



Gender Identity Training

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Accreditation



In support of improving patient care, this activity has been planned and implemented by TRC Healthcare/NetCE and LGBT Center of SE Wisconsin. TRC Healthcare/NetCE is jointly accredited by the Accreditation Council for Continuing Medical Education (ACCME), the Accreditation Council for Pharmacy Education (ACPE), and the American Nurses Credentialing Center (ANCC), to provide continuing education for the healthcare team.



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This presentation is worth 1.5 hours of Live CE credit.

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Disclosure: All persons involved in the development of this webinar have disclosed no relevant financial relationship with any product manufacturer or service provider mentioned.





Gender Identity Training

The Basics
Avoiding Assumptions
Facility Inclusivity
Provider Allyship

Learning Objectives

By the end of this training, participants will be able to:

- Describe the differences between transgender, cisgender & nonbinary identities
- Explain the different types of transition & how they may influence a patient/client's healthcare needs
- Identify some unique health considerations for transgender & nonbinary clients
- Understand the importance of inclusive language when discussing a transgender patient's medical history
- Apply inclusive practices to facility operations, such as adjusting forms & EHR systems to better accommodate gender identity & anatomical inventory

Learning Objectives

By the end of this training, participants will be able to:

- ❑ Create an inclusive questionnaire for patient intake that respects gender identity & sexual orientation, ensuring patient comfort & privacy
- ❑ Evaluate their own language & behaviors in healthcare settings to ensure they align with best practices for respecting transgender & nonbinary clients/patients

Disclosure:

This training was created by Kez Cesarz as an employee of The LGBT Center of Southeast Wisconsin. The development of this training was fully funded through The Equity Innovation Fund, a grant provided by The United Way of Racine County.

Agreements

Facilitator Agreements

- Umbrella Terms & Generalizations
- Conversational
- “I don’t know”

Participant Agreements

- No assumptions
- Ask questions
- Defensive Duck



(He/Him)

“It is what we know already that often prevents us from learning.”

– Claude Bernard

Who Am I?

Birth



Assigned ~~Packers~~ at birth
^
female

Who Am I?

Age 3+

Gender
Dysphoria

"Tomboy"

Social
Anxiety



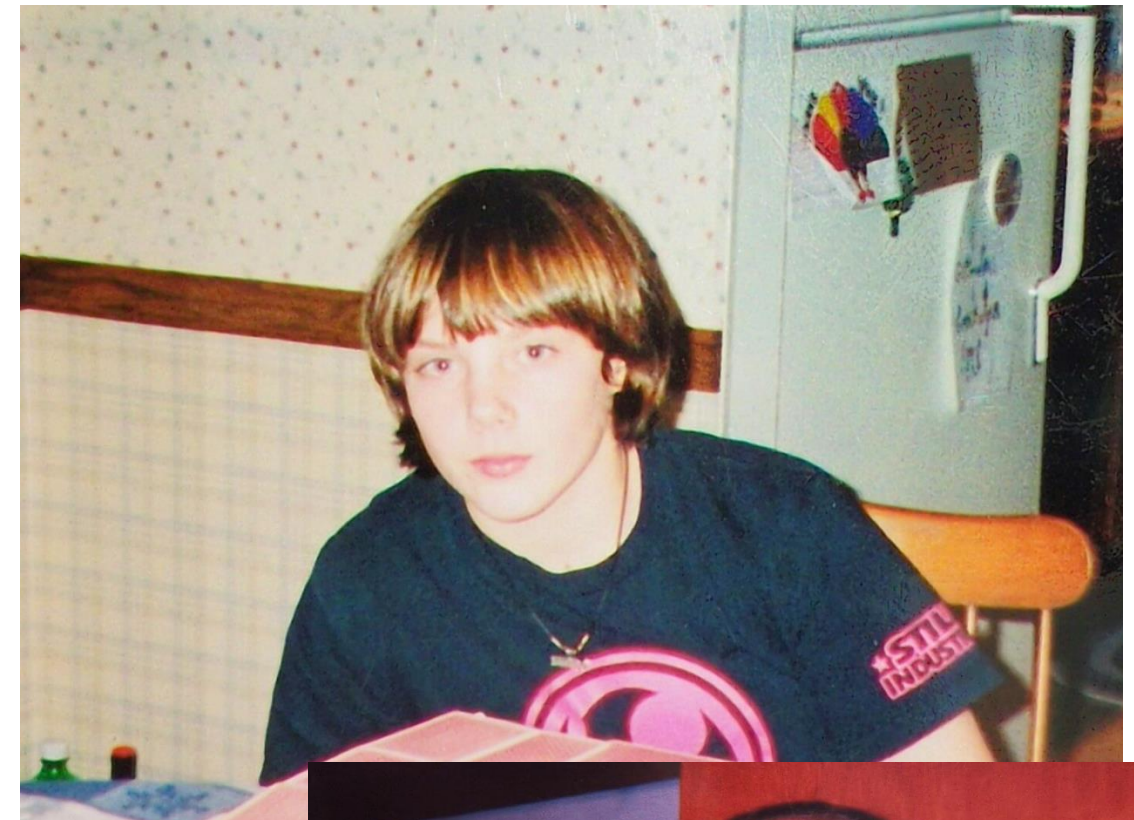
Who Am I?



Age 12-14

Puberty

Sexual
Orientation



W

h I?



Age 15-18

Social
Assimilation

Who Am I?



Transition



Why we're here

**Nearly half of transgender adults
- 68% of trans people of color**

reported experiencing
mistreatment by a provider in
the year prior (Intersectionality)

**28% of transgender
adults**

reported foregoing medical
care for fear of experiencing
discrimination

"2 in 3 transgender adults

worry their health evaluations
are affected by their sexual
orientation or gender identity"
(Gruberg et al., 2021).

