



NATIONAL LGBT HEALTH
EDUCATION CENTER

A PROGRAM OF THE FENWAY INSTITUTE

Providing Affirmative Care for Patients with Non-binary Gender Identities



Case Scenario: Talking about Gender Identity

Hunter is visiting his primary care provider, Dr. Kim, whom he has been seeing since he was very young. Now, at age 18, Hunter is beginning to question his gender identity. When he filled out an intake form in the waiting room, under “gender identity,” Hunter wrote in “Don’t Know.” During the visit, Dr. Kim opens up a conversation with Hunter about his gender identity.

Dr. Kim: Hunter, I noticed that on your intake form today you expressed that you might not know about your gender identity. We don’t have to talk about this today, but would you like to?

Hunter: I guess so. I feel kind of silly talking about it sometimes. I know a lot of transgender people at school, and I feel like they’ve known who they are since they were kids!

Dr. Kim: It’s true, some transgender people do express that they’ve known they were transgender from a very young age. But it’s actually very common for people to not come out, even to themselves, until they are much older. How have you been feeling in your body? Do you have any discomfort with it, or with parts of it?

Hunter: I guess I’m still pretty young. But I don’t always feel comfortable in my body, and I still don’t know how I feel when my family and friends treat me like a guy. Mostly, I’m confused because I don’t feel like a girl, either. I would never want someone to call me “she.”

Dr. Kim: I understand. It’s completely normal for you to feel uncomfortable being treated as a boy and as a girl. You know, there are some people who don’t identify as male or female—they identify somewhere in between, or as both, or as neither. Some of these folks identify as having a non-binary gender identity. Some people even have other pronouns, if they don’t feel comfortable being addressed as “he” or “she.”

Hunter: That makes a lot of sense to me. But I don’t know—that sounds like a big change.

Dr. Kim: It can be, but there’s no hurry at all—let’s take things slowly and keep talking, if you’d like. And there’s definitely no hurry to make any physical changes to your body, unless that is something that you would be interested in doing.

Hunter: One of my transgender friends takes hormones. I didn’t know that was something you could do if you didn’t identify as a man or a woman.

Dr. Kim: You certainly can! Just like transgender people who identify as men or women, non-binary people can have gender-affirming surgeries or hormones to make their bodies fit their gender identities. Transitioning isn’t just about moving from one end of a spectrum to the other. If you decided at any point that you wanted to make any changes, we could have a conversation about your individual goals, and what steps would make you feel more comfortable in your body.

Hunter: It’s nice to know that that could be an option. I do want to keep talking about it.

Dr. Kim: In the meantime, I want to make sure that during our visits, you’re as comfortable as possible. During the physical exam today, how about we talk about what language you like to use for your own body parts?

Hunter: That sounds good to me.

Dr. Kim: Great. Hunter, would you have any interest in talking to a therapist here at the center? We have some people who know a lot about gender identity, and that might be a good place to start.

Hunter: I think so. Maybe I’ll call and make an appointment.

Dr. Kim: It’s up to you. Thanks for letting me know how you’ve been feeling. Just know that it is completely normal to be thinking about your gender, even if you don’t do anything more than talk about it. Do you have any questions for me?

Hunter: I don’t think so. Thanks, Dr. Kim.



Introduction

All members of a health care organization—front-line staff members, clinicians, and administrators—play a crucial role in offering an inclusive, affirming experience for all people, including those with non-binary gender identities. Everyone, no matter their gender identity or expression, appreciates friendly, courteous, and effective care. In addition, non-binary people, who have gender identities other than male or female, have unique needs when interacting with the health care system. Non-binary people face numerous health disparities as well as stigma, discrimination, and a lack of access to quality care. However, you do not need to specialize in non-binary health care to give your non-binary patients an affirming experience.

The case scenario included above is not a common one, as many providers do not feel prepared to address such topics with patients—however, all members of a health care organization can be easily equipped to have such conversations. Dr. Kim does not specialize in transgender care, but as Hunter’s main health care provider, she acknowledged the importance of Hunter’s identity. After gauging his interest in discussing the topic, she made the space one where Hunter could feel heard in his confusion. She also affirmed his questioning, letting him know he was not alone. This document includes important terms and definitions, data, two more case scenarios, and expert-informed practices, offering suggestions for how any staff member within any health care organization can implement simple changes to improve the experiences of patients with non-binary gender identities.



