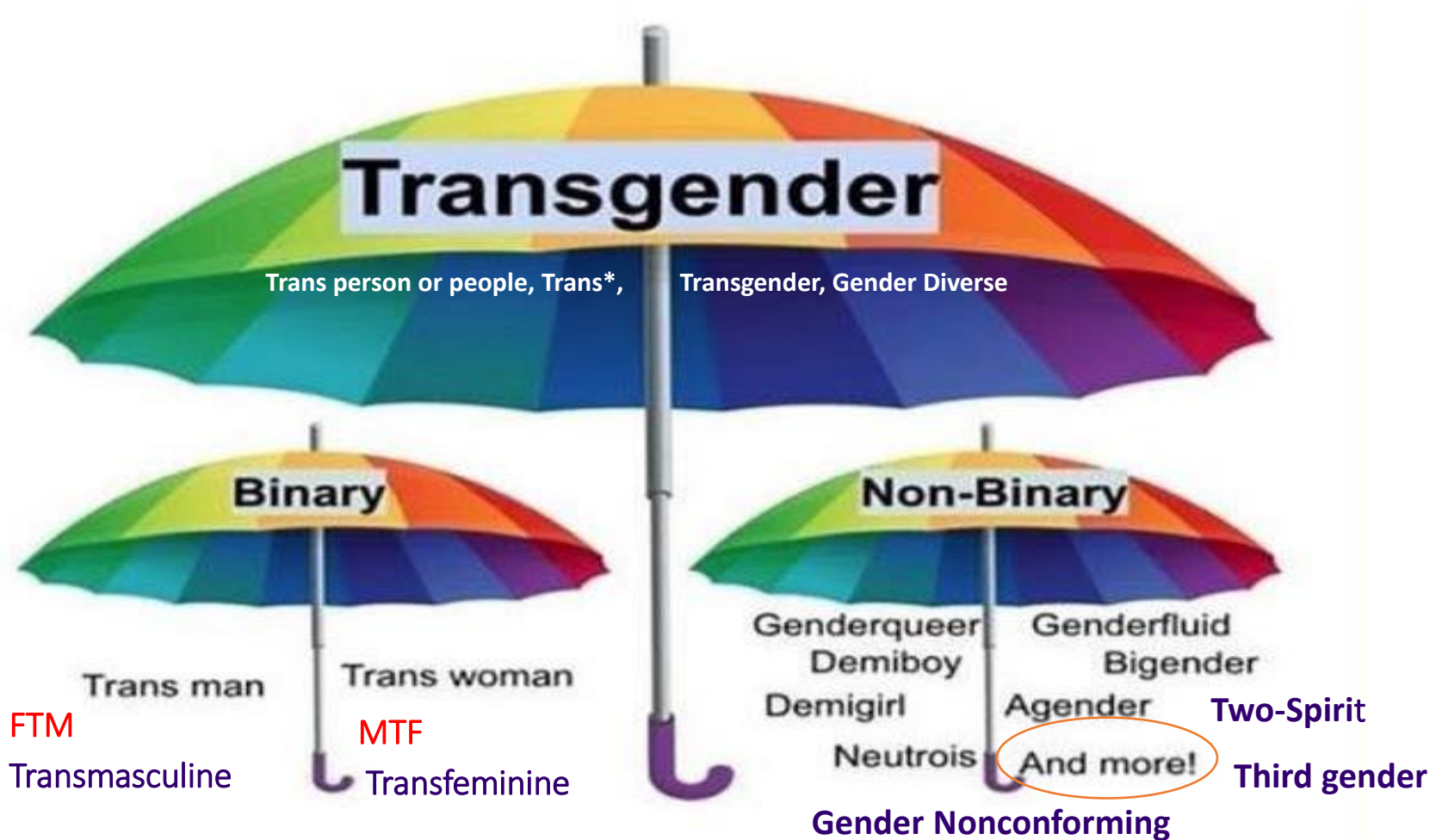
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# Transgender Identities Span a Realm of Possibility



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People who have Variations of Sex Development (VSD) at times have a gender identity not consistent with their gender role or sex assigned at birth

# Gender Non-Binary Identities



## Gender non-binary or genderqueer individuals:

Define their gender as not “either/or” – experience their gender identity as intermediate; **often still identify as transmasculine or transfeminine, but can be gender neutral** – though the last group is a fairly small percentage of individuals



*A gender non-binary identity*

*Is discerned by the person themselves;  
there is no externally applied yardstick*



( positionality is self-determined )



Members of these groups may use **they/them** pronouns

(Non-binary persons may use he or she as well, depending on their identity).

# Terminology to Convey Designated Sex at Birth

**“Assigned Male At Birth” = AMAB**

and

**“Assigned Female At Birth” = AFAB**

are terms used to convey the gender assigned to an infant based on anatomy

# Language Used to Convey Identity

## Female Identified (if binary identity)

Transgender woman / **trans woman** / **transfeminine**  
/ woman / woman of trans experience

Memory device:

**Trans woman = transitioning => womanhood**

## Male Identified (if binary identity)

Transgender man / **trans man** / **transmasculine** /  
man / man of trans experience

# Conceptual Language Related to the Lived Experiences of Gender Diverse People

**Misgendered**: being attributed the wrong gender despite changing presentation to align with congruent gender; the converse is “passing”

**Gender affirming**: surgery, medication or approach to care that recognizes and supports the patient’s gender identity

**Dysphoria**: profound sense of unease or distress; can be accompanied by depression & anxiety

**Dysmorphia**: sometimes intense discomfort with a body part or feature





# Social Transition

## “Coming out”



- Disclosing gender identity to different circles: family, friends, coworkers, etc.
- Asking others to use apt pronouns
- Name change (not always)
- Changing drivers license
- Changing sex designated on birth certificate

# Physical Transition



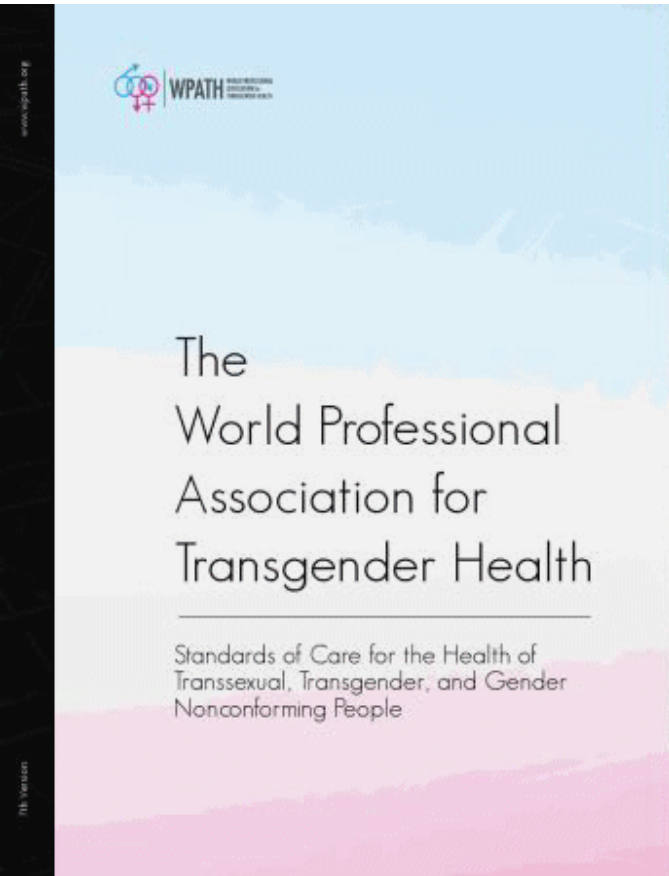
## Modifying gender expression

- Clothes
- Hair
- Make up
- Manner
- Voice
- Electrolysis / laser for hair removal

