



# Supporting Gender Diverse Patients in Primary Care

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## Food for thought:

- What does your clinic do well to support gender diverse patients?
- What are areas where you and/or your clinic need to adjust or change?
- What are things you want to know more about?



## Why is Gender Care Important

- Transgender youth experience higher levels of bullying, discrimination, violence, family and peer rejection, and homelessness.
- Increased risk of:
  - Substance abuse
  - Depression
  - Anxiety
  - Eating disorders
  - Suicide

# Stats From The Trevor Project National Survey (2022)

- Fewer than 1 in 3 Transgender and nonbinary youth found their home to be gender-affirming last year
- 60% of LGBTQ youth who wanted mental health care in the past year were not able to get it
- 93% of Transgender and nonbinary youth said they worried about being denied access to gender-affirming medical care due to state or local laws
- 37% of Transgender and nonbinary youth report being physically threatened or harmed due to their gender identity



# Black Transgender and Nonbinary Young People

- One in four Black transgender and nonbinary young people reported suicide attempt in the past year, more than double the rate of suicide attempts by cisgender LGBTQ young people
- Among Black transgender and nonbinary young people, those who were AFAB reported higher rates of both seriously considering suicide in the past year (60%) and attempting suicide in the past year (26%) compared to Black transgender and nonbinary young people AMAB (43% and 18%, respectively).
- Black transgender and nonbinary young people with high social support from their family had 47% lower odds of reporting a suicide attempt in the past year





## Why is Gender Care Important (Cont'd)

- Affirming transgender and nonbinary youth (pronoun use, legal document changes) associated with lower rates of attempted suicide.
- In the past year, trans and nonbinary youth reported being threatened with or subjected to conversion therapy at twice the rate of cisgender LGBTQ youth.
- Gender diverse patients are less likely to seek healthcare services due to concerns about stigma or provider discomfort. These and other structural factors impose disproportionately poorer physical and mental health outcomes.



# Why Support for Trans Youth Matters

Based on a 2012 study of 433 individuals

Trans Youth with Supportive Parents

Trans Youth with Unsupportive Parents



Reported Life Satisfaction

72% 33%

Reported High Self-Esteem



64% 13%



Described Mental Health As "Very Good" or "Excellent"

70% 15%

Faced Housing Problems



0% 55%

Suffered Depression



23% 75%



Attempted Suicide

4% 57%

Travers R, Bauer G, Payne J, Bradley K, for the Trans PULSE Project; Gale L, Papadimitriou M. Impacts of Strong Parental Support for Trans Youth: A Report Prepared for Children's Aid Society of Toronto and Delisle Youth Services. 2 October, 2012.

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For more information, go to [transstudent.org/graphics](http://transstudent.org/graphics)