81% of transgender adults

reported considering suicide in
their lifetime vs 30% of
cisgender respondents

(Gruberg et al., 2021)

Oppportunities for Improving Clinical Care

Opportunities for Improving Clinical Care

- Respectful interaction promotes trust**
- Inclusive methods of collecting information/history**
- Insurance & coding**
- Building confidence = shared decision-making opportunities**

PART ONE

The Basics

Avoiding Assumptions

Facility Inclusivity

Provider Allyship

LGBTQIA+

Gender Identity

LGBTQIA+

LGBTQIA+

Umbrella Terms

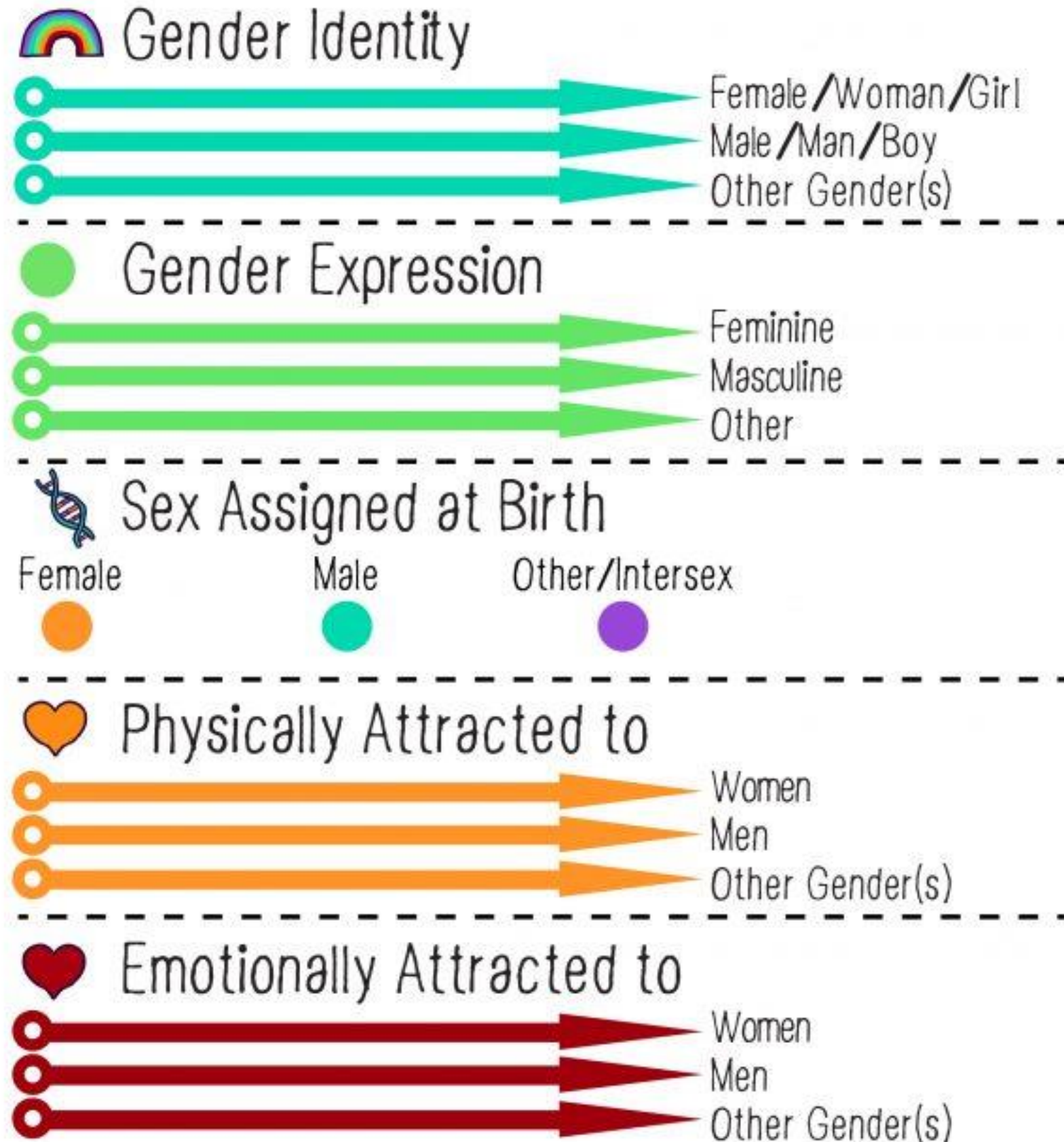
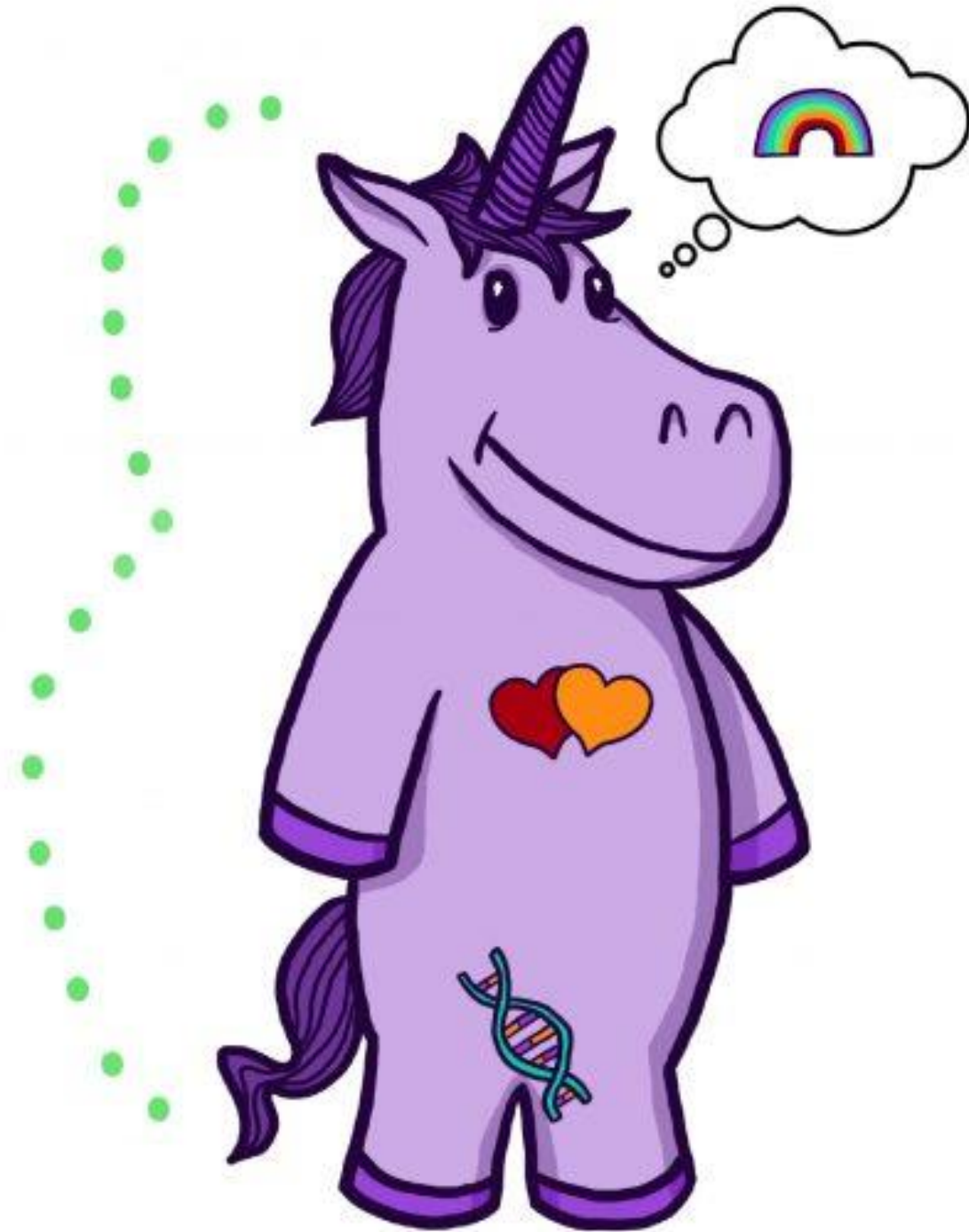
Gender vs Sex