# Medical Transition

## Gender Affirming Care with medical and surgical services

- Hormone Replacement Therapy (HRT)
- Chest/Breast “top” surgeries
- Genital reconstruction and gonadectomy “bottom” surgeries
- Vocal pitch surgery
- Gender affirming facial surgery



# There Is No One Way to Be Transgender or Gender Diverse

- Some trans people don't pursue surgical or medical interventions
- Some are unable to safely express their gender at work, school, home or public
- Some express their gender in non-traditional ways
- Gender is a journey and one's identity and expression can change and evolve



# We Have Many TGNB People Under Our Care

## — Transgender and Gender Non-Binary (TGNB) People

- There are approximately **1.4 million trans adults** in the U.S.
- There are an estimated **35,950** trans identified adults and youth in Washington
- UW Medicine has over
  - **6,102** TGNB identified patients
  - **6,500** TGNB encounters (4/19 – 4/20), **UWMC saw 2,251**
  - **400** referrals for TGNB related health care (since August 2018), **UWMC - 118**
- HMC/UWMC logged **1,053 ED** visits (9/18 -9/21)

# Variables in the Equation of Self

Sexual orientation is an entirely different characteristic but also exists on a spectrum



# identity spectrum

sex



gender identity



gender expression



sexual orientation



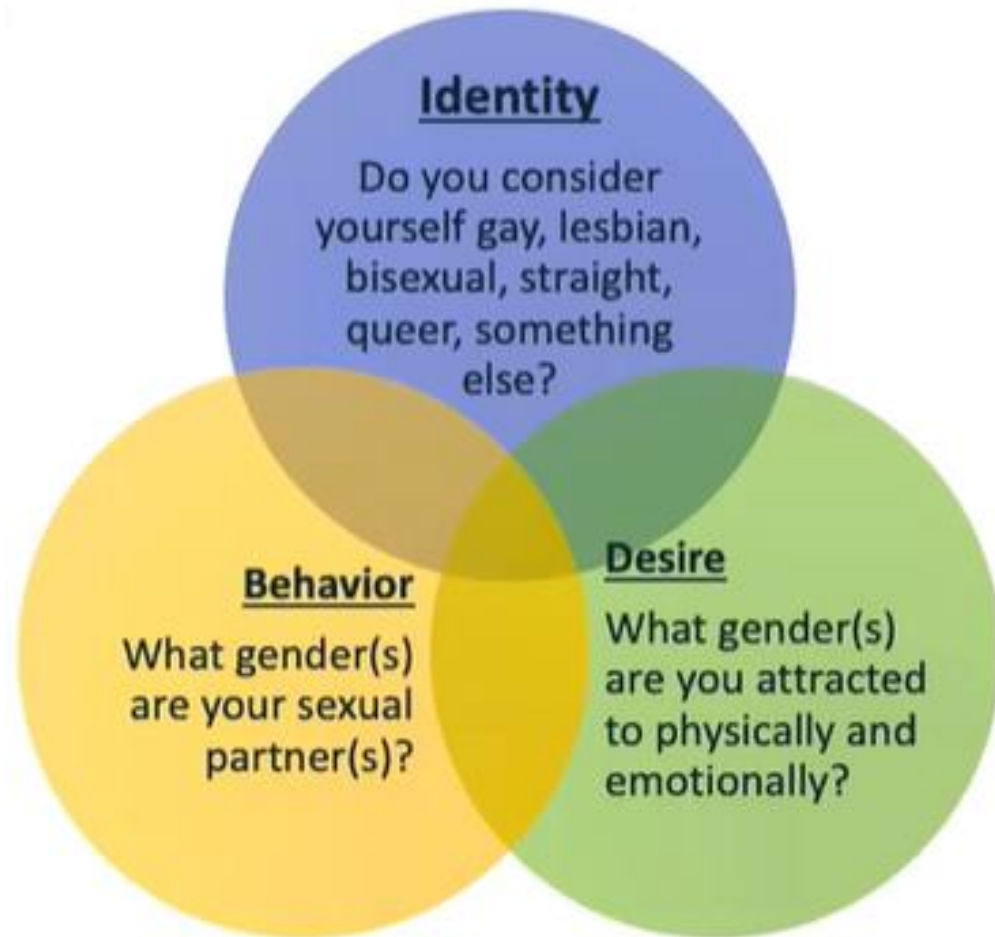
# Who Fits the Criteria for Being Sexually Diverse?

Those who are lesbian, gay, bisexual, queer, pansexual\*, asexual or have same sex sexual partners

The sexual diversity category includes both cisgender & transgender individuals: The **sexual orientation of a trans person is in respect to the gender with which they identify**, not sex assigned at birth.

\***Pansexual**: a person with sexual desire or attraction that is not limited to any particular gender identity or sexual orientation

# Sexual Orientation: Identity, Behavior and/or Attraction



## Identity $\neq$ behavior

This is important to bear in mind in clinical care, as some people who identify as heterosexual still may have same sex behavior. They share many of the health risks, including those from maladaptive coping mechanisms.