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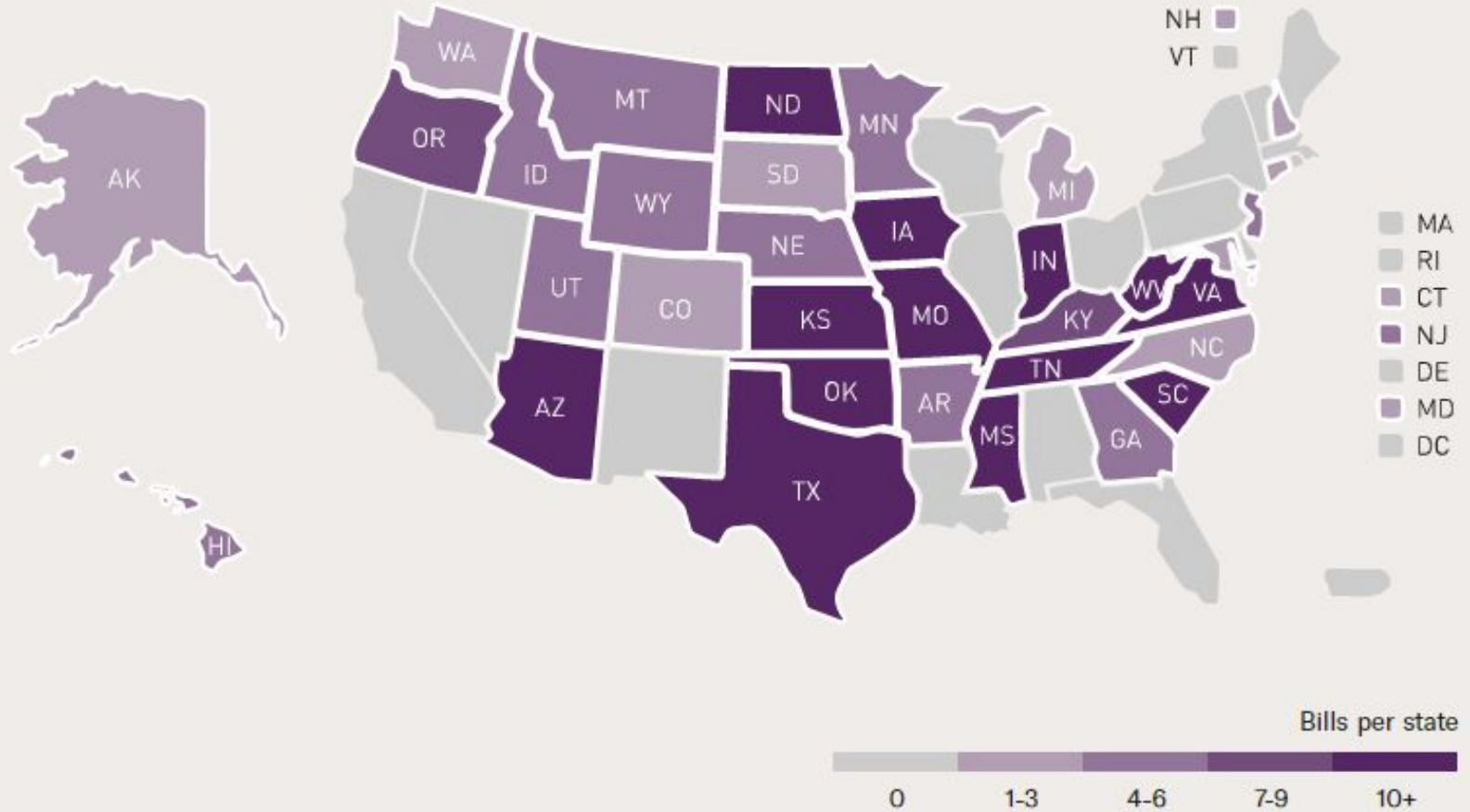
Infographic Design by Landyn Pan Illustrations by Ethan Lopez

2023 LEGISLATIVE SESSION

# The ACLU is tracking **321** anti-LGBTQ bills in the U.S.

Choose a state on the map to show the different bills targeting LGBTQ rights and take action. While not all of these bills will become law, they all cause harm for LGBTQ people.

[View past legislative sessions.](#)







Break

If you were building your own clinic what would you want them to see?



# CASE DISCUSSIONS

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- A 14 year old patient presents for their annual sports physical. They receive an intake form that asks them to select “male” or “female” gender. They were assigned female at birth, but for years, have identified as male, used he/him pronouns and a masculine name. They bind their chest in order to more easily “pass” as male and experience distress monthly at the time of their menstrual periods.
- What are some things that you/your clinic could do to make this interaction more comfortable for this patient?

# CASE DISCUSSIONS

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- A Black 25 year-old transgender woman who uses she/her pronouns presents for 6 month follow-up for hormone therapy. She tells you that the MA misgendered them, and they are frequently misgendered in public. She expresses that she is frustrated that her body doesn't look as feminine with big hips, and chest like she was hoping. She has been on hormone therapy for 1.5 years now and her estrogen and testosterone levels are appropriate and she does not miss doses of her medication.
- How would you support this patient? What are some actions that the clinic/you can do to make this interaction more comfortable for the patient?