^

Identity

The Gender Unicorn

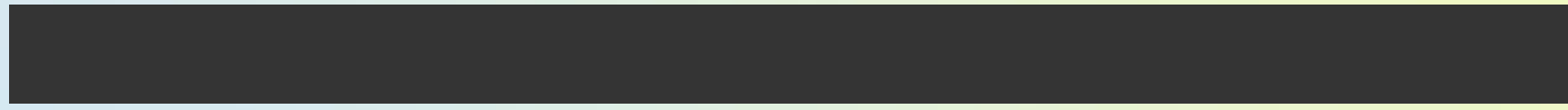
Graphic by:
TSER
Trans Student Educational Resources



To learn more, go to:
www.transstudent.org/gender

Design by Landyn Pan and Anna Moore

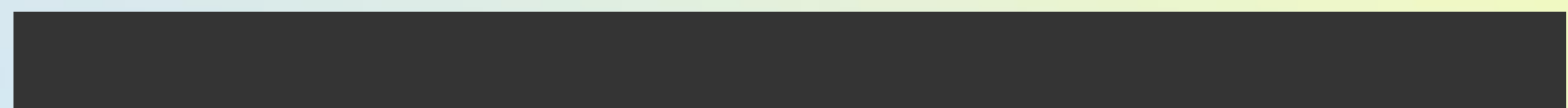
TRANSGENDER



CISGENDER

TRANSGENDER

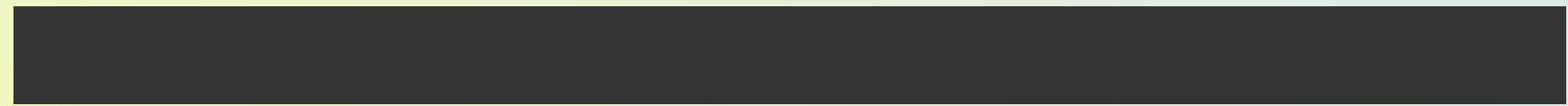
“on the other side of”



CISGENDER

“on the same side as”

NONBINARY



People whose gender identity falls in between or outside of the gender binary of male or female

INTERSEX

People whose sex at birth isn't clearly as male or female

2% of the population are intersex – that is the same percentage of people who have natural red hair



PRONOUNS

he / him

she / her

they / them

PRONOUNS

he / him

she / her

they / them

**“Somebody
left their
wallet at
the table.”**

**“I had to take
my friend to
the hospital.”**

**“Oh, no! Are
they okay?”**

NEOPRONOUNS

she/it / its

fae/faer

ze / zir

**She got the recipe from her
grandma.**

She got the recipe from her
grandma.

**Ze got the recipe from zir
grandma.**

She got the recipe from her
grandma.