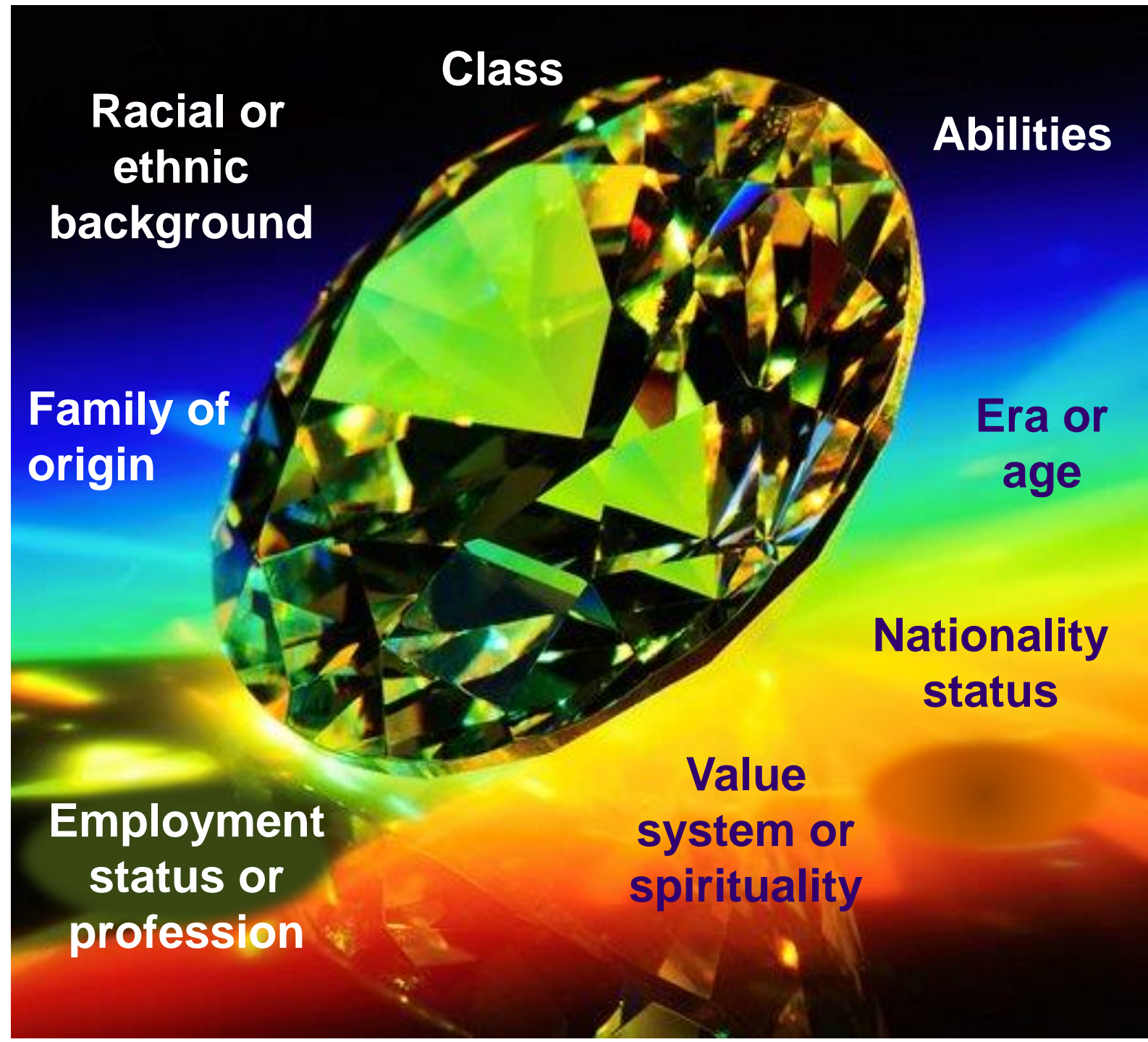


*Bear in mind . .*

**Each LGBTQAI2S+ person has  
their own story & circumstances**

*. . but all have been shaped by societal  
responses to their identity*

**We are all  
multifaceted:**  
*we carry forward  
our earlier life  
identities and  
experiences*



**Class**

**Racial or  
ethnic  
background**

**Abilities**

**Family of  
origin**

**Era or  
age**

**Nationality  
status**

**Employment  
status or  
profession**

**Value  
system or  
spirituality**

# Thought experiment:

*How has where you grew up and your family shaped you?*

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# Thought experiment:

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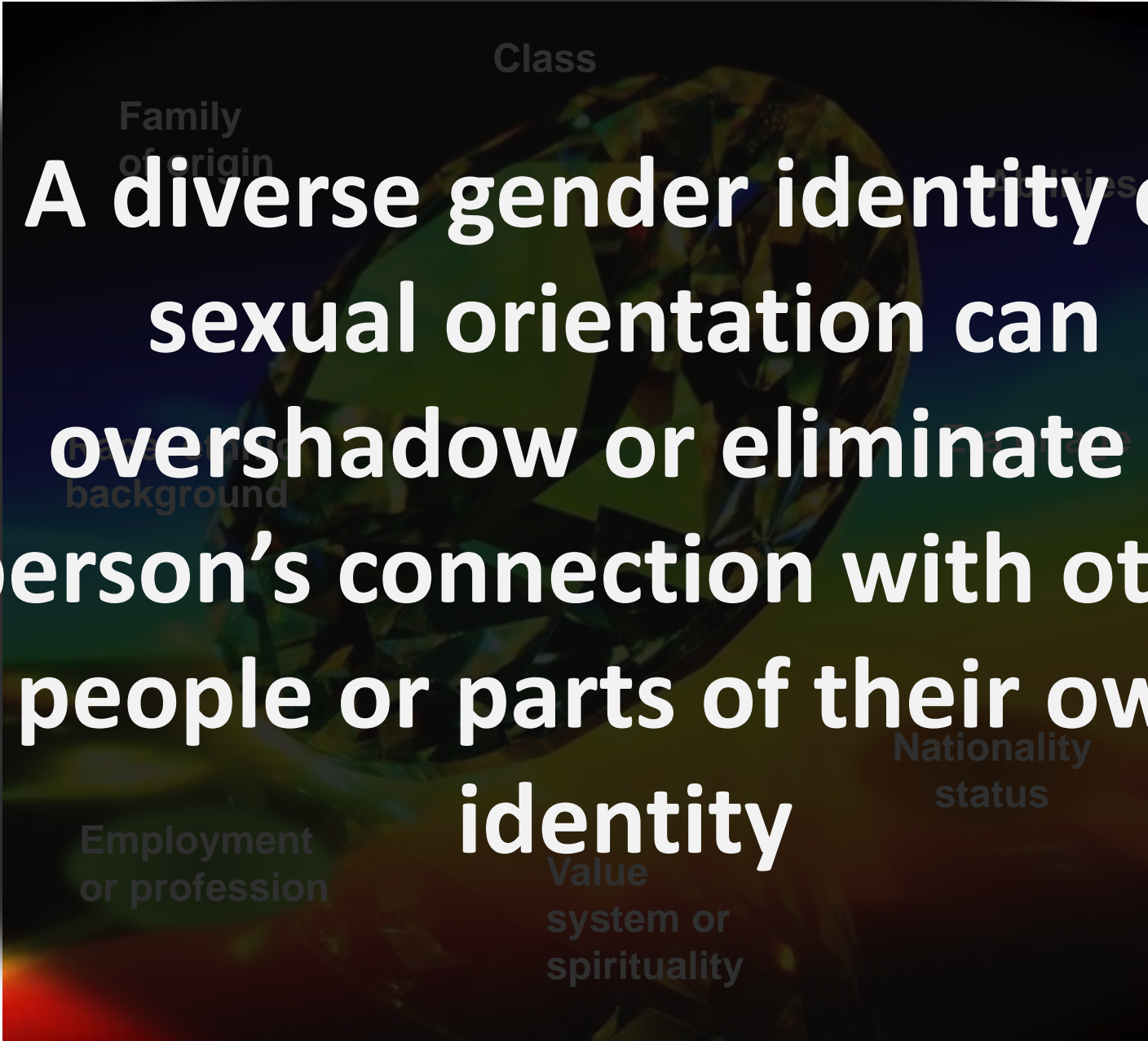
*Which identities most define you now?*

We are all multifaceted:



But what if almost all of those facets were overshadowed by one single other facet of your self?

We are all multifaceted:

A large, multi-faceted diamond is the central focus, set against a dark, gradient background. The diamond's facets are labeled with various identity factors in a light, semi-transparent font. The main text is overlaid on the diamond in a large, bold, white font. The labels include: 'Class' at the top; 'Family of origin' on the left; 'Nationality status' on the right; 'Employment or profession' at the bottom left; and 'Value system or spirituality' at the bottom center. The diamond's facets are arranged in a complex, geometric pattern, symbolizing the multifaceted nature of human identity.

**A diverse gender identity or sexual orientation can overshadow or eliminate a person's connection with other people or parts of their own identity**

# Break out group:

If you had come out as a gender or sexually diverse when you were a youth, what part of your life or relationships would be very different or lost?

- *Would you have lost your immediate family? Your extended one? Your spiritual community? Your friends?*
- *Would you have had the same career opportunities? Could you have had kids? Would you have the same safety walking down the street?*
- **Or** - *do you even know? Many non-LGBTQ people would not.*

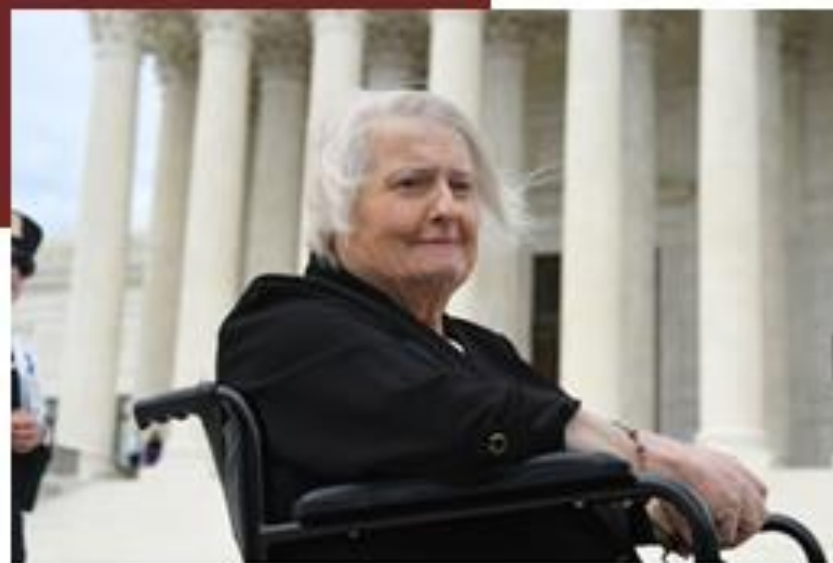
# What Gender & Sexually Diverse People Have in Common

## The Supreme Court's LGBTQ Decision Will Have Huge Impacts For Those In States With No Prior Protections

It was estimated last year that half of all LGBTQ Americans lived in states where they had no legal protections from workplace discrimination. Not anymore.

