



Vanderbilt University Medical Center  
Program for LGBTQ Health

# Foundations of LGBTQI Health Service Delivery

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# Learning Objectives

- Identify common **terminology, identities, and pronoun use**
- Summarize the **healthcare disparities** that LGBTQI people commonly face
- Review **best practices** for caring for LGBTQI patients

Have you had **gender or sexuality concerns** come up with your patients, friends, or families that were **difficult to navigate?**

What do these terms  
mean to **YOU**?

Sex

Sexual  
Orientation

Gender Expression

Gender

A photograph of a doctor in a white coat examining a baby. The doctor is on the right, looking down at the baby on the left. The baby is smiling and looking up at the doctor. The background is a clinical setting with a white wall and a framed picture. The entire image is overlaid with a semi-transparent blue filter.

# Sex Assigned at Birth

A medically assigned identity at birth based on physical characteristics — largely our genitalia. Also may include hormones, and/or chromosomes.

*female, male, intersex/differences in sex development (DSD)*  VANDERBILT UNIVERSITY  
MEDICAL CENTER

# Legal Sex

A legally assigned identity, largely based on one's sex assigned at birth. In most states, legal sex may be changed through court order or other legal action.

*female, male, X (in some places)*





# Gender Identity

Our inner sense of being a man, woman, or another gender; “how the mind and the heart regard the person.”

*cis woman, cis man, trans woman, trans man, non-binary*

All people fall into one of two primary gender categories

## Cisgender

Sex assigned at birth aligns with one's gender identity

## Transgender

Sex assigned at birth *does not* align with one's gender identity

### Binary\*

Trans Man

Trans Woman

### Non-Binary\*\*

2+ genders Agender

Genderqueer Bigender

Genderfluid

\*Although non-binary is an identity that people publicly name, ("I am non-binary"), it is not typical to use binary as an explicit identity. Therefore, just saying "trans man" or "trans woman" is appropriate, no need to say "binary trans man"

\*\* There are many, many more identities that are non-binary. These are just a few!



A photograph of three young women standing side-by-side, wearing denim jackets. The woman on the left has short, dark hair and is looking slightly to the right. The woman in the middle has voluminous, curly dark hair and is looking directly at the camera. The woman on the right has long, straight reddish-brown hair and is also looking directly at the camera. The background is a plain, light color. The entire image is overlaid with a semi-transparent blue filter.

# Gender Expression

The ways in which we communicate our gender identity to others, such as through mannerisms, clothing, body language, hairstyles, etc.

*feminine, masculine, androgynous*



# Sexual & Romantic Orientation

An enduring emotional, romantic, sexual, affectional, and/or relational attraction to other people; determined by the personally significant attractions one has, and the way in which someone self-identifies.

*lesbian, gay, bisexual, pansexual, MLM, WLW, straight, queer, asexual, aromantic*

A close-up photograph of two hands, one from a person with a ring on their finger, gently holding a thin, green, fibrous stem. The background is a soft, out-of-focus green. The image is overlaid with a dark blue diagonal shape on the left side, which contains the text.

# Asexuality & Aromanticism

Asexual (ace) people experience little or no sexual attraction.  
Aromantic (aro) people experience little or no romantic attraction.  
Both asexuality and aromanticism exist on a spectrum.

*Asexual, aromantic, demisexual, demiromantic, graysexual, grayromantic*

# Gender Identity ≠ Sexual Orientation

All people have a sexual orientation **AND** a gender identity



Transgender  
people can be of  
**ANY**  
sexual orientation

Source: James S.E. HJL, Rankin, S., Keisling, M., Mottet, L., & Anafil, M.: The Report of the 2015 U.S. Transgender Survey. In. Washington, D.C.: National Center for Transgender Equality; 2016.

# “Definitions” Continued

Transgender people are very diverse and use many different terms to describe themselves. These terms tend to change over time.