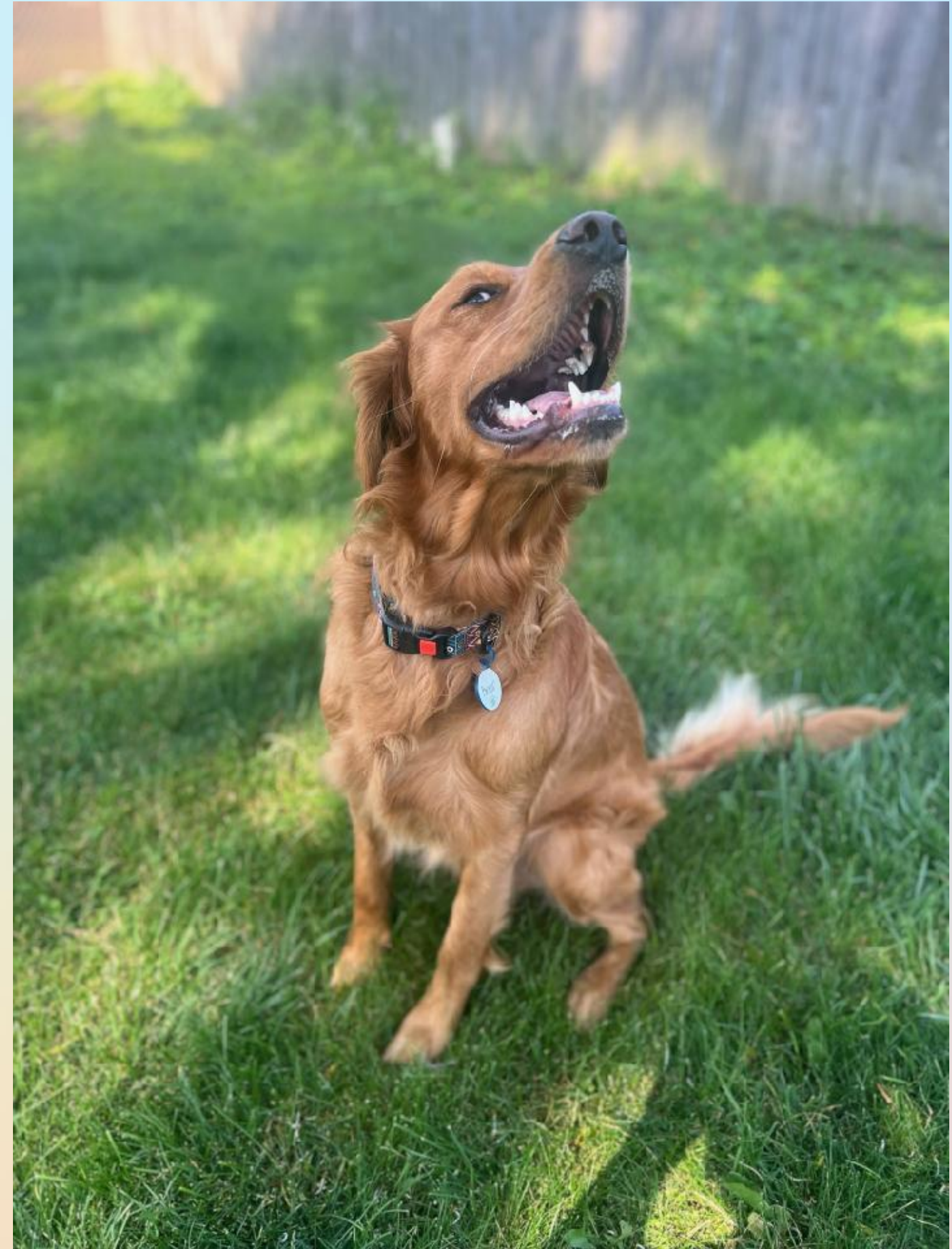
Ze got the recipe from zir
grandma.

**Fae got the recipe from
faer grandma.**

“She’s so cute!”

“Actually, he’s a boy.”

“Oh, he’s so cute!”



PART TWO

The Basics

Avoiding Assumptions

Facility Inclusivity

Provider Allyship

Let's bust some myths

MYTH:

If someone identifies as transgender, they want surgery and hormones.

TRUTH:

**Transition looks different for everyone.
This does not make them "less trans".**

**“TRANS
BROKEN
ARM
SYNDROME”**

MYTH:

Being trans is a choice. A transgender person is changing their gender.

TRUTH:

Transgender people have always been their gender. They are just affirming it through language and other methods of transition.

Why does someone transition?