Posted on June 15, 2020

*National legislation seeking to accomplish this has been put forward every year since 1994 except for one, but never passed.*



Transgender activist James Stephens sits outside the Supreme Court on Oct. 8 as the court holds oral arguments in case...



# What These Groups Don't Have in Common

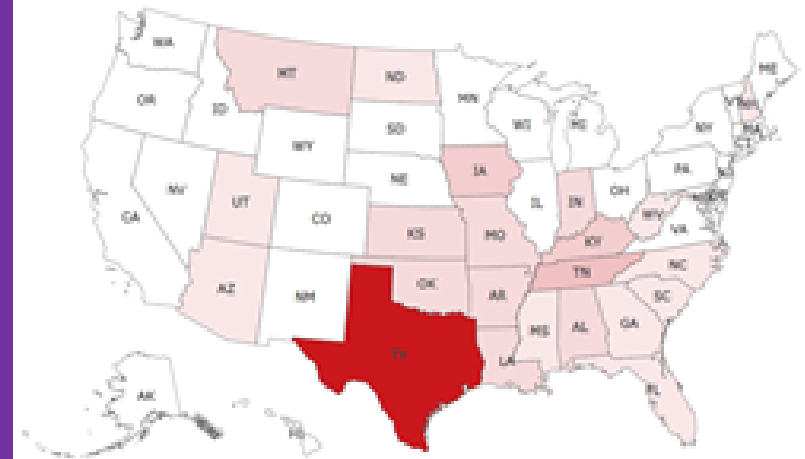
**Gender diverse people are still the target of the most discrimination:**

## This record-breaking year for anti-transgender legislation would affect minors the most

By Priya Krishnakumar, CNN

Updated 9:46 AM ET, Thu April 15, 2021

**(CNN)** — Thirty-three states have introduced more than 100 bills that aim to curb the rights of transgender people across the country, with advocacy groups calling 2021 a record-breaking year for such legislation. Many of these bills are rapidly making their way through state legislatures. On April 6, Arkansas became the first state to outlaw providing gender-affirming treatment to minors, a move that the American Civil Liberties Union said would "[send a terrible and heartbreaking message](#)" to transgender youth across the country.



**States where anti-transgender medical care bans that have been filed in 2021**

# Why Is This Topic Important?

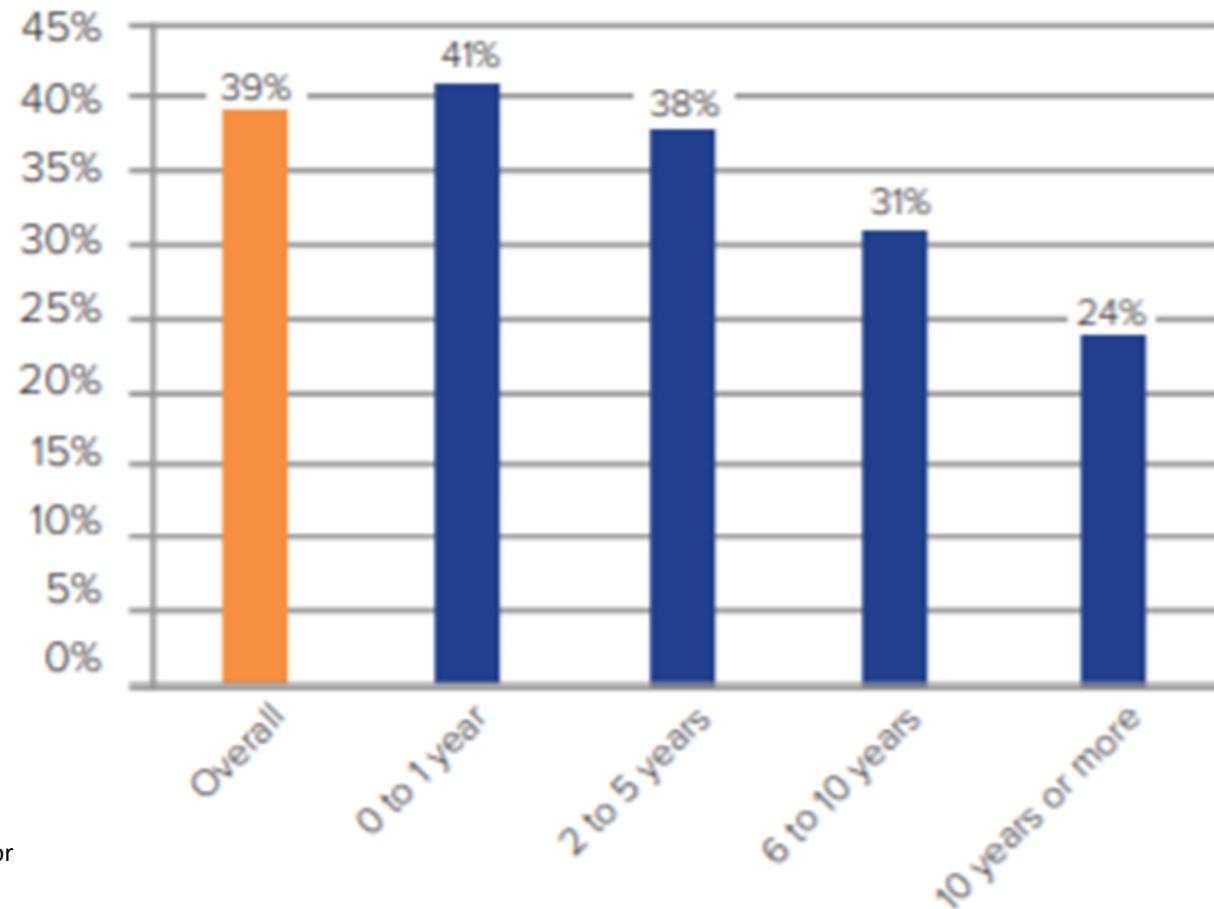
- **Gender & sexually diverse people are in every clinic or hospital room, classroom, study with human subjects & workplace**
- **Health disparities are significant**, sometimes breathtaking
- **Barriers to care are formidable**, signaling a need for better access
- **There is specific medical information to know**
- **And what we do makes a difference!**