Some of the more common terms in 2022 include:

- **Woman, transgender woman, trans woman, transfeminine**
  - A person assigned male at birth who identifies as a woman or along a feminine spectrum
- **Man, transgender man, trans man, transmasculine**
  - A person assigned female at birth who identifies as a man or along a masculine spectrum



*Gender in history and the world*

India & South Asia: Hijra

Thailand: Tom

Mexico: Muxe

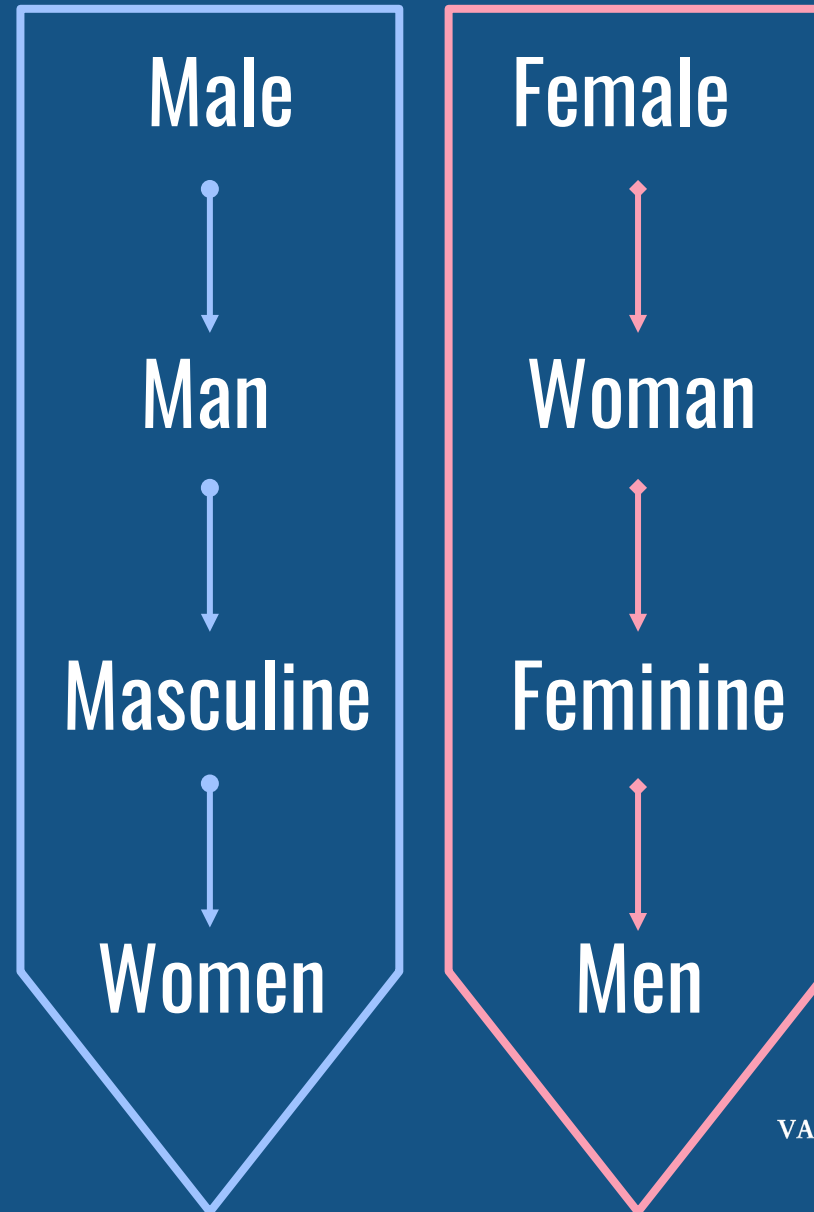
# Binary Gender Model

Sex Assigned at Birth

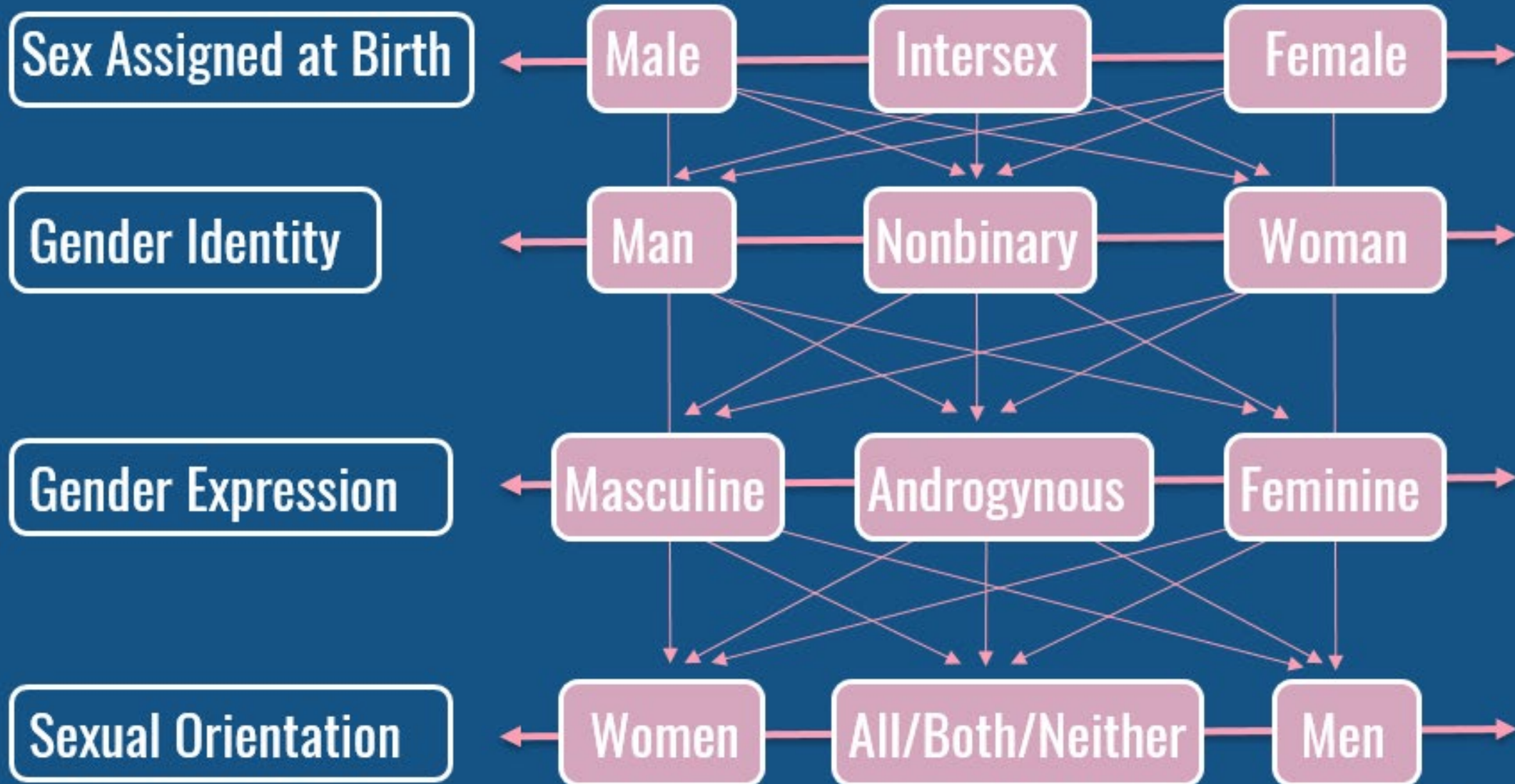
Gender Identity

Gender Expression/Role

Sexual Orientation



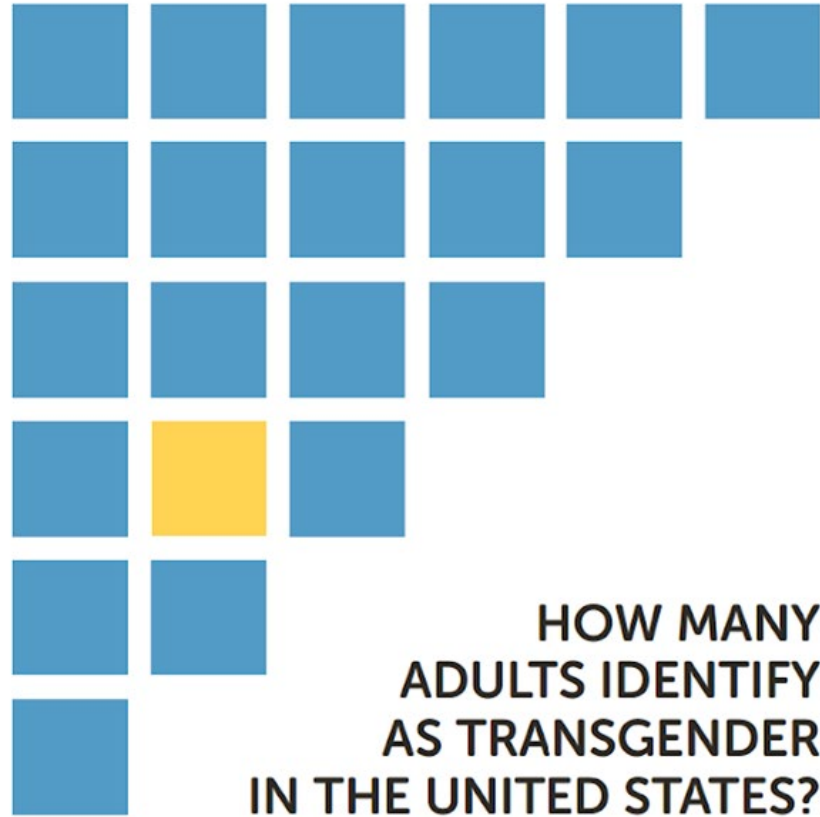
# A (More) Inclusive Gender Model





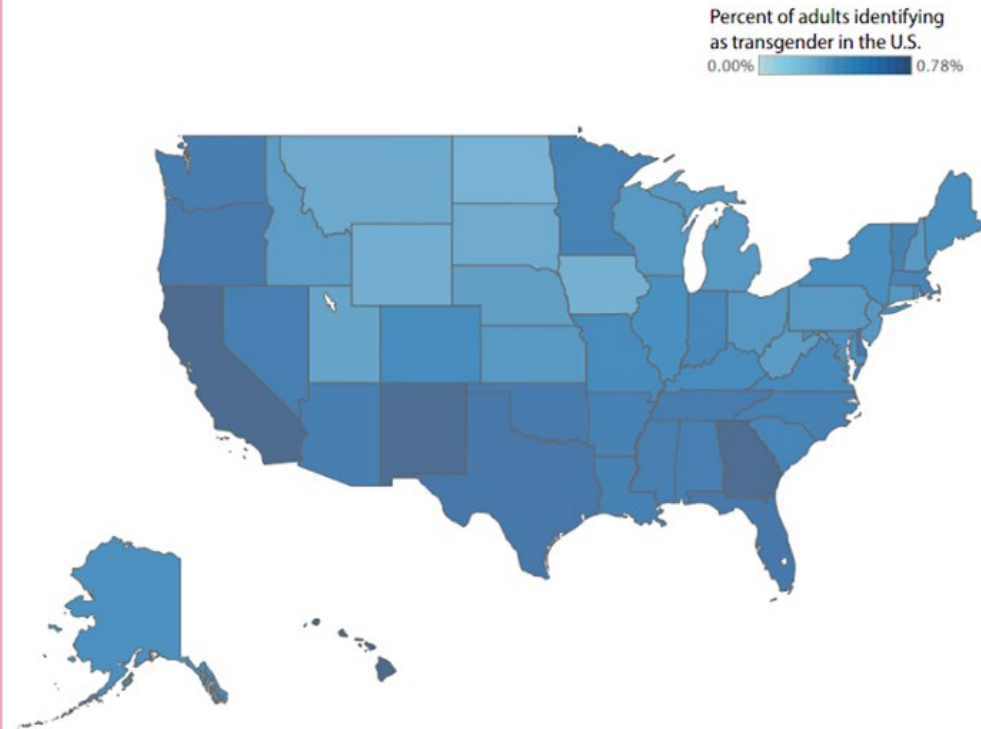
# Number of U.S. Adults Who Identify as Transgender

~0.6% of U.S. adults, or **1.4 million** Americans, identify as transgender



Andrew R. Flores, Jody L. Herman, Gary J. Gates, and Taylor N. T. Brown