# CASE DISCUSSIONS

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- Alex, a 15-year-old patient, presents to your clinic for annual wellness check. Confidentially, the patient discloses that they are non-binary and use they/them pronouns. They share that their family has struggled with consistently using their correct pronouns and is continuing to refer to them as “Alexandra” despite their request to use the name “Alex.” For the past 2 years, Alex has desired a more masculine profile, including facial and body hair and a flat chest. Alex describes being intensely uncomfortable in their body and has frequent thoughts of not wanting to be alive. They scored highly on PHQ9 and GAD7 screening and have evidence of superficial self-harm on physical exam.
- Let’s discuss how you would support this patient

# CASE DISCUSSIONS

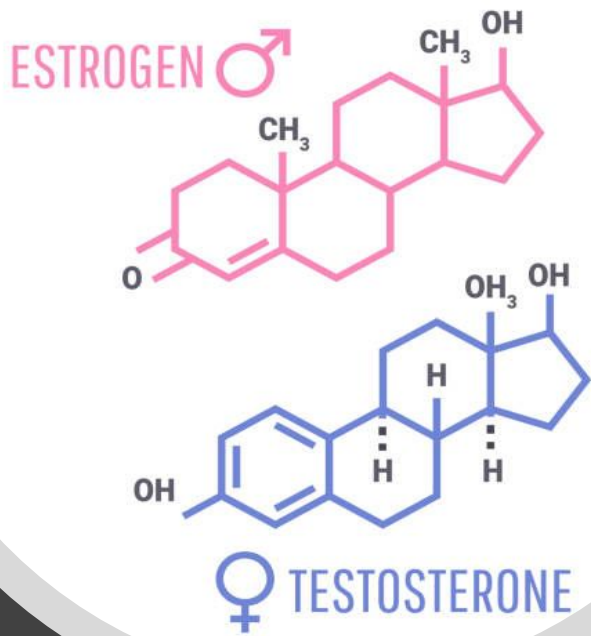
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- Riley is a 13 year old teen who comes to your office for help with attitude and behaviors at home. During the individual portion of the visit they disclose that they are nonbinary, use they/them pronouns, and prefer to go by Rowan. They also disclose that they are feeling depressed & anxious at home because their family is anti LGBTQ and constantly talk about supporting the transgender bans that have been in the news.
- Let's talk about how you would support this patient

# BHC's Role in Gender Care

- Context is KEY
- Helping to identify supports, strengths, and resources for patients
- Psychoeducation on gender identity, gender expression, sexual orientation
  - For patients and family
- Gender care is not a vacuum they have other needs
- When needed a Therapist Support Questionnaire





# Transition

- Social Transition: (any age)
  - Name
  - Pronouns
  - Gender expression may shift
  - Voice/movement changes
  - Binding/tucking
  - Bathroom use
- Medical Transition\*\*:
  - Puberty blockers
  - Hormone Replacement therapy
  - Top Surgery
  - Bottom surgery
  - Facial feminization surgery
  - Vocal cord surgery
- \*\*Requires parental permission if under 18 years old