Gender. Dysphoria

Social

Medical

Legal

DYSPHORIA

Social

DEAD NAME
CLOTHING NORMS
WRONG PRONOUNS

Medical

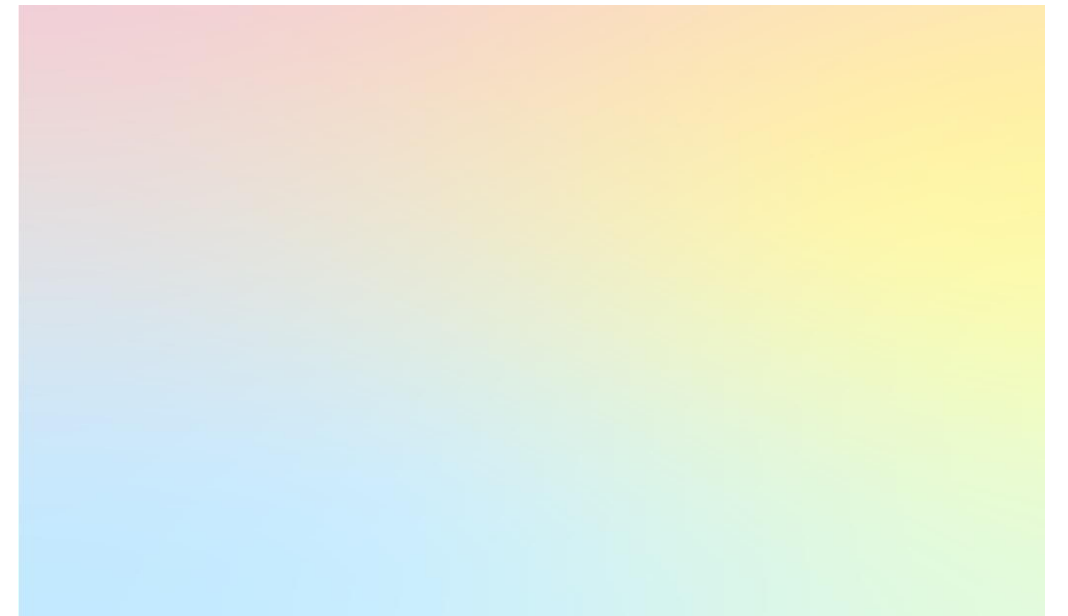
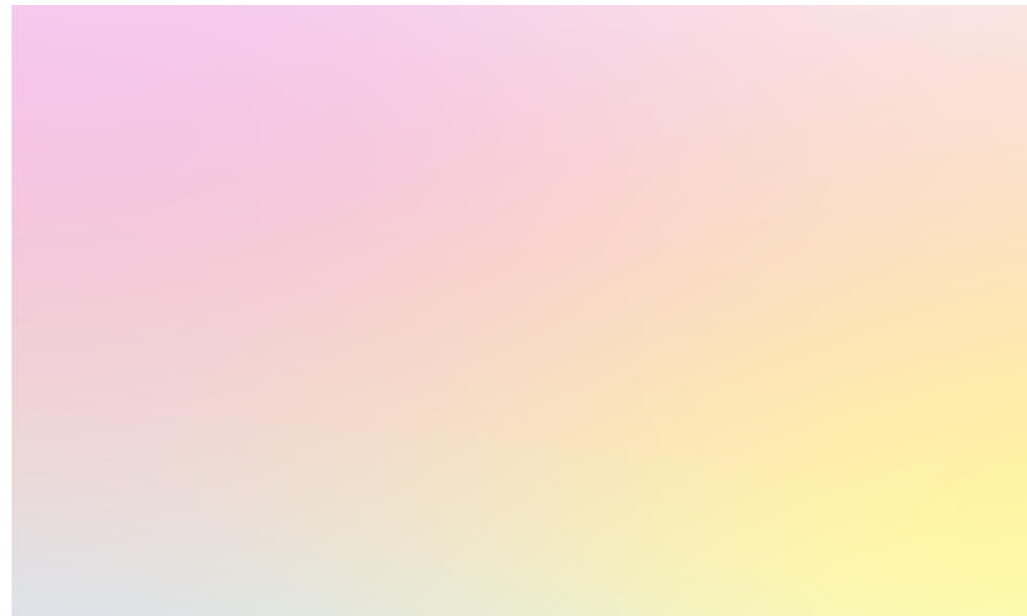
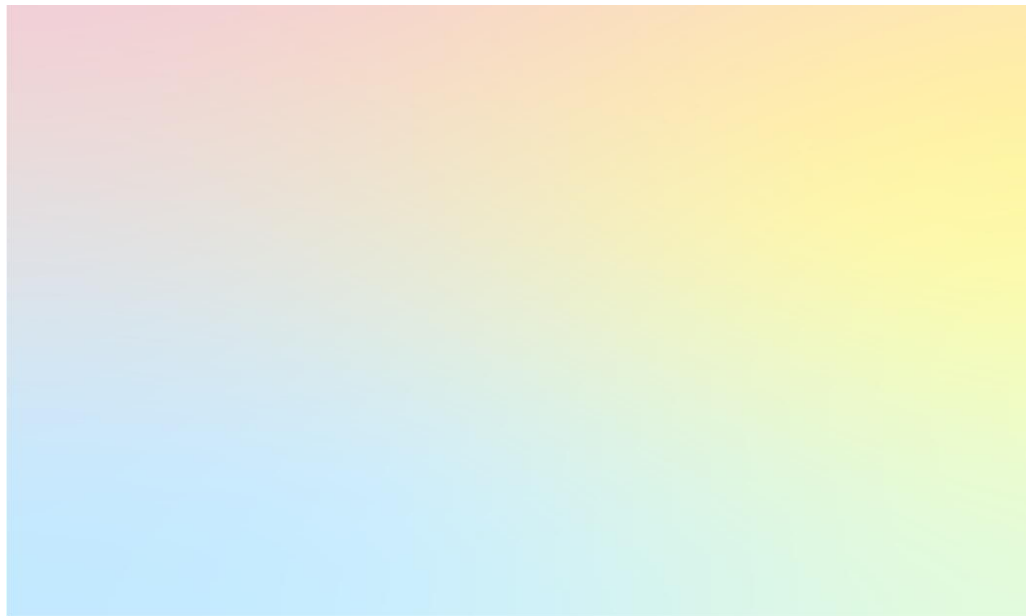
BODY FEELS WRONG
VOICE SOUNDS WRONG

Legal

NAME AT SCHOOL
DRIVER'S LICENSE
DOCTOR'S OFFICE

DYSPHORIA

TRANSITION



TRANSITION

Social

CHOSEN NAME
PRONOUNS
DRESS

Medical

HORMONES
SURGERY

Legal

NAME CHANGE
GENDER MARKER

TRANSITION

Medical

HORMONES
SURGERY

Social

Legal

TRANSITION

Social

CHOSEN NAME
PRONOUNS
DRESS

Legal

NAME CHANGE
GENDER MARKER

Medical

HORMONES ONLY

Transition Considerations for Providers

Transition Considerations for Providers

MEDICAL

- **Anatomy/Organs**
 - **Under/over screening**
- **Change in risk factors**
 - **Diabetes, cardiovascular, bone, autoimmune, cancer**
- **Lab results**
- **Sex-specific reference ranges**
- **Binding or Tucking**
 - **BINDING: Damage to the skin, restricted breathing, bruised or broken ribs, issues with lung function**
 - **TUCKING: skin irritation, twisting or inflammation of the testicles, UTI's, and cutting off blood circulation**

Transition Considerations for Providers

MENTAL HEALTH

- **Referral letters**
- **Support system navigation & resources**
- **Judgement-free space for self-discovery**
- **Reassurance & “trying on” labels/identities**
- **Confidence building**
- **“Not trans enough”**
- **Change in privileges**
- **Grief**

MYTH:

If someone transitions (especially gender-affirming surgery), they are likely to regret it.