Figure 1. Percent of Adults Who Identify as Transgender in the United States



# Gender Dysphoria

**Gender dysphoria:** a conflict between a person's physical or assigned sex at birth and the gender with which he/she/they identify. People with gender dysphoria may be very uncomfortable with the sex they were assigned, sometimes described as being uncomfortable with their body or being uncomfortable with the expected roles of their assigned sex.

- American Psychiatric Association

**Gender euphoria:** happiness upon being correctly gendered, upon naming their identity, and being validated and recognized as their authentic self

-Sam Dylan Finch

# Gender Affirmation

- **Gender affirmation** (transition) is the process by which individuals are affirmed in their gender identity
- Transgender people may make social, medical, and/or legal changes to affirm their gender identity, including:
  - **Social** (e.g. clothing, pronouns, name)
  - **Medical** (e.g. cross-sex hormones, surgery)
  - **Legal** (e.g. changing name and sex on birth certificate, driver's license, etc.)

# Medical Necessity

- Gender affirming surgery is **medically necessary**
- Transition-related care **decreases** dysphoria and **improves** mental health
- Not all gender affirming surgery is covered by insurance
- Using the correct name and pronouns **decreases** suicidality
- Trans people who faced discrimination from providers and were refused care have **higher** rates of suicidality

# Pronouns are important to healthcare...

#PUSHFORPRONOUNS

- SHE
- HER
- HERS
- HE
- HIM
- HIS
- THEY
- THEM
- THEIRS
- ZE
- ZIR
- ZIRS



# If you are unsure of someone's pronouns, you can...

- **Introduce yourself**

"Hi, my name is Julie and I'm your Social Worker. My pronouns are she, her, and hers. What about you?"