# Changing Our Approach Improves Outcomes

From the 2015 US  
Transgender Survey  
N=27,715

Gender affirming care  
decreases serious  
psychological distress

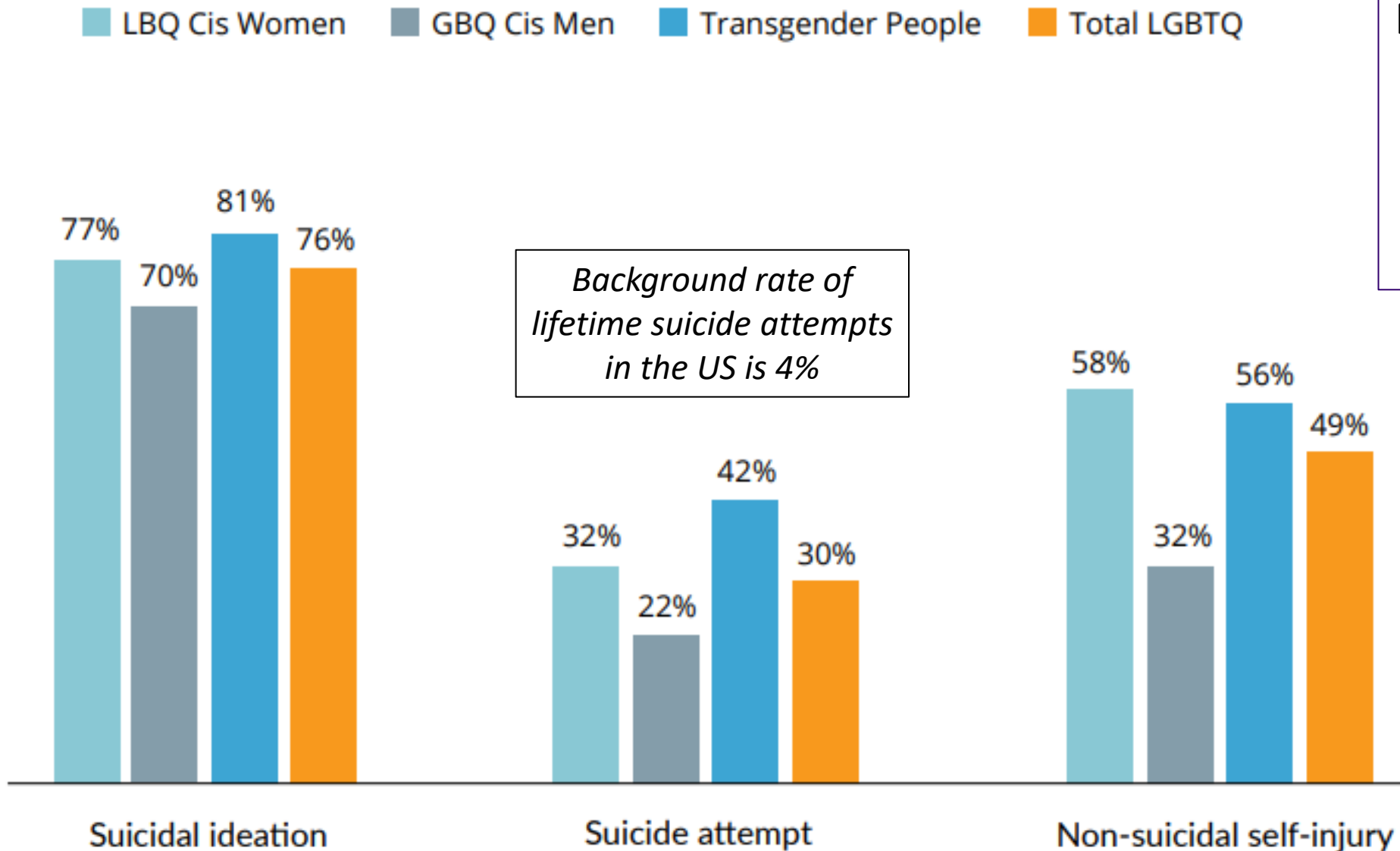
Figure 7.24: Currently experiencing serious psychological distress  
YEARS SINCE BEGAN TRANSITIONING (%)



# Health Disparities for Sexual and Gender Diverse Populations



# LGBTQ People in the US: Findings from the Generations & TransPop Studies



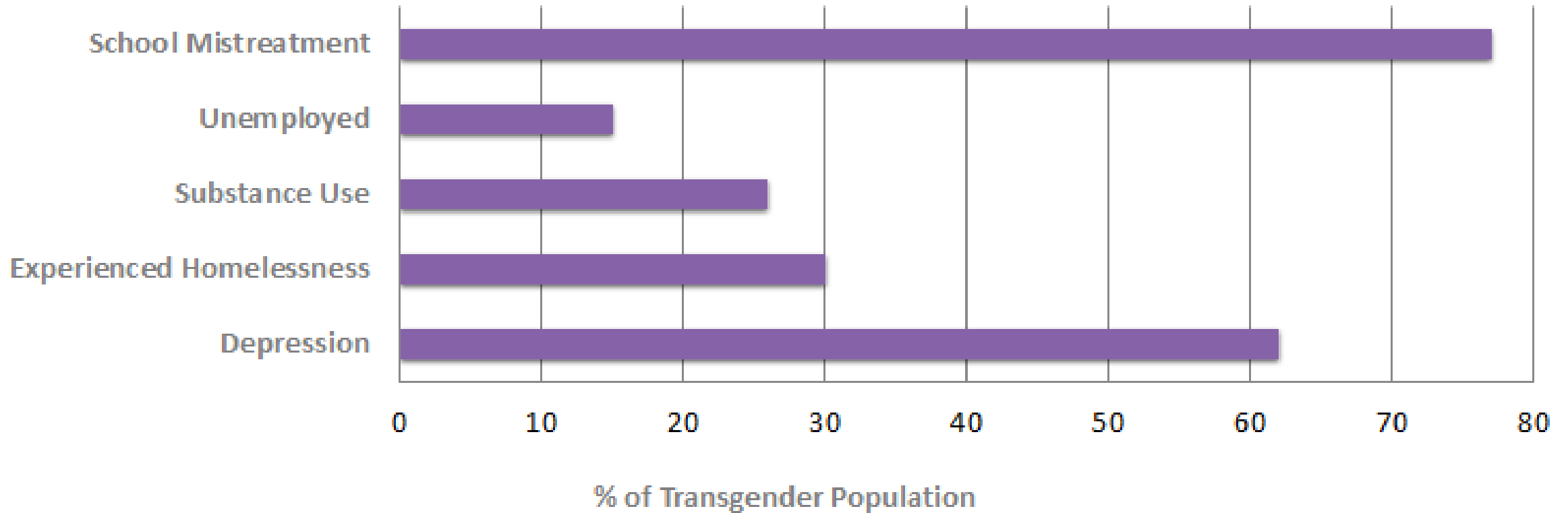
## Frequency of Lifetime Suicidal Ideation, Suicide Attempt & Non-suicidal Self Injury

- Information is from the Generations & the TransPop Studies
- Both studies were done concurrently 2016-2018
- Both were done by Gallup in a nationwide sample

Center for American Progress Source: Ilan H. Meyer, "TransPop, United States, 2016-2018" (Los Angeles: University of California, Los Angeles, Williams Institute, 2021)

# TGNB People Experience Mistreatment & Discrimination with Profound Effects on Their Opportunities & Safety Net

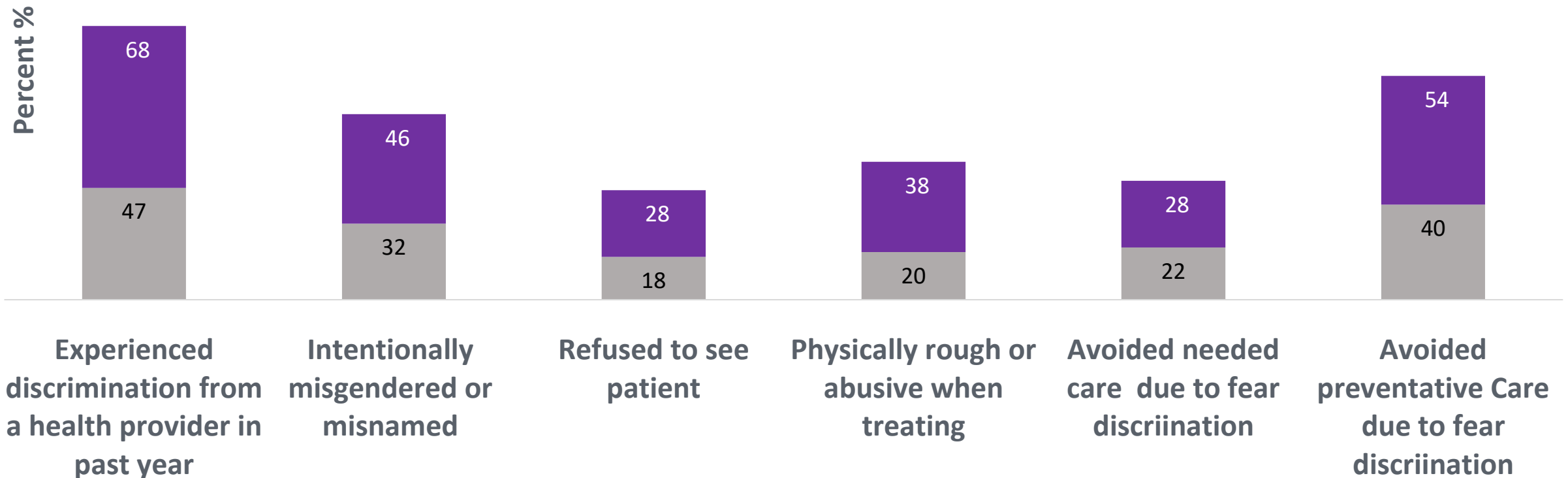
**2015 U.S. NCTE Transgender Survey**  
(n=27,715)