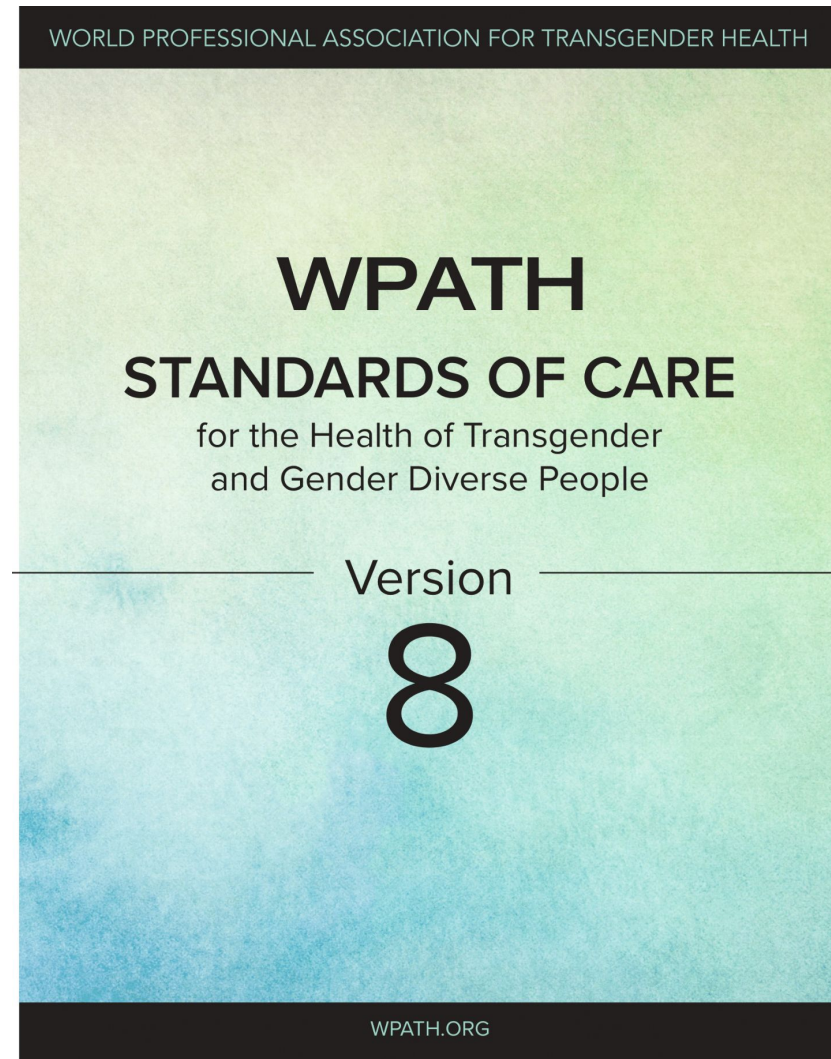


# WPATH Standards of Care (SOC) Version 8

World Association for Transgender Health (WPATH) is an international, multidisciplinary, professional association whose mission is to promote evidence-based care, education, research, public policy, and respect in transgender health.

These guidelines continue the process started with the SOC-7 in 2011 to broaden in scope and move from a narrow focus on psychological requirements for “diagnosing transgenderism” and medical treatments for alleviation of gender dysphoria to gender-affirming care for the whole person.

**New chapters on terminology, adolescents, children, eunuchs, non binary, assessment of adults, and sexual health**



# Surgery Letters REVIEW

WPATH recommends including:

- The client's general identifying characteristics
- Results of the client's psychosocial assessment, including any diagnoses
- The duration of the mental health professional's relationship with the client, including the type of evaluation and therapy or counseling to date
- An explanation that the criteria for surgery have been met, and a brief description of the clinical rationale
- A statement that informed consent has been obtained from the patient
- A statement that the mental health professional is available for coordination of care and welcomes a phone call to establish this.

# Surgery Letters REVIEW

## **Prerequisites for Top Surgeries**

- Persistent, well-documented dysphoria
- Capacity to make a fully informed decision and to consent for treatment
- Age of majority
- If significant medical or mental health concerns are present, they must be reasonably well controlled.
- *Hormone therapy is not a prerequisite*

## **Prerequisites for gonad removal / genital surgeries**

- Persistent, well-documented dysphoria
- Capacity to make a fully informed decision and to give consent for treatment
- Age of majority
- If significant medical or mental health concerns are present, they must be well controlled.
- 12 continuous\*\* months of hormone therapy as appropriate to the patient's gender goals (unless hormones are not clinically indicated for the individual).
- *Although not an explicit criterion, it is recommended that these patients also have regular visits with a mental health or other medical professional.*