- **Wear a pronoun button**

Wearing a button with your pronouns can make others more comfortable with sharing theirs

- **ASK!**

"What pronouns do you use?"

*Be sure to ask patients if they want you to use a different set of pronouns in front of their family if they are not "out"*

# What If I Make a Mistake?

- Mistakes are going to happen
- Quickly apologize or say “thank you”
- Correct your mistake
- Move on
- Do not make the mistake again

*Your patient just told you they are  
transgender...*





# How Do I Talk to Transgender People?

## What should you ask?

- “Is there a name you use that is different from what is on your chart?”
- “Is there a gender pronoun that you use that is different from what is on your chart?”
- Make sure your questions are clinically relevant and for the benefit of the patient

## What shouldn't you ask?

- Any question that is more about your personal curiosity than the patient's benefit
- Any question that is clinically irrelevant
- Build trust and rapport with your patient before asking them personal questions (just like anybody else)
- Be aware that trans people are often asked intrusive questions by strangers and may be wary to answer them

# How Do I Talk to Transgender People?

- “I would have never guessed you’re trans.”
- “You look just like a real man [or woman].”
- “Do you want to know how to pass better?”
- “If you want people to treat you as a woman [or man], you shouldn’t wear that.”
- “We’re going to make you look really feminine [or manly].”

# How Do I Talk About Transgender People?

Incorrect: "Max is *transgendered*."

Correct: "Max is *transgender*."

Incorrect: "Max is a *transgender*."

Correct: "Max is a *transgender person*."

- When referring to a transgender person, you should **always** use the name and pronouns the person says they use.
  - Transgender women should **NEVER** be referred to as male or as men.
  - Transgender men should **NEVER** be referred to as female or as women.

What terminology is **offensive** (or outdated)?

~~Transvestite  
She-male  
He-she  
It  
Tranny  
Hermaphrodite  
Sex Reassignment Surgery  
The surgery~~