Understanding Non-binary Gender Identities

The terms ‘gender’ and ‘sex’ are often used interchangeably. In fact, the two are very different. Each person is assigned a sex at birth based on their external genitalia. Each person also has an internal sense of self, known as a gender identity, which develops over the course of a person’s life and which may change over time. For centuries, the notion that there are only two genders, which correspond to two distinct physical sexes (masculine men/males and feminine women/females), has been deeply ingrained in our society. This construct is known as the “gender binary,” because it offers only two options for gender identity.

People with non-binary gender identities are those whose gender identities fall outside of this binary. A non-binary person has a gender identity that does not match the sex they were assigned at birth; they do not identify solely as a man or a woman. They may identify as both, neither, or as a gender somewhere in between. Some consider gender to be a spectrum (with many points between the ends of male/man and female/woman).*

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You have probably already heard the term “transgender,” which refers to people whose assigned sex at birth does not correspond to their internal gender identity. Some non-binary people identify with this term, while others do not. Because many non-binary people face barriers in accessing transition-related care because they are not considered to be transgender, it is important to be open to patients’ understandings of themselves. In a 2013 community-based survey of 452 transgender adults in Massachusetts, 40.9% of respondents described themselves as having a “non-binary gender identity.”¹ This is a considerable number of non-binary people, especially considering the fact that some non-binary people do not identify as transgender, and thus would not have participated in this survey.

Yet, despite the fact that non-binary people have always existed, language and research around non-binary identities is extremely new, and we have only just begun to develop best practices for caring for the health of non-binary people. Furthermore, because there has been very little research done on non-binary identities specifically (most, including research referenced in this document, focuses on transgender people as a population), most providers were not offered education on how to work with non-binary populations. This document will offer some basic information on non-binary gender identities, as well as the significance of providing gender-affirming care to non-binary people.

* Although gender is increasingly understood to be on a spectrum, many people prefer a non-linear representation. Some believe that gender is multi-dimensional and better represented by more complex symbols, such as a constellation.



Glossary

“Non-binary” is frequently used as an umbrella term to include all gender identities that fall outside of the gender binary. In this publication, we use it as such. Here are some terms within the non-binary umbrella that people may use to identify themselves:

- ❖ **Agender** (adj.) Describes a person who identifies as having no gender.
- ❖ **Bigender** (adj.) Describes a person whose gender identity is a combination of two genders.
- ❖ **Gender fluid** (adj.) Describes a person whose gender identity is not fixed. A person who is gender fluid may always feel like a mix of the two traditional genders, but may feel more one gender some of the time, and another gender at other times.
- ❖ **Gender non-conforming** (adj.) Describes a person whose gender expression differs from a given society’s norms for males and females.
- ❖ **Genderqueer** (adj.) Describes a person whose gender identity falls outside of the traditional binary gender structure. Sometimes written as two words (gender queer).
- ❖ **Non-binary** (adj.) Describes a person whose gender identity falls outside the traditional gender binary. Sometimes abbreviated to NB or “enby.”
- ❖ **Pangender** (adj.) Describes a person whose gender identity is comprised of many genders.
- ❖ **Transfeminine** (adj.) Describes a person who was assigned male sex at birth, but who identifies with femininity to a greater extent than with masculinity.
- ❖ **Transmasculine** (adj.) Describes a person who was assigned female sex at birth, but who identifies with masculinity to a greater extent than with femininity.
- ❖ **Two-Spirit** (adj.) Describes a person who embodies both a masculine and a feminine spirit. This is a culture-specific term used among Native American and American Indian people.

Adapted from the “Glossary of LGBT Terms for Health Care Teams” (National LGBT Health Education Center)



Using Names and Pronouns

It is very common for non-binary people to be referred to or addressed using gender-specific language that does not match their gender identity—for example, a transfeminine person whose pronouns are “they/them/theirs,” may be referred to at the registration desk of a health center with the pronoun “she.” This is known as misgendering, and it is one of the greatest barriers to accessing affirmative health care for non-binary people. Although the speaker is often well-intentioned, making a mistake without offering an apology can have a huge impact on a non-binary person, who may feel uncomfortable seeking out care in the future. For this reason, it is a best practice to ask for a patient’s name and pronouns before addressing them with gender-specific language.

Some non-binary people do not identify with the name they were given at birth, and may choose a new name that reflects their gender identity. They may create names for themselves if they hope to avoid traditional associations with masculinity or femininity. Always refer to a patient by the name they indicate. Mistakes can happen in health care settings when a patient’s name does not match the name on their paperwork or insurance—so it is important to collect this information frequently.