# TGNB Healthcare Experiences at the Intersection of Race & Gender Identity

Intersectionality: A means of examining the lives of individuals who are affected by overlapping, disadvantaged identities. It illumines the compounded effects of marginalization

## TGNB Healthcare Experiences TransPop, United States, 2016-2018 (n=1,436)



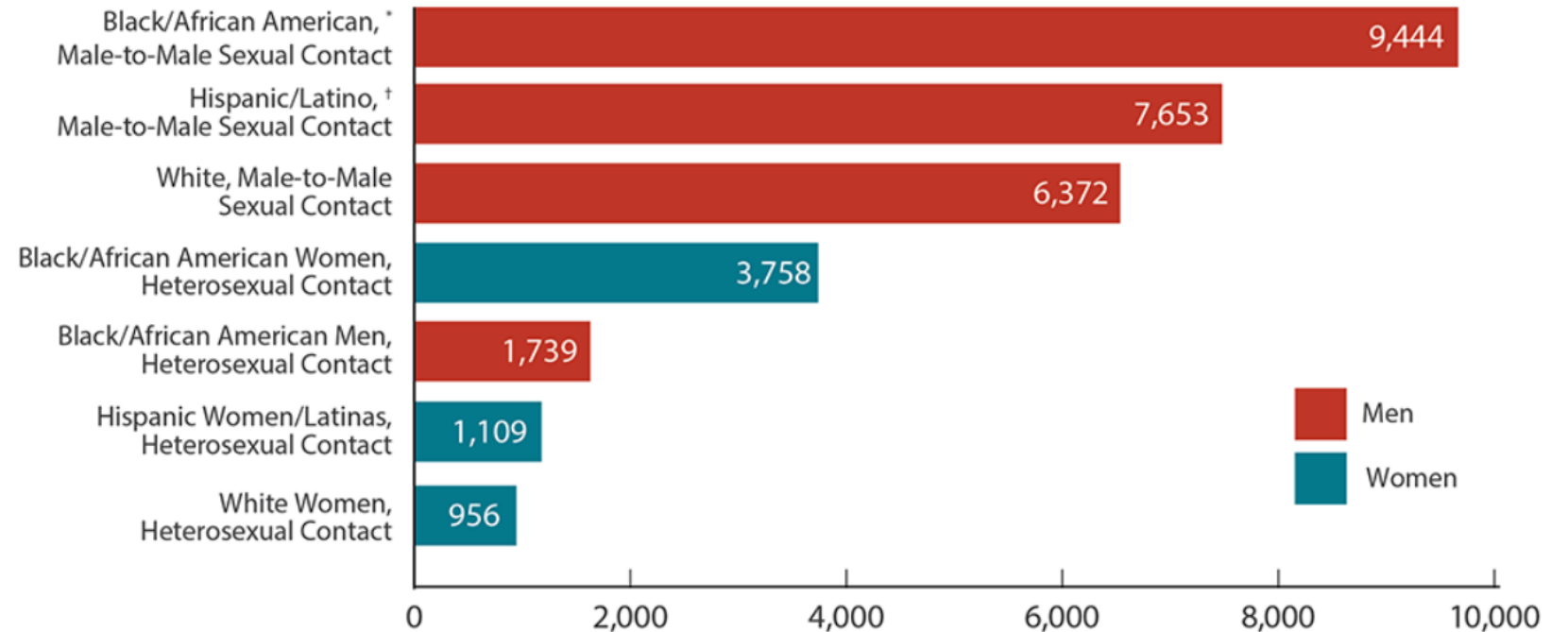
# HIV At the Intersections: MSM and Race

**People who are BIPOC are significantly over-represented in HIV infection incidence**

Blacks/African Americans:  
42% of new HIV diagnoses;  
13% of the population

Hispanics/Latinos:  
27% of new HIV diagnoses;  
18% of the population

New HIV Diagnoses in the US and Dependent Areas for the Most-Affected Subpopulations, 2018



\* *Black* refers to people having origins in any of the black racial groups of Africa. *African American* is a term often used for Americans of African descent with ancestry in North America.

† Hispanics/Latinos can be of any race.

Subpopulations representing 2% or less of all people who received an HIV diagnosis in 2018 are not represented in this chart.

Source: CDC. Diagnoses of HIV infection in the United States and dependent areas, 2018 (updated). *HIV Surveillance Report* 2020:31.

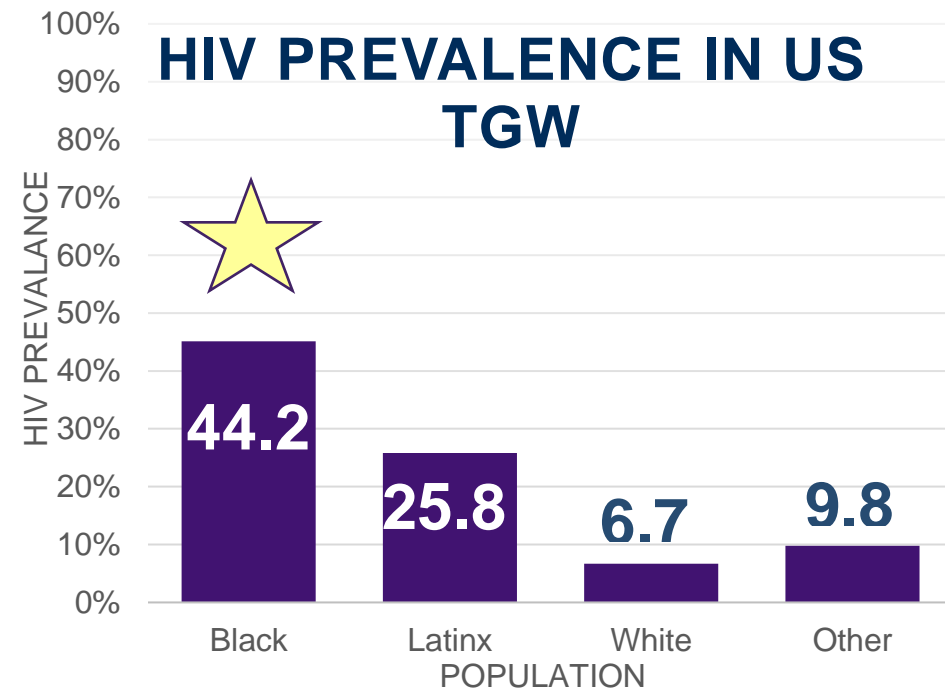


# HIV At the Intersections: Trans Women and Race

## Estimated Prevalence of HIV & Sexual Behaviors in US Trans Population: A Systematic Review & Meta-Analysis, 2006-2017

### Meta-Analysis of 88 total studies

- **HIV prevalence**
  - **14.3%** transwomen
  - **3.2%** transmen
- **Sex work**
  - **38%** transwomen
  - **13%** transmen



# Microaggressions Against Gender & Sexually Diverse People

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**Microaggressions** – Verbal, behavioral, and environmental forms of discrimination that disparage and oppress

# Unconscious Microaggressions

Two common manifestations often perpetrated unconsciously or without intent:

**Microinvalidations** – communications or environments that exclude, negate or nullify a person's identity or feelings

**Microinsults** – rude or insensitive behavior or comments that transmit negative stereotypes or messaging about a person's minority identity