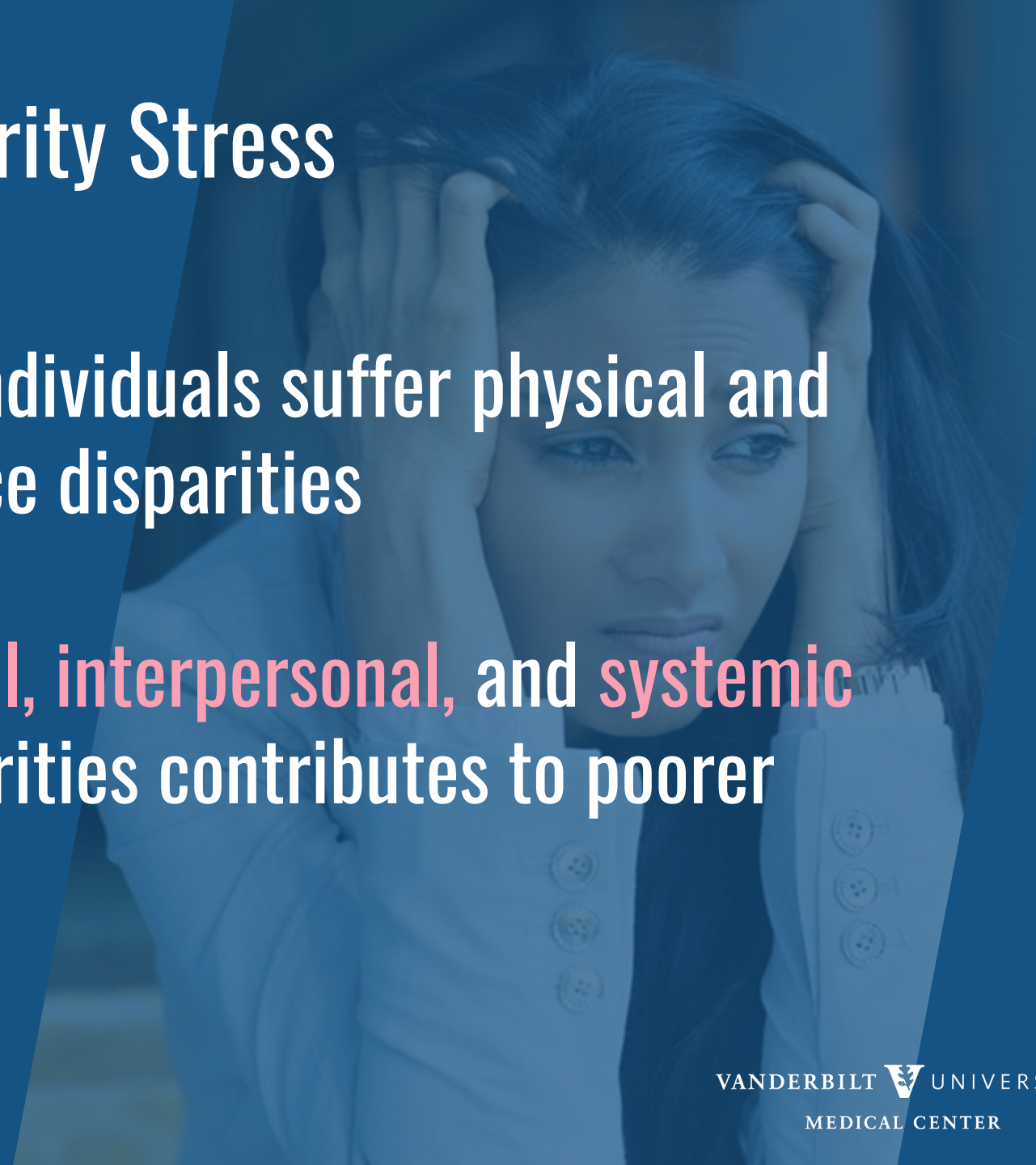
Context Specific Terms

Transsexual  
Preop/Postop

What are some of the **factors** that contribute to **health disparities** for LGBTQI people?

# Minority Stress

- Explains why minority individuals suffer physical and mental health experience disparities
- Posits that **intrapersonal, interpersonal, and systemic** marginalization of minorities contributes to poorer health outcomes