Non-binary people also have a range of pronouns, including the common she/her/hers and he/him/his, as well as less-common pronouns such as they/them/theirs and ze/hir/hirs (pronounced zee/hear/hears). To ask for a patient’s pronouns, whether they appear to be non-binary or not, simply say: “I would like to refer to you respectfully. What are your pronouns?” While there are many pronouns that you may not have heard of before, the pronoun chart below demonstrates pronoun structure—any pronouns that are new to you can be used in this way as well.

Subjective	Objective	Possessive	Examples
He	Him	His	He is in the waiting room. The doctor is ready to see him. That chart is his.
She	Her	Hers	She is in the waiting room. The doctor is ready to see her. That chart is hers.
They	Them	Theirs	They are in the waiting room. The doctor is ready to see them. That chart is theirs.
Ze	Hir	Hirs	Ze is in the waiting room. The doctor is ready to see hir. That chart is hirs.

Because of its importance in providing care, one systematic way to routinely collect information on gender identity, as well as names and pronouns, is on intake forms. This allows all staff to see how patients identify, and to refer to them correctly and respectfully. Collecting this data also allows the medical community to better understand the health needs of non-binary people. Because many non-binary patients report experiencing increased anxiety in health care settings when non-binary options are not included on intake forms, it is important that gender identity be collected separately from sex assigned at birth.² Here is an example of a section of an intake form that we recommend, which includes a number of options under gender identity and distinguishes between gender and sex assigned at birth.

What is your current gender identity? (Check one):

- Male
- Female
- Transgender Male/Trans Man/Female-to-Male (FTM)
- Transgender Female/Trans Woman/Male-to-Female (MTF)
- Genderqueer, neither exclusively male nor female
- Additional Gender Category/(or Other), please specify: _____
- Choose not to disclose

What sex were you assigned at birth on your original birth certificate? (Check one):

- Male
- Female
- Choose not to disclose

Collecting data on gender identity and sexual orientation has been recommended by both the Institute of Medicine³ and the Joint Commission.⁴ In March of 2016, HRSA published a Program Assistance Letter requiring that all HRSA-funded health centers adopt a system for collecting sexual orientation and gender identity (SO/GI) data.⁵ For more information on collecting this data, see “Collecting Sexual Orientation and Gender Identity in Electronic Health Records,” published by The Fenway Institute.*

* This publication can be found at: <http://www.lgbthealtheducation.org/wp-content/uploads/Collecting-SOGI-Data-in-EHRs-COM2111.pdf>

Making Mistakes

Many well-intentioned providers are uncomfortable at the thought of discussing gender identity with their patients because they fear that they will make a mistake and upset a patient. Remember that most people are still unused to asking for a person's pronouns, so for many, it is still not second nature. While you will become comfortable with practice, it is okay to make mistakes, as long as you are considerate towards the person you are addressing. If you do make a mistake, simply apologize, explaining: "I am sorry, I did not mean to disrespect you. How would you like me to refer to you?" Still, it is important to acknowledge that some non-binary people have had discriminatory experiences in the past, which might lead them to expect the same in health care settings. If a patient responds negatively even after a well-intentioned mistake, a thoughtful apology can go a long way in changing their experience, even beyond your interaction.

Non-Binary People and Health Care

Non-binary people face unique barriers to affirmative health care, many of which are not experienced by other transgender people. One considerable barrier is medical mistrust, often caused by a fear of being misgendered, or simply of being misunderstood. Another is a barrier to accessing gender-affirming medical or surgical care, which may happen if providers do not consider their non-binary patients to be transgender. The goal of any medical or surgical gender affirmation is to align outward presentation with internal gender identity. For many non-binary people, appearing either male or female is a matter of safety. They may face discrimination from larger society and even from the larger transgender community if they do not appear to fit into the gender binary.

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Some non-binary people face discrimination from within the transgender community, as well as outside of it, when they are not deemed to be "truly" transgender. They may also face this discrimination in health care settings, if they are denied access to gender-affirming care because they do not fit into the typical binary model of transgender care. In the first case scenario, Dr. Kim affirms Hunter's feelings about his identity by expressing that his feelings are valid, even if he does not fit conventional narratives of what it means to be transgender.