# Surgery Details



## Simple animated anatomical line drawings explaining the procedures by Leo Mateus

- Hysterectomy:  
[https://www.youtube.com/watch?v=Ynqs7Pvh2To&list=PLoYado\\_IHctTUV8vHYaBjs\\_JcjCI7jagv&index=6](https://www.youtube.com/watch?v=Ynqs7Pvh2To&list=PLoYado_IHctTUV8vHYaBjs_JcjCI7jagv&index=6)
- Top surgery (masculinizing):  
[https://www.youtube.com/watch?v=kdOt4EZI2FU&list=PLoYado\\_IHctTUV8vHYaBjs\\_JcjCI7jagv&index=3](https://www.youtube.com/watch?v=kdOt4EZI2FU&list=PLoYado_IHctTUV8vHYaBjs_JcjCI7jagv&index=3)
- Vaginoplasty:  
[https://www.youtube.com/watch?v=Xnw6o1QgX6s&list=PLoYado\\_IHctTUV8vHYaBjs\\_JcjCI7jagv&index=5](https://www.youtube.com/watch?v=Xnw6o1QgX6s&list=PLoYado_IHctTUV8vHYaBjs_JcjCI7jagv&index=5)
- Phalloplasty:  
<https://www.youtube.com/watch?v=fe4R8B4dlO8>
- Metoidioplasty:  
[https://www.youtube.com/watch?v=ReqQA6xuhG0&list=PLoYado\\_IHctTUV8vHYaBjs\\_JcjCI7jagv&index=5](https://www.youtube.com/watch?v=ReqQA6xuhG0&list=PLoYado_IHctTUV8vHYaBjs_JcjCI7jagv&index=5)

*The other place people go is transbucket.com but the site often has technical problems, photos very often gory*



Hit the major points:

- Gender Journey:
  - Dysphoria
  - Mental Health impacts
- Social transition experience:
  - Legal steps:
  - Supports:
  - Barriers:
  - Strengths:
- Binding/tucking:
- Gender identity vs expression:
- Tx Goals:
  - Hopes for transition (medical, social, emotional)
  - What research have you done?
  - Concerns or questions r/t med transition
  - anticipated impact:



Questions & Discussion

# March 31<sup>st</sup> is Trans Day of Visibility

Incorrect—	Correct—
<ul style="list-style-type: none"> <li>✗ He is <del>a</del> transgender</li> <li>✗ He is transgendered</li> </ul> <p><i>'Transgender' is an adjective. Using it as a noun or verb is not only grammatically incorrect but also a) dehumanizing, or b) implies something has happened to make us trans which is false.</i></p>	<ul style="list-style-type: none"> <li>✓ He is <u>transgender</u></li> <li>✓ He is a transgender <u>man</u></li> </ul>
<ul style="list-style-type: none"> <li>✗ He <u>transgendered</u> last year</li> </ul>	<ul style="list-style-type: none"> <li>✓ He <u>transitioned</u> last year</li> </ul>
<ul style="list-style-type: none"> <li>✗ He <u>changed genders</u></li> </ul> <p><i>I didn't change my gender. I changed my presentation. I've always been myself—a boy, a man. I just haven't always had the words or resources or confidence to explain that.</i></p>	<ul style="list-style-type: none"> <li>✓ He <u>transitioned</u></li> </ul>
<ul style="list-style-type: none"> <li>✗ He was <u>born a girl</u></li> <li>✗ When he <u>was a girl</u></li> <li>✗ Before he <u>became a boy</u></li> </ul> <p><i>These imply I was once a girl. But I never was truly a girl. Though I may have "looked like" or presented as a girl, I have always been me; a boy, a man. Even when I couldn't explain that. For me, this extends to "FTM" as well. When relevant, I prefer to say I was "assigned female at birth, and identify as male," instead.</i></p>	<ul style="list-style-type: none"> <li>✓ He was <u>assigned female at birth</u></li> <li>✓ When he <u>presented as a woman</u> OR When he was <u>perceived as a woman</u></li> </ul> <p><i>The difference between these two is that the former implies the trans person intended to present as a woman, whereas in the latter, it's just about others' perception.</i></p> <ul style="list-style-type: none"> <li>✓ Before he <u>transitioned</u></li> </ul>
<ul style="list-style-type: none"> <li>✗ Being trans means you're gay.</li> </ul>	<ul style="list-style-type: none"> <li>✓ Gender identity and sexual orientation are not the same</li> </ul>
<ul style="list-style-type: none"> <li>✗ Did you get <i>the</i> surgery?</li> </ul>	<ul style="list-style-type: none"> <li>✓ Don't ask about surgeries and/or private parts unless a person explicitly invites that conversation!</li> </ul>