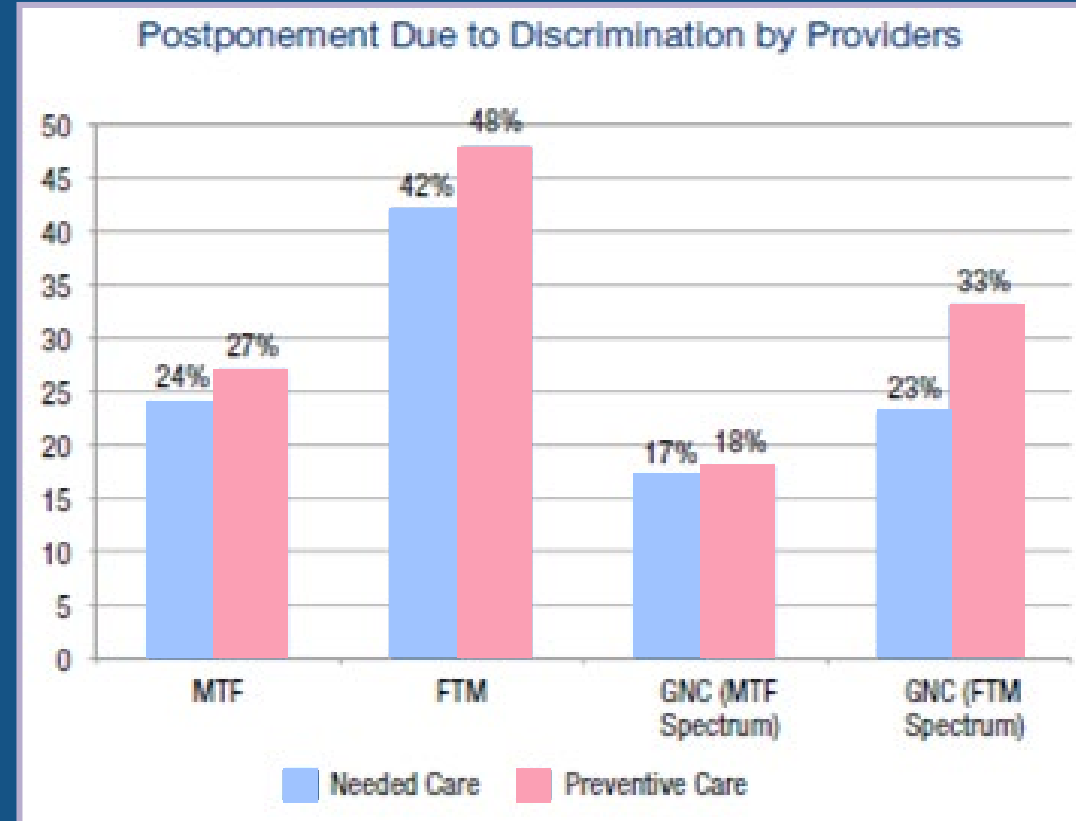




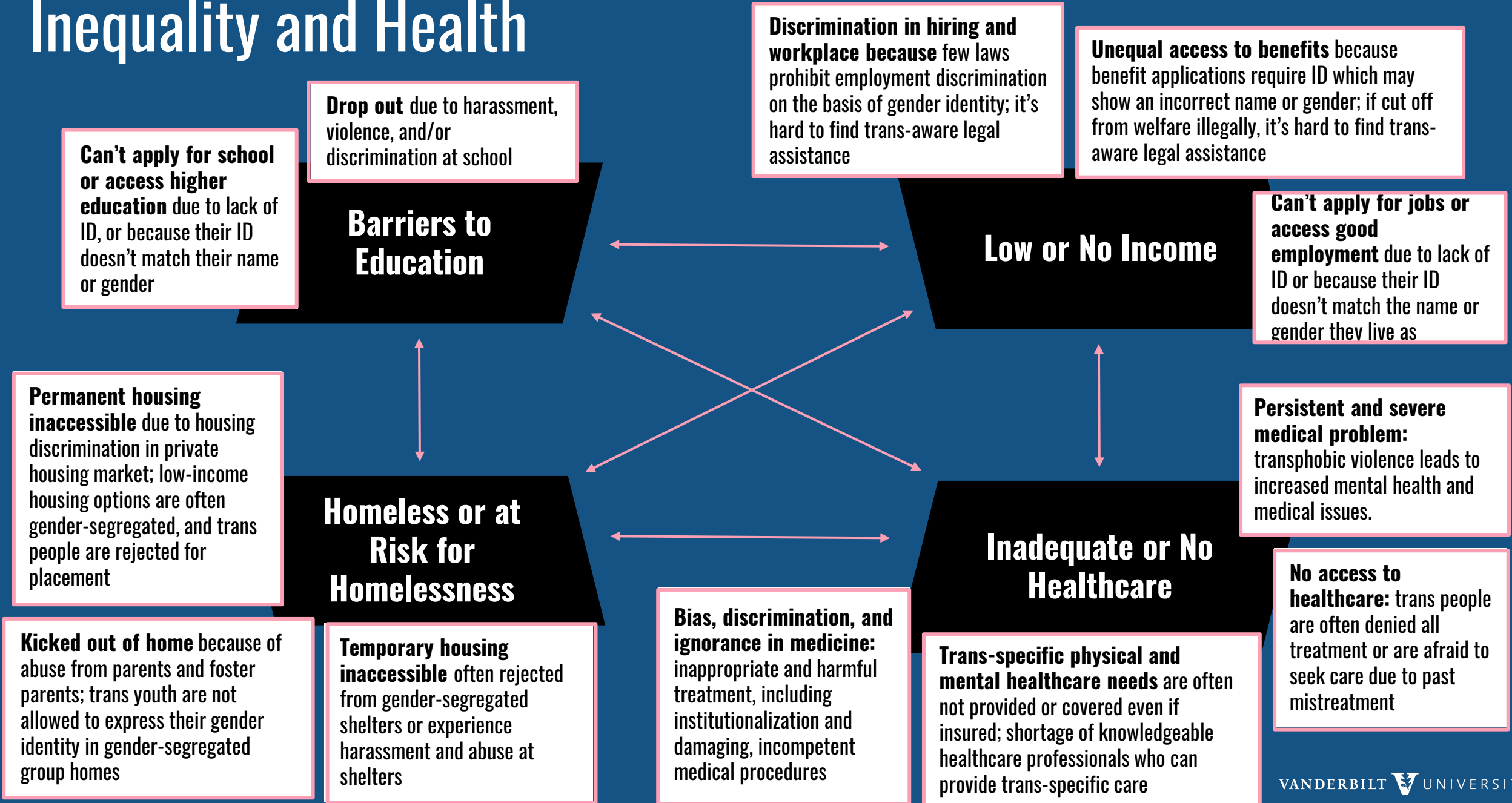
# Health Concerns for Transgender People

## Transgender communities:

- Are currently underserved
- Are more likely to delay care due to fear of discrimination or to past negative experiences
- Face challenges in finding friendly and knowledgeable providers
- Experience higher rates of depression, anxiety, and suicide
- Experience a higher incidence of HIV/AIDs