Here are some more reasons why cultural competency around non-binary gender identities matters in health care:

- ✧ **Because non-binary people are more likely to seek out care when they feel comfortable disclosing their gender identity to their provider.** One large study of transgender people found that 28% had postponed necessary medical care when sick or injured, and 33% had delayed preventive care, or did not seek it out at all.⁶ Patient-provider trust often determines whether or not a patient will follow a provider's recommendations, so it is important that patients feel comfortable disclosing their gender identity.⁷
- ✧ **Because non-binary people's anatomies do not necessarily correspond with their gender identity or sex assigned at birth.** It is important that providers are made aware of both their patient's gender identity and their sex assigned at birth in order to determine what kind of care they should provide—for example, a transmasculine person who is assumed by his provider to be male and whose demographic information has not been collected may not be offered access to Pap smears or mammography.⁸
- ✧ **Because non-binary patients are more likely to follow medical recommendations when their provider demonstrates open-mindedness, or has a basic knowledge of gender identity.** Many non-binary patients report feeling uncomfortable disclosing their gender identity because they assume that their provider will not know how to respond. In fact, 50% of transgender patients report feeling as though they need to teach their provider about their gender identity and its implications on their health.⁶ When non-binary patients feel they can trust their providers to have knowledge of gender identity and gender-affirming care, they are less likely to seek gender affirmation through unsafe options outside the health care system. For example, some people may engage in medically-unmonitored hormone use, with the potential for incorrect dosing, higher risk of side effects, and exposure to HIV or hepatitis from needles.



Case Scenario: Anika

Pronouns: she/her/hers

Anika has just arrived early for her appointment and needs to use the restroom. She approaches the person at the front desk and asks where she can find one. The person at the desk gestures to the men's restroom and states, "Right over there, sir." Anika hesitates, visibly upset, and sits down to wait for the doctor instead of heading to the restroom.



What happened here?

Anika identifies as genderqueer, and was assigned male at birth. She expresses her gender identity by wearing a combination of traditionally masculine and traditionally feminine clothing, while growing out her beard. Anika is often expected to identify within a binary gender structure, but doing so makes her uncomfortable—it also does not represent her gender identity. When Anika approached the person working at the front desk who referred to her as "sir," this person likely used gender-specific language because terms like "ma'am" and "sir" are considered to be respectful. However, in this situation, the use of "sir" meant that Anika was misgendered, because the language did not align with her gender identity. This assumption was repeated when Anika was directed toward the men's restroom, without being offered another option. Anika did not feel comfortable using a bathroom that did not match her gender, and grew more uncomfortable because of the front desk worker's assumption.

What can change?

The front desk worker may have assumed—based on elements of Anika's appearance and perhaps based on her voice—that she identifies as a man. However, it is important to move away from the habit of assuming someone's gender based on their expression, and to avoid using gender-specific language. For example, it would have been respectful for the front desk worker to say that the restrooms were simply "right over there." It is also a best practice to ask for a person's pronouns, or to use a person's name and avoid pronouns, if you do not have the opportunity to ask. This is true even if someone does not appear to be non-binary. The health center should also consider implementing a new restroom system. Doors labeled "All-Gender" would acknowledge that all bodies and identities are welcome. Many non-binary people face discrimination and even physical danger using restrooms marked in a binary manner (for example, "Men" and "Women"). To support patients who may face this discrimination, even if your building does not have single stall restrooms, you can offer the patient a choice of room. You might say, "We have a men's room over there and women's room over there. Unfortunately, we do not have any all-gender bathrooms yet, but please use whichever makes you feel most comfortable."

Case Scenario: Kai

Pronouns: ze/hir/hirs

Kai is visiting hir therapist, Dr. Russell. At the time of Kai's last visit, Kai used "he/him/his" pronouns. While Kai waits in Dr. Russell's office, Kai hears hir therapist speaking to a nurse outside, saying "Yes, Kai is in the room and I have Kai's chart right here." Dr. Russell enters the room and greets Kai.



Dr. Russell: Hello, Kai. How are you doing today?

Kai: I'm good! How are you?

Dr. Russell: I'm doing well. Kai, I wanted to check in before I assumed—what are your pronouns?

Kai: They're ze/hir/hirs.

Dr. Russell: Alright, thank you. I have never used those pronouns before, so I apologize if I make a mistake. Did you say they were

pronounced "ze," "hir," and "hirs?"

Kai: That's right.

Dr. Russell: Great. I'd like to write them down, to make a note to other staff. Could you spell those for me?

Kai: Sure. Z-e, h-i-r, and h-i-r-s.

Dr. Russell: Thanks, Kai. And please let me know if I make a mistake when using them.