# Gender Galaxy

TWO SPIRIT  
GALAXY



SEXUALITY  
GALAXY



FEMININE  
GENDER EXPRESSION - INFINITE POSSIBILITIES  
MASCULINE



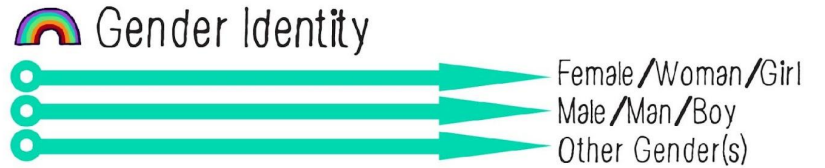
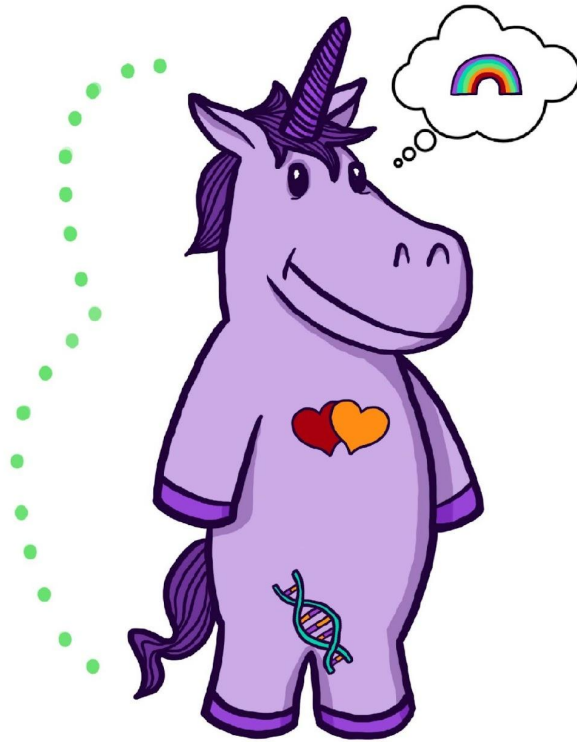
Action Canada  
for Sexual Health & Rights

ADD YOUR OWN PLANET (COMET OR MOON)!  
MAKE YOUR OWN SOLAR SYSTEM OR GALAXY!