TRUTH:

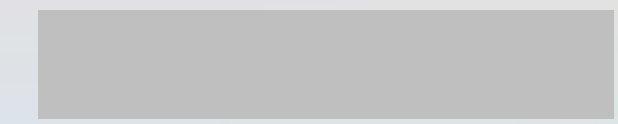
The most current study shows that

LESS THAN 1%

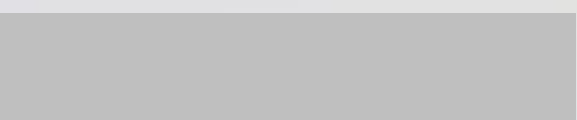
of post-op transgender adults regret their transition

(Edalatpour, Gast, & Thornton, 2021)

DETRANSTITION



Gender Nonconforming Youth



TIMELINE



Birth

Assigned sex

“Sex Assigned at Birth”
(Instead of biological sex, or “real” gender)

TIMELINE



Age 3+

Gender identity

Gender dysphoria

TIMELINE



Age 10-12

Puberty begins

Dysphoria heightens

Puberty Blockers
Binding & Tucking

TIMELINE

Age 13-18

The truth about
youth surgeries



The queer youth suicide rate

DROPS BY 40%

with access to just one supportive ally

The Trevor Project, 2019

**“RAPID
ONSET
GENDER
DYSPHORIA”**

Part Three

The Basics

Avoiding Assumptions

Facility Inclusivity

Provider Allyship

Minority Stress

****Intersectionality****

Facility Inclusivity

1. Forms

- Adopt LGBTQ+ inclusive administrative data systems
 - ✓ Pronouns
 - ✓ Preferred name & legal name
 - ✓ Inclusive language

First Name

Your answer

Last Name

Your answer

Gender

Male

Female

Other: _____

↙ this can feel, quite literally, "othering"

*“preferred name”
is more inclusive*

Nickname

Your answer

*↖ putting this last makes
it easy to miss*

Preferred Name

Your answer

Legal Name

Your answer

We will only refer to you by your preferred name, and if anyone uses the wrong name, please tell the front desk.

Last Name

Your answer

Gender Identity

- Cisgender Male Transgender Male Nonbinary
 Cisgender Female Transgender Female Unsure
 Other: _____

Tell us the words you're most comfortable with, even if they aren't included above!

**communicate
accountability** ↗

↙ **communicate
openness**

**if you need sex assigned at birth,
here's an option**



Sex Assigned at Birth

- Male
- Female
- Intersex

Anatomical Inventory

Facility Inclusivity

2. Training & Policy

- Include frontline staff
 - ✓ Cultural competency & readiness
- Update nondiscrimination policies

Facility Inclusivity

3. Visuals & Amenities

- Safe space visuals
- All-gender restrooms
 - “Gender diversity is welcome here; please use the restroom that best fits your gender identity or expression”
- Promotional material

Part Four

The Basics
Avoiding Assumptions
Facility Inclusivity
Provider Allyship

Allyship

1. Language

- Practice & encourage inclusive ^{he/him} language
- Respectful of pronouns
 - ✓ Name tags, pins
 - ✓ Email signatures

Allyship

2. Do not “out” someone

- Misgendering
he/him
- Deadnaming
- “I knew him when he was Maria.
He goes by Jake now.”

Allyship

3. Respect

- Do not ask inappropriate questions about transition
- Educate yourself & others
- Love > Understanding

Allyship

He is transgendered

He is transgender

~~He changed genders~~

He transitioned

~~“When he was a girl...”~~

“Before he
transitioned...”

**Don't be
afraid to
correct or
be
corrected**

BONUS

The Basics
Avoiding Assumptions
Facility Inclusivity
Provider Allyship
Practicing Scenarios

**“You don’t look gay.”
“You don’t sound black.”
“You don’t seem autistic.”**

**the idea that you can “guess”
is harmful to everyone**

**You’re trans? I never would have guessed!
Have you done the surgery and everything?**

this is invasive

**imagine the reverse:
“you’re a cisgender man, do you have
a penis and both testicles?”**

but it also uses her deadname

**Michael is a girl now.
She goes by Mia.**

this correctly genders Mia!

The doctor will use your chosen name, but what's your real name? I need it for insurance.

better to say "legal name"

if you need a trans person's legal name, ask for it sensitively

You approach the waiting room and call out for James. No one comes forward. As you look around, you see someone who presents as female looking uncomfortably around the room, but doesn't get up.

What can we do?

The patient presents as male.

The intake form asks for the patient to select “M” or “F” for sex. They marked their sex as “F”.

What do we need to know?



“Gender affirming care goes beyond hormones and surgery; gender-affirming care is sometimes as simple as being able to walk into a provider’s office confidently knowing you are safe to be exactly who you are and will be treated with respect and dignity regardless of your gender identity or expression.”

– Kez Cesarz





LGBT CENTER OF SE WISCONSIN

Safe-Zone Training | Support Groups | Advocacy | Volunteering



LGBT Center of SE Wisconsin

We are a small yet mighty organization **advocating for the rights of individuals** who have experienced discrimination and for policies and ordinances that make our cities more inclusive. **The LGBT Center of SE Wisconsin** offers **support groups** and **safe zone training** for the community. Please **help us** build a safe community for all people.


FUNDERS OF THE LGBT CENTER OF SE WISCONSIN

Each of our **funders** helps support **the work we do**.