# Inequality and Health







# Affirming Assessment and Treatment

# Body Part Terminology

- Patient preferences **will** differ
  - Might differ in exam room vs. therapist's office vs. in other parts of life
- **Ask** patients what terms they want you to use
- **Use** those terms
  - Offer explanation if other terms are necessary (e.g. for charting)
- Use gender and surgery **affirming** language

# Exams/Patient Encounters

- When a medical exam is necessary, know that the patient may experience **heightened anxiety or extreme discomfort** as the exam may trigger dysphoria
- We ask that providers **explain** the exam beforehand as well as share **why** the exam is needed
  - May need to provide education such as why cis women having sex with cis women still need Pap tests
- Be aware that many patients may have **trauma**
- Do **not** treat trans patients like a spectacle

# Documentation and Letter Writing

- Sometimes, our systems demand that we ask for and document sex and other identities in a particular way. For examples, documents for reporting to Title IX may ask for legal sex with only male and female options. While processes may demand that we ask questions founded on the gender binary, or faulty conceptions of race, adding an inclusivity statement can show clients that your practice is supportive.
  - For example, "We ask your legal sex in order to meet the reporting demands of Title IX. We at the UCC know that gender is a spectrum that goes beyond the binary of male and female."
- When you are forced to chart something or write a letter that does not exactly align with a student's identity, explaining why you must do so is an important part of trauma-informed care
  - For example, writing letters of support *with* a non-binary patient, explaining why binary terms might be needed in order to get insurance approval.

# Non-binary People and Healthcare

- Non-binary people often have to “take on” binary identities in order to access care
- Non-binary people experience discrimination from both outside of and from within the transgender community
- Healthcare providers and other allies may assume using overly-gendered language is affirming- the best thing to do is ask

# Assessment and Treatment of LGBTQ Populations

1. **Create a welcoming practice:** Consider the overall experience of LGBTQ patients seeking care. Creating a safe space will help patients feel comfortable and share critical information.
  - Do you have pride symbols, “safe space” stickers, **Trans Buddy information**, or LGBTQ-themed magazines in the waiting area?
  - Are front office staff trained on how to maintain a safe and welcoming environment?
  - Do you have a gender-inclusive bathroom for trans patients?

# Assessment and Treatment of LGBTQ Populations

## 2. Practice forms: Paperwork sets the tone for an encounter.

Inclusive intake forms may ask:

- What is your gender?

Ex. Male, Female, Gender non-conforming, Fill-in if unlisted, Decline to answer

- What sex were you assigned at birth?

Ex. Male, Female, Intersex, Fill-in if unlisted, Decline to answer

- What is your sexual orientation?

Ex. Straight, Gay, Lesbian, Bisexual, Queer, Fill-in if unlisted, Decline to answer

- Who do you have sex with?

Ex. Male, Female, Fill-in if unlisted, Decline to answer

# Assessment and Treatment of the LGBTQ Populations

**3. Language:** Follow the patient's example for words to describe their gender identity and body.

- If uncertain, ask directly.
- For example, “What name would you like me to use when addressing you? What pronouns would you like me to use when speaking about you with other providers?”
- Routinely ask about pronouns





# Assessment and Treatment of the LGBTQ Populations

**4. Screening:** LGBTQ people face elevated risks for most mental health conditions (often due to internalized sexual prejudice and minority stress).

- Be sure to screen thoroughly for conditions that pose an increased risk for members of this population.

**5. Trans-Specific Issues:** World Professional Association for Transgender Health's Standards of Care document (free at [www.wpath.org](http://www.wpath.org))

# Expanding Knowledge

- We're often more comfortable feeling like an "expert".
- Given our **diverse communities** and the explosion of **specialized medical knowledge**, achieving "expertise" is an ideal, not reality.
- What **should** you do when feeling "caught"?
  - **Contact** the Program for LGBTQ Health
  - Conduct your own **research** (respected researchers/articles, trauma informed care, trusted people in social media)
  - **Acknowledge** the gap in your knowledge base
  - **Enlist** the patient's experience ("What does that mean to you?")
  - **Seek** available medical resources in a transparent and timely manner
  - Patients often don't expect us to be perfect, but they do expect us to be **accountable**

# Bottom Line

- **Mirror the language** you hear your patient use to describe themselves
- **Ask** if you are not sure, but make sure your question is polite and with the **intent of providing better care**
- **Know the trans-competent clinicians and programs** in your area so you can provide a good referral
- Be able to **keep calm** when you meet your first trans patient!
- Be **welcoming** and be **affirming**

# Vanderbilt Program for LGBTQ Health



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