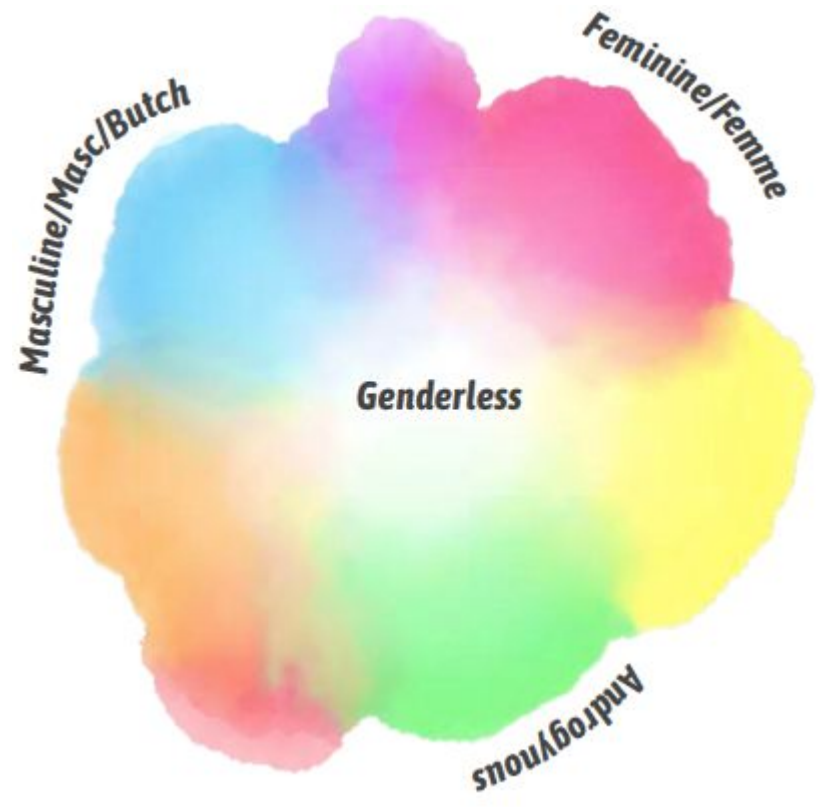
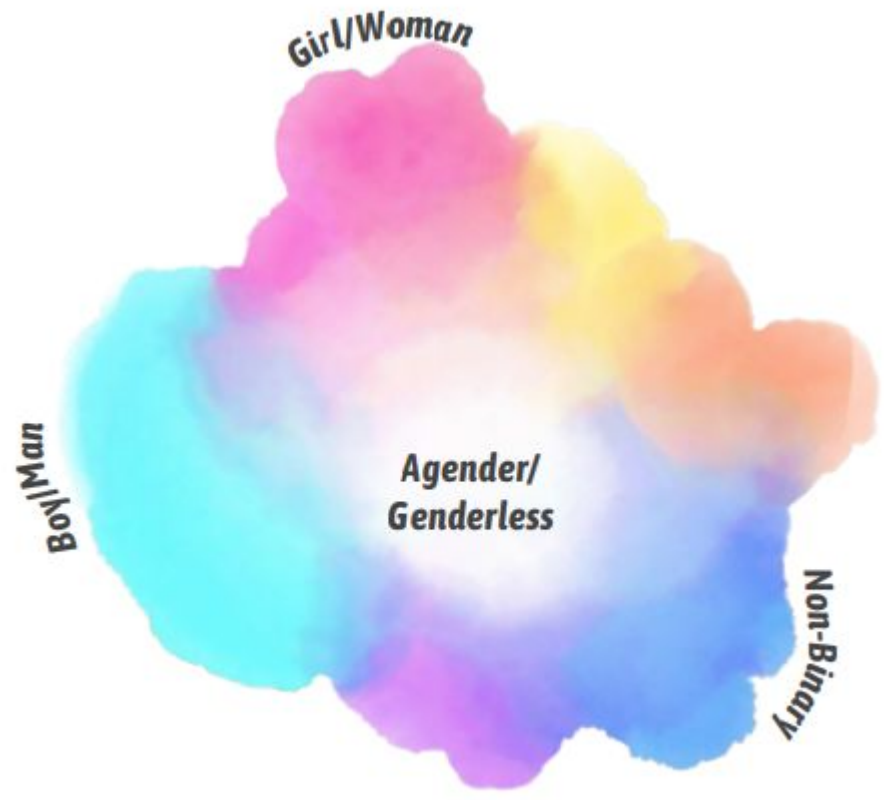
# The Gender Unicorn

Graphic by:  
**TSER**  
Trans Student Educational Resources



To learn more, go to:  
[www.transstudent.org/gender](http://www.transstudent.org/gender)

Design by Landyn Pan and Anna Moore



# Resources

- **World Professional Association for Transgender Health**
  - <https://www.wpath.org/>
  - Standards of Care: <https://www.wpath.org/publications/soc>
- **UCSF Gender Affirming Health Program**
  - <https://transcare.ucsf.edu/>
- **Seattle Children's Hospital Gender Clinic**
  - <https://www.seattlechildrens.org/clinics/gender-clinic/>
- **The Trevor Project**
  - <https://www.thetrevorproject.org/>
- **Trans Student Educational Resources**
  - <https://transstudent.org/gender/>
- **Gender Care at Community Health of Central Washington**
  - <https://www.chcw.org/yakima-pediatrics/gender-care/>

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