- *Which of you is her real mother?*
- *Are you going to have the surgery?*
- *I would have never guessed you were gay!*
- *Are you going to start dressing more masculine since you have come out?*
- *Are you sure you aren't just confused (non-binary, pansexual, etc.)?*
- *Oh, you're a gay man and you're married?*

# Themes of LGBTQ Microaggressions

Types of microaggressions inflicted, knowingly or not, on LGBTQ persons:

- Assuming certain attributes or interests
- Using insensitive humor on sensitive subjects
- Invading sexual or body privacy
- Declining to use correct name or pronouns

If you witness someone being misgendered or deadnamed, speak up: “*The patient’s name is Jess, not Brian.*”

If you were thus informed: Please thank the person who did so

# Unconscious Bias Against Gender & Sexually Diverse People

Unconscious, or implicit, bias: the tendency to process information based on unconscious associations & feelings, even when these are contrary to one's conscious or declared beliefs

# Countering Implicit Bias

## Implicit bias:

- Is under our own radar
- **Stems from stereotypes we have passively absorbed**
- Infers people are defined by or reduced to their sexual orientation / gender identity

## Addressing unconscious bias:

- Deliberate on admissions or hiring; **slow thinking** is less prone to bias than fast
- **Actively imagine the viewpoint or life experience of another**
- If you recognize a bias, **seek counter-examples** to serve as an antidote
- Create a way to think of someone as being in your ingroup, even if they don't apparently fit in that category at first glance
- **Discerning the source of a stereotype can disempower it**



“personally know a trans person”

Laverne Cox citing a statistic from GLAAD



In the absence of personal experience, **horrific stereotypes that have been projected onto transgender people in film have undue influence on a person's subconscious.**

*These fabrications were perpetuated from DH Griffith to Hitchcock to Jim Carey to now*

These baseless projections portrayed gender diverse people as laughable, violent or subhuman, potentiating their maltreatment. The narrative that trans people are dangerous has enabled bathroom prohibitions; there is no instance of a transgender person harming anyone in this setting.



The good news is that implicit bias can change in a population in a fairly short time:

In Jan 2019 the researchers of the Harvard Implicit Bias Study published results from their online test results 2007-2016, which showed:

- a **33%** decrease in bias based on sexual orientation
- a **17%** decrease in bias based on race

This changed significantly across all age groups, suggesting a larger societal shift.





# A Trauma Informed Approach

To Patients, Trainees & Colleagues

# Trauma in Medical Settings



Experiencing serious illness is traumatic. Seeking medical care is stressful, especially if it is perceived to be a hostile environment. When patients become upset by what seems to be a minimal slight or inconvenience we ask -



# Why Is This Person So Reactive?

Be sensitive to the fact that some GSD patients **have undergone trauma in a similar setting**, which informs their response

Consider “**What happened to this person?**” instead of “What is wrong with this patient or student for acting this way?”

Recognizing a **history of trauma** helps us avoid evoking it



*Imagine a veteran with PTSD going to 4<sup>th</sup> of July fireworks*



# Why Is This Person So Reactive?

We see a clinic



but to a patient it may appear  
as a potential minefield

***Enhance a person's sense of safety***

# How Does Trauma Informed Care Help?



## Trauma → Remedy

Life threatening/  
identity diminishing

Life & identity  
affirming

Lack of control  
Coercive environment

Empowered  
Shared decision-making  
Respect the patient's choices

Unpredictable  
environment

Transparent processes  
Safety emphasized  
Options explained

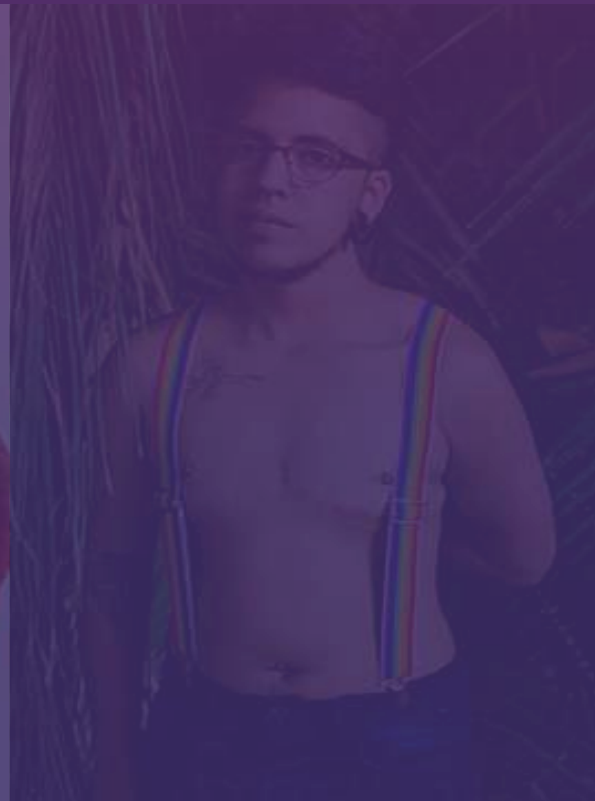
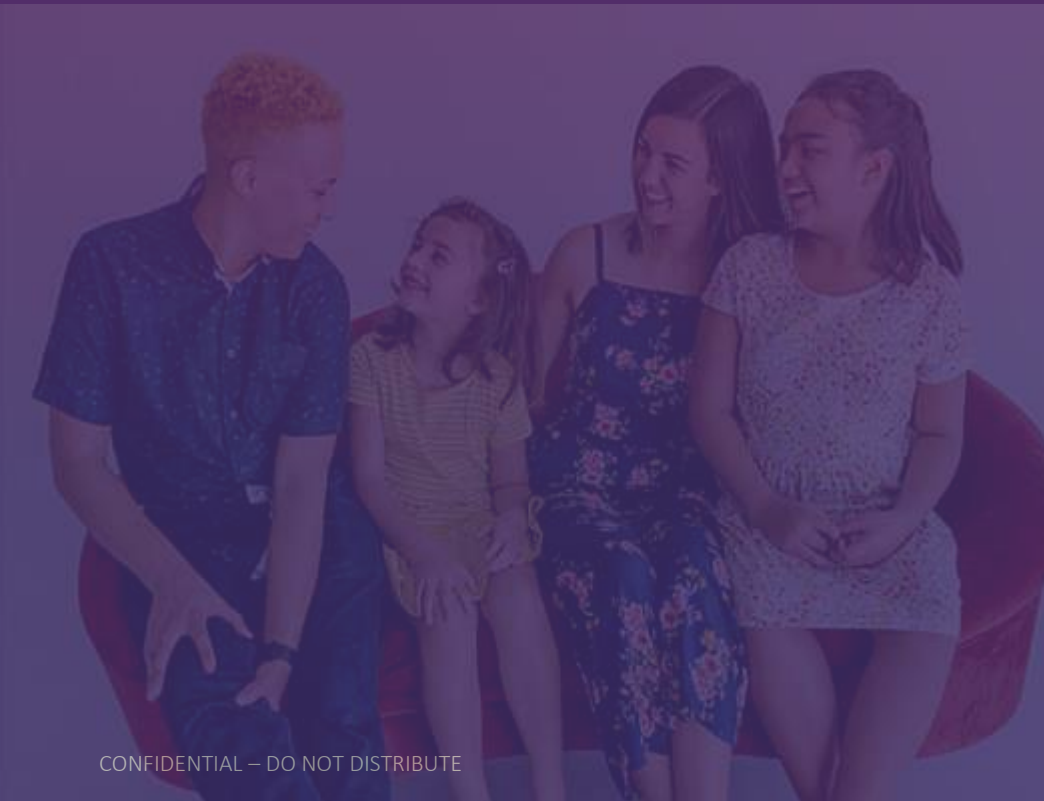
# A Trauma Informed Approach Includes:

- **Eliciting**, rather than assuming, **the needs of the person**  
*A man who has sex with men should not be presumed be at risk of STIs*
- **Using the person's language** or terms that are easily understood  
*Use the language the patient does for their anatomy*
- **Striving to be culturally appropriate & informed**  
*There is a rich variety of experiences across the LGBTQ+ community, remember the “single story” narrative.*
- **Explaining options and how a process works**  
*This is a best practice for all patients: first this, then what next steps might be. Encourage questions.*

# A Trauma Informed Approach Includes:

- **Acknowledging trauma or losses**
- **Acting in a respectful manner** *Use current name & pronoun*
- **Being conscious of tone of voice & body language**
- **Try to resist the urge to interrupt!**
- **Recognizing that a history of trauma is common, even if not documented**  
*If a person withdraws or becomes restless or irritable, consider decreasing your volume or intensity of manner; perhaps ask if anything would make the visit more comfortable*

# Optimizing interactions with gender & sexually diverse colleagues, learners & patients







## Regarding our students

- This is a key civil rights issue of this generation
- Awareness is in their DNA, due to a changing social climate, so they can't fathom unawareness in others
- Many have these identities but can be invisible, so bias exhibited by faculty & peers may be experienced in an unfiltered way
- As they are lower in the hierarchy & their futures depend on evaluations, experienced or feared bias causes stress



## Regarding coworkers

- Be aware even people you know well may not reveal they are LGBTQ to you
- Do I avoid assumptions?
  - *“What does your husband do?”*
  - *“Are you looking forward to spending time with family at the holidays?”*
- Do I avoid comments or jokes about sexually or gender diverse people?
- Does “compatibility” just mean this candidate is similar to others already working this department?

# Pronouns Matter!

What pronouns do you use?



Always use a person's affirmed name & pronoun...

- ✓ Even if you feel uncomfortable
- ✓ Even if they aren't close enough to hear you
- ✓ And always in the chart notes

Some trans or non-binary people use more than one pronoun (ex. she/they, they/he, they/zir, etc.)

**Use they/them if you aren't sure!**

# Have an Affirming Approach to LGBTQ Patients, Learners or Colleagues

- **Avoid "Sir", "Ms." or other gendered titles**
- **Double check name: "How do you like to be addressed?"**
- **Ask about pronouns;** wearing a pronoun identification shows you are aware
- **Ask about relationships; don't assume sexual orientation or family structure.** "Who is in your immediate family?"
- **Keep the focus to what is relevant to the visit or discussion – don't ask about future plans for transitioning or anything you wouldn't ask a cis or straight person**
- Even in a learning environment, **the patient should have just one exam if a sensitive area**



***Cultural humility – approaching a person without preconceptions***

# Mistakes Will Happen, So Plan a Recovery

**If you make a mistake with someone's name or pronoun:**

- don't dwell
- own it
- correct it
- learn from it
- move on!

***Otherwise, the patient has to take care of your feelings***



When a patient lets you know of one, say **“Thank you for reminding (or informing) me”**

If you are unsure of yourself, make a repair before you start:

**“Please correct me if I make a mistake with your name or pronouns”**

# Inclusive Communication


Use a pronoun in your email/Zoom signature, on your first slide & on badge

**First and Last Name**

**Title Name**  
Department Name | **UW Medicine**  
000 Republican St. | Box 000000 | City, State 00000-0000  
OFFICE: 000.000.0000 FAX: 000.000.0000 CELL: 000.000.0000  
EMAIL: [uwmedicine.email@uw.edu](mailto:uwmedicine.email@uw.edu) WEB: [uwmedicine.org](http://uwmedicine.org)

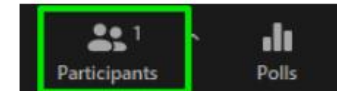
f Instagram Twitter YouTube LinkedIn

**Pronouns** | He, Him, His  
Same distance as the space between icons and pronouns



## How to Change your Name in Zoom

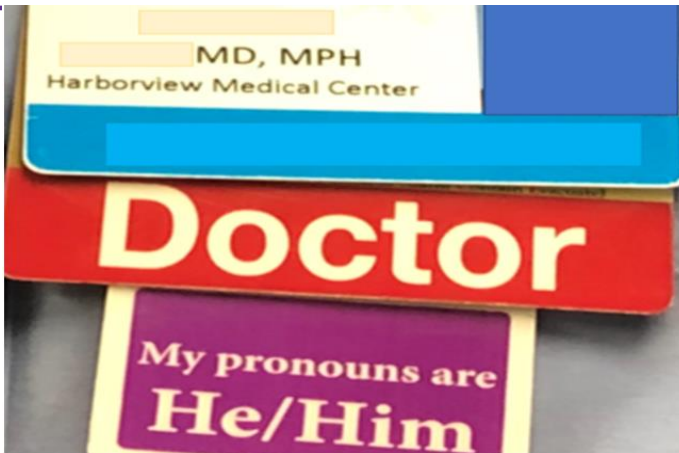
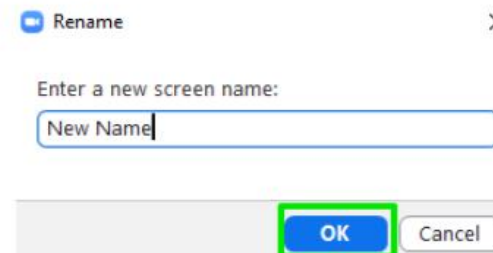
1.) To change your name after entering a Zoom meeting, click on the “Participants” button at the top of the Zoom window.



2.) Next, hover your mouse over your name in the “Participants” list on the right side of the Zoom window. Click on “Rename”.



3.) Enter the name you’d like to appear in the Zoom meeting and click on “OK”.



Badge buddies will be made available

# Using the Epic Sexual Orientation & Gender Identity Smartform

Cynthia May "Cinny"  
Female ⓘ, 30 y.o., 1/23/1991  
Pronouns: she/her/hers  
MRN: 72105820  
Bed: 721-02  
Code: FULL (no ACP docs)  
Patient Class: Inpatient  
Coding Query: None

## Gender Identity SmartForm

### Sexuality

Patient's sexual orientation:

Lesbian or Gay

Straight (not lesbian or gay)

Bisexual

Something else

Don't know

Choose not to disclose

### Gender Identity

Autofill with default responses for:

female

male

Patient's gender identity:

Female

Male

Transgender Female / Male-to-Female

Transgender Male / Female-to-Male

Other

Choose not to disclose

Patient's sex assigned at birth:

Female

Male

Unknown

Not recorded on birth certificate

Choose not to disclose

Uncertain

Patient's pronouns:

she/her/hers

he/him/his

they/them/theirs

patient's name

decline to answer

unknown

2 Step  
Gender  
Identity  
Questions



# Avoid Assumptions!

## Gender diverse people are individuals:

- Some gender diverse persons don't pursue any medical transition; that doesn't make their transgender identity less valid
- Some TGNB people may dress in a way you may not expect from their stated gender identity
- A person's gender expression can evolve over time especially if they are transitioning



**Cultural humility is key: approaching a person without preconceptions improves the experience for both you & the patient**



# QUESTIONS?



# 5 Tips To Be Gender Aware

1



## Make Eye Contact

Show you SEE them as you would anyone else.  
Remember to use GENDERLESS GREETINGS!

2



## Pronouns Matter

Don't assume!  
Ask : What pronouns do you use AND what name do you like to be called? If you aren't sure, using They/Them at first can be a safe alternative. Bonus: provide your own pronouns afterward!

3



## Refrain From "Helpful Tips"

- You should try voice coaching.
- I'd never guess you were trans!
- You're so brave!
- I have a friend that's trans...

4



## Don't Out Someone

Is she? Are they?  
It doesn't matter. A TGNB's identity is their own, as is any previous names or gender markers. Stay in the now and meet them where they're at.

5



## Learn Something

Utilize trainings, your Health Program Coordinator, and Gender Ally Providers.  
The internet is full of resources, too!

2018 - Pickering, MA LMHC

# Thank You!