Kai: No problem. I will.

What happened here?

Kai identifies as non-binary, and Kai's pronouns are ze/hir/hirs. Although Dr. Russell asked Kai for hir pronouns during Kai's last visit, Dr. Russell asks for each patient's pronouns routinely, as he understands that they may change from visit to visit. He also records this information in order to communicate it with the rest of the staff, so that they can also refer to Kai respectfully. When referring to Kai before asking for Kai's pronouns, Dr. Russell uses gender-neutral language, even when he is not in front of Kai. Most importantly, Dr. Russell is open and honest with Kai, expressing that he is inexperienced with ze/hir/hirs pronouns and holding himself accountable for any mistakes he might make. Because Dr. Russell demonstrates that he is eager to learn how best to refer to Kai, Kai is not put off by hir therapist's lack of experience with ze/hir/hirs pronouns, and feels comfortable during the visit.





Best Practices: Creating an affirming environment for non-binary people

- ✦ Train all staff to avoid gender-specific language until they have asked a patient for their name and pronouns.
- ✦ Offer “All-Gender” restrooms that are welcoming of all bodies.
- ✦ If changing bathroom signage is not an option, allow people to use restrooms most closely congruent with their gender identity.
- ✦ Ask for patients’ names and pronouns routinely.
- ✦ Share information (including name and pronouns) with other staff members so that everyone can refer to patients respectfully.
- ✦ Be honest about your mistakes and demonstrate a willingness to learn from patients.
- ✦ Open up space for patients to discuss their gender identity, and avoid an approach that assumes a gender binary.
- ✦ If you do not specialize in transgender care, be prepared to provide patients with resources or to connect them with other professionals who do.
- ✦ Take cues from patients around how to interact with their bodies—use the language that they feel comfortable using.

Conclusion

Public understanding of the complexity of gender identity has grown and changed dramatically in recent years. Because of its implications for the health of patients, it will be increasingly important for clinicians and all health care staff to listen carefully as patients describe often-nuanced feelings and questions about gender. In reading through these case scenarios, you may notice that all of the recommended practices could be easily implemented in any health care setting, without a need for large-scale structural change, or extensive knowledge on gender identity. Anyone can be prepared to be supportive and affirm a process for self-exploration and definition for all patients, regardless of whether or not they have identified themselves as non-binary. By demonstrating open-mindedness and respect for all gender identities and bodies, health care providers can make their practice a more welcoming and affirming space for people with non-binary gender identities, improving health outcomes for an often overlooked population.

References

1. Keuroghlian AS, Reisner SL, White JM, Weiss RD. Substance use and treatment of substance use disorders in a community sample of transgender adults. *Drug and Alcohol Depen.* 2015;152:139-146.
2. Hagen DB, Galupo MP. Trans* individuals' experiences of gendered language with health care providers: recommendations for practitioners. *Int J Transgenderism.* 2014;15(1):16-34.
3. Institute of Medicine. *The Health of Lesbian, Gay, Bisexual, and Transgender (LGBT) People: Building a Foundation for Better Understanding.* Washington, DC: National Academies Press; 2011. Available at www.nap.edu/catalog.php?record_id=13128
4. The Joint Commission. *Advancing effective communication, cultural competence, and patient- and family-centered care for the lesbian, gay, bisexual, and transgender (LGBT) community: a field guide.* Oak Brook, IL; Joint Commission; 2011. Available at www.jointcommission.org/assets/1/18/LGBTField-Guide.pdf
5. Health Resources and Services Administration. Program assistance letter: Approved uniform data system changes for calendar year 2016. U.S. Department of Health and Human Services. March 22, 2016. Available at <http://bphc.hrsa.gov/datareporting/pdf/pal201602.pdf>
6. Grant JM, Mottet LA, Tanis J, Harrison J, Herman JL, Kiesling M. *Injustice at every turn: a report of the National Transgender Discrimination Survey.* Washington: National Center for Transgender Equality and National Gay and Lesbian Task Force; 2011.
7. Cobos DG, Jones J. Moving forward, transgender persons as change agents in health care access and human rights. *J Assoc Nurses AIDS Care.* 2009;20(5):341-47.
8. Snelgrove JW, Jasudavicius AM, Rowe BW, Head EM, Bauer GR. "Completely out-at-sea" with "two-gender medicine": a qualitative analysis of physician-side barriers to providing healthcare for transgender patients. *BMC Health Serv Res.* 2012;12:110-23.

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