Provider Directory – LGBT Center

https://lgbtsewi.org/providers/



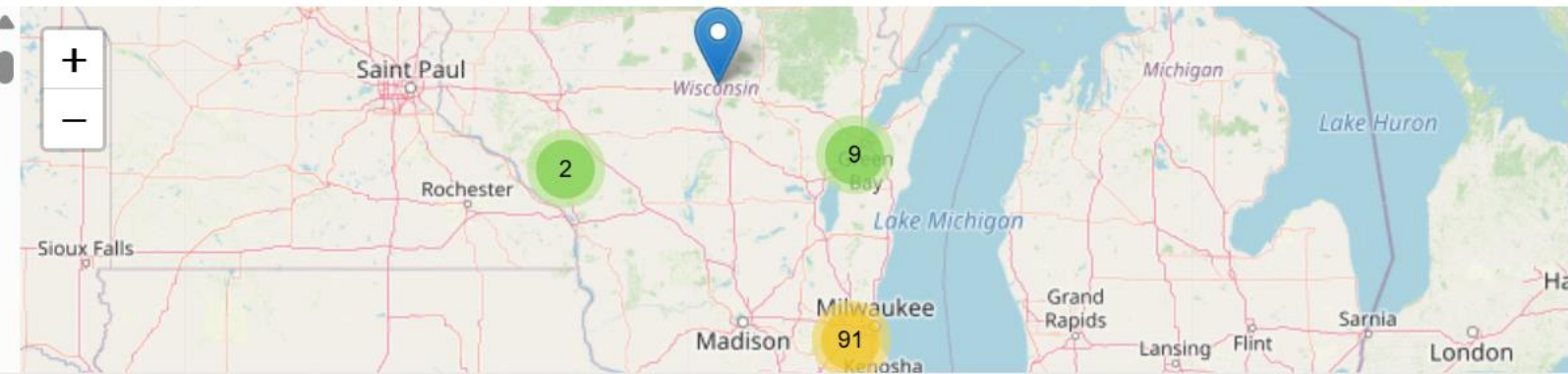
THE CENTER+ **PROGRAMS** **TAKE ACTION** **RESOURCES** **SIGN UP** **DONATE**

PROVIDER DIRECTORY

The providers listed in this directory have taken the initiative to enroll themselves in this project confirming their experience and dedication to serving transgender, nonbinary, and gender nonconforming clients.
If you are a provider interested in being listed, please [click here](#).

Search by Zip Code: Within Search by Name: Filter by Tags Virtual only

Phone: 4143281850
Address: 111 Wisconsin Ave Ste 1500, Milwaukee, WI, 53202
Website: <https://lifestance.com/provider/melissa-shi-lmft/>
Pronouns: she/her/hers



QUESTIONS?

References

Abrams, M. (2019). Understanding what it means to be nonbinary. *Healthline*.

<https://www.healthline.com/health/transgender/nonbinary>

Almazan A., & Keuroghlian, A. (2021). Association between gender-affirming surgeries and mental health outcomes. *JAMA Surgery*.

Doi:10.1001/jamasurg.2021.0952

Almazan, A., Keuroghlian, A., Loo, S., & Turnan, J. (2021). Factors leading to “detransition” among transgender and gender diverse people

in the United States: A mixed-method analysis. *LGBT Health*. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC8213007/>

American Psychiatric Association. (2022). What is gender dysphoria? *American Psychiatric Association*.

<https://www.psychiatry.org/patients-families/gender-dysphoria/what-is-gender-dysphoria>

American Psychological Association. (2024). APA policy statement on affirming evidence-based inclusive care for transgender, gender

diverse, and nonbinary individuals, addressing misinformation, and the role of psychological practice and science. *American*

Psychological Association. <https://www.apa.org/about/policy/transgender-nonbinary-inclusive-care.pdf>

Amoura, J., Strah, H., & Turner, G. (2020). Care of the transgender patient with a pulmonary complaint. *Annals of the American Thoracic*

Society. <https://www.atsjournals.org/doi/10.1513/AnnalsATS.202007-801CME>

As/Is. (2015). *What it's like to be intersex* [Video]. YouTube. <https://www.youtube.com/watch?v=cAUDKEI4QKI>

References

- Bailar, S. (2023). Gender literacy and DEI inclusion training. *Lane Changer*. <https://www.lanechanger.com>
- Benotsch, E., Patev, A., & Wall, C. (2023). Trans broken arm syndrome: A mixed-methods exploration of gender-related medical misattribution and invasive questioning. *Social Science and Medicine*. Trans broken arm syndrome: A mixed-methods exploration of gender-related medical misattribution and invasive questioning - PubMed (nih.gov)
- Boskey, E., Charlton, B., Dai, D., Hughes, L., Hughto, J., Orav, J., & Figueroa, J. (2024). Prevalence of gender-affirming surgical procedures among minors and adults in the US. *Journal of the American Medical Association Network*.
<https://jamanetwork.com/journals/jamanetworkopen/fullarticle/2820437>
- Brennan, J., Flentje, A., Heck, N., & Meyer, I. (2020). The relationship between minority stress and biological outcomes: A systematic review. *Journal of Behavioral Medicine*. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7430236/>
- Cleveland Clinic. (2022). Intersex. *Cleveland Clinic*. <https://my.clevelandclinic.org/health/articles/16324-intersex>
- Coleman, E., Radix, A., Bouman, W., Brown, G., de Vries, A., Deutsch, M., Ettner, R., Fraser, L., Goodman, M., Green, J., Hancock, A., Johnson, T., Karasic, D., Knudson, G., Leibowitz, S., Meyer-Bahlburg, H., Monstrey, S., Motmans, J., Nahata, L., Nieder, T., ... West, M. (2022). Standards of care for the health of transgender and gender diverse people, version 8. *International Journal of Transgender Health*, 23. <https://doi.org/10.1080/26895269.2022.2100644>
- Daniels, M. (2021). Ancient Mesopotamian transgender and non-binary identities. *Academus Education*.
<https://www.academuseducation.co.uk/post/ancient-mesopotamian-transgender-and-non-binary-identities>

References

- DeFrance, M., & Scuderi, G. (2023). Are 20% of patients actually dissatisfied following Total knee arthroplasty? A systematic review of the literature. *The Journal of Arthroplasty*. <https://pubmed.ncbi.nlm.nih.gov/36252743/>
- Deutsch, M. (2016). Guidelines for the primary and gender-affirming care of transgender and gender nonbinary people. *University of California, San Francisco*. <https://transcare.ucsf.edu/guidelines>
- Doernbecher Children's Hospital. (n.d.) Gender clinic: Safe tucking. *Oregon Health and Science University*. <https://www.ohsu.edu/sites/default/files/2022-03/Gender-Clinic-Safe-Tucking-Handout.pdf>
- Edalatpour, A., Gast, K., & Thornton, S. (2021). A systematic review of patient regret after surgery – A common phenomenon in many specialties but rare within gender-affirmation surgery. *The American Journal of Surgery*, 234. <https://doi.org/10.1016/j.amjsurg.2024.04.021>
- Garrett B., & Hough G. (2017). *Interactive: Brain & behavior interactive ebook*. VitalSource Bookshelf. <https://online.vitalsource.com/#/books/9781544309583/>
- GenderGP. (2024). Detransition facts and statistics: Challenging the myths around detransitioners. GenderGP. <https://www.gendergp.com/detransition-facts/>
- Goldhammer, H., Grasso, C., Keuroghlian, A., & Thompson, J. (2021). Optimizing gender-affirming medical care through anatomical inventories, clinical decision support, and population health management in electronic health record systems. *Journal of the American Medical Informatics Association*. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC8510278/>

References

Graham, P. (2023). Transgender children and young people: How the evidence can point the way forward. *BJ Psych Bulletin*.

<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC8213007/>

Gruberg, S., Mahowald, L., Medina, C., Santos, T. (2021). Protecting and advancing health care for transgender adult communities. *The Center for American Progress*. <https://www.americanprogress.org/article/protecting-advancing-health-care-transgender-adult-communities/>

Hunt, S. (2016). An introduction to the health of two-spirit people: Historical, contemporary, and emergent issues. *National Collaborating Centre for Aboriginal Health*. <https://www.ccnsa-nccah.ca/docs/emerging/RPT-HealthTwoSpirit-Hunt-EN.pdf>

Mayo Clinic. (2023). Puberty blockers for transgender and gender-diverse youth. *Mayo Clinic*. <https://www.mayoclinic.org/diseases-conditions/gender-dysphoria/in-depth/pubertal-blockers/art-20459075>

Michael, M. (2018). Sexism in colors – why is pink for girls and blue for boys? *UMKC Women's Center*.

<https://info.umkc.edu/womenc/2018/06/25/8369/#:~:text=The%20two%20colors%20were%20first,complimented%20hair%20and%20eye%20colors.&text=Then%2C%20blue%20was%20actually%20the,it%20was%20assigned%20to%20boys.>

Moore, A. & Pan, L. (n.d.). The gender unicorn [Image]. *Trans Student Educational Resources*. <https://transstudent.org/gender/>

North Western Melbourne Primary Health Network. (2018, July). LGBTQ+ people talk about their experiences accessing health care [Video]. https://www.youtube.com/watch?v=Q5-7t_qBw14

Pinkmantaray. (2019). *My kid says they're transgender* [Video]. YouTube. My Kid Says They're Transgender (youtube.com)

References

Roselli, C. E. (2018). Neurobiology of gender identity and sexual orientation. *Journal of Neuroendocrinology*, 30(7).

<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6677266/>

Rowello, L. (2024). Here's what parents need to know about chest binding. *Parents*. [https://www.parents.com/kids/health/what-](https://www.parents.com/kids/health/what-parents-need-to-know-about-binder-safety/#:~:text=Mishaps%20usually%20occur%20when%20garments,it's%20also%20painful%20and%20unsafe.)

[parents-need-to-know-about-binder-](https://www.parents.com/kids/health/what-parents-need-to-know-about-binder-safety/#:~:text=Mishaps%20usually%20occur%20when%20garments,it's%20also%20painful%20and%20unsafe.)

[safety/#:~:text=Mishaps%20usually%20occur%20when%20garments,it's%20also%20painful%20and%20unsafe.](https://www.parents.com/kids/health/what-parents-need-to-know-about-binder-safety/#:~:text=Mishaps%20usually%20occur%20when%20garments,it's%20also%20painful%20and%20unsafe.)

Smothers, H. (2021). Hm, no one had a problem with puberty blockers when only cis kids took them. *VICE*.

<https://www.vice.com/en/article/no-one-had-a-problem-with-puberty-blockers-when-only-cis-kids-took-them/>

Tinder. (2019, May). 5 non-binary people explain what “non-binary” means to them [Video]. YouTube.

https://www.youtube.com/watch?v=kVe8wpmH_IU

The Trevor Project. (2019). The Trevor Project research brief: Accepting adults reduce suicide attempts among LGBTQ youth. *The Trevor Project*.

[https://www.thetrevorproject.org/wp-content/uploads/2019/06/Trevor-Project-Accepting-Adult-Research-](https://www.thetrevorproject.org/wp-content/uploads/2019/06/Trevor-Project-Accepting-Adult-Research-Brief_June-2019.pdf)

[Brief_June-2019.pdf](https://www.thetrevorproject.org/wp-content/uploads/2019/06/Trevor-Project-Accepting-Adult-Research-Brief_June-2019.pdf)

Wills, M. (2023). Boys in dresses: The tradition. *JSTOR Daily*. <https://daily.jstor.org/boys-in-dresses-the-tradition/>