What Constitutes Gender- and Queer-Affirming Care?

Results from a Qualitative Study with Implications for Dietitians

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Agenda

- Background
- Introducing the study team and methods
- Insights from participants:
  - Perceptions of challenges in treatment settings
  - Going beyond just pronouns
  - Strategies for improving care delivery and supporting patients
  - Impact of shared identities and providing safe care without shared identities
- Benefits of ”getting it right”
- Questions & Discussion

Learning Outcomes

Participants will understand how emerging research evolves best practices to meet the needs of individuals in the LGBTQ+ community, recognizing that this includes but is not limited to using correct, preferred pronouns.

Participants will identify three unhelpful practices or patterns articulated in qualitative interviews by participants with lived experience.

Participants will identify three strategies to inform nutrition counseling to improve care for individuals with diverse gender identities.

Our Research Team

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Disclosures

- Research team members are all employed at Boston University's Sargent College in the Health Sciences Department
- Research Support (for Dr. Shannon Peters) through internal institutional grants
- Dr. Paula Quatromoni was previously a paid Senior Consultant at Walden Behavioral Care while the present study data collection occurred

Background

- 0.6% of U.S. adults and 0.7% of adolescents (age 13-17) identify as transgender
- TGD populations have increased incidence of nutrition-related conditions:
  - Diabetes
  - Cardiovascular disease
  - Mental health conditions
    - Including ~1/3 to ½ of respondents self-reporting experiences with incomplete suicide (Virupaksha 2016)
    - Gender dysphoria: distressed caused by discrepancy between sex assigned at birth and gender identity
- 2016 NIH designation as a “health-disparate population”

Barriers Exist to Accessing Competent Care

- Access to care is a big part of the challenge (2025, Green)
  - Care avoidance
  - Lack of competent providers
  - Limited transgender-focused medical curricula or training
  - Legislative restrictions on gender-affirming healthcare
  - Technical and administrative barriers
- Providing competent, safe, gender-affirming care is necessary to ensure individuals in LGBTQIA2s+ communities are optimally supported and not harmed in treatment settings (Cusack et al., 2022)

2019 Academy Publicatio
Key Terms

PRACTICE APPLICATIONS
Professional Practice

Caring for Transgender Patients and Clients: Nutrition-Related Clinical and Psychosocial Considerations

- Sex assigned at birth: chromosomal, genital, hormonal characteristics
- Gender identity: Expression which may or may not align with their sex assigned at birth
- Transgender: Umbrella term for people whose gender identity and/or gender role do not conform to what is typically associated with their sex assigned at birth
  - Male-to-Female (MtF): have changed, are changing, or wish to change their body and/or gender role to a more feminized body or gender role (transgender women, trans women)
  - Female-to-Male (FtM): have changed, are changing, or wish to change their body and/ or gender identity to a more masculine body or gender identity (transgender men, trans men)

Clarifying Terms (continued)

- Cisgender: a person whose gender identity and gender expression align with sex assigned at birth
- Gender-nonconforming: an umbrella term to describe people whose gender expression or gender identity differs from gender norms associated with their assigned birth sex.
- Genderqueer: gender identity does not align with a binary understanding of gender (e.g., a nonbinary individual)
- Gender-diverse: Any individual whose gender identity or expression differs from their sex assigned at birth

Gender-Affirming Care

Can include medical interventions focused on transition

- Transition: Period of time when individuals change from gender associated with their assigned sex at birth to a different gender role/presentation
  - May or may not include feminization/masculinization of the body through hormones or medical procedures
  - Nature & duration are variable & individualized
- Medical & surgical interventions
  - Masculinizing or feminizing hormone therapy
  - Puberty suppression in some adolescent populations
- Social transitions
- Legal transitions

IMPORTANT: Not just about transition

- Gender affirming care is treating them as whole people and ensuring they are respected

JAND 2019 article: includes both clinical and psychosocial care

Best Practices Previously Outlined by the Joint Commission

Create a welcoming, inclusive environment

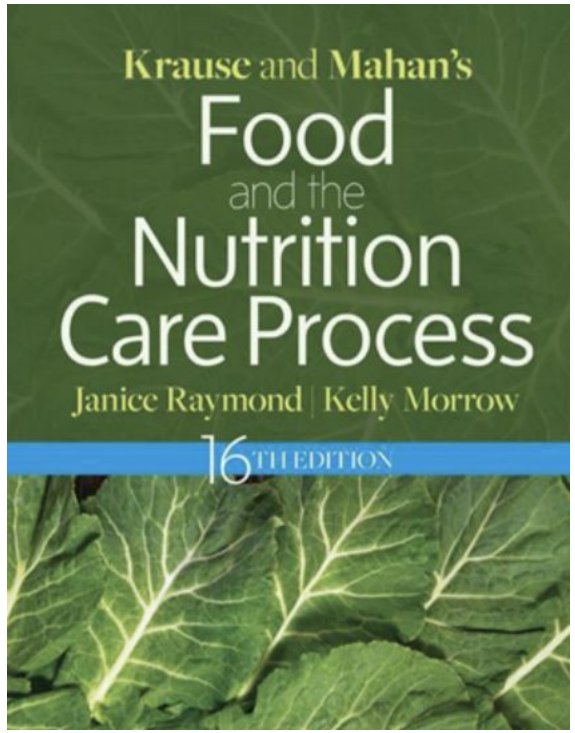
- Physical environment: waiting room décor, restroom availability
- Forms and gender-neutral language

Address providers' and patient bias

- Assumptions, stereotypes, and reactions by providers
- Patient-to-patient discrimination plans

Privacy & Confidentiality

- Respect boundaries around identity disclosure
- Listen to and reflect patients' choice in language



Box 18.2

Two-Step Method to Query Assigned Sex at Birth and Gender Identity Data

1. What is your gender identity?
   - ~~Male~~ Ma
   - ~~Female~~ Woman
   - Transgender man/Transman
   - Transgender woman/Transwoman
   - Genderqueer/Gender-non conforming
   - Additional identity (fill in) Prefer to self-describe:
   - Decline to state
2. What sex were you assigned at birth?
   - Male
   - Female
   - Decline to state

Sample Language to ask about Preferred Pronouns

3. What pronouns do you use?
   - He/his
   - She/her
   - They/them
   - ~~Other~~ Prefer to self-describe: Another pronoun:

Zie/zir
Xe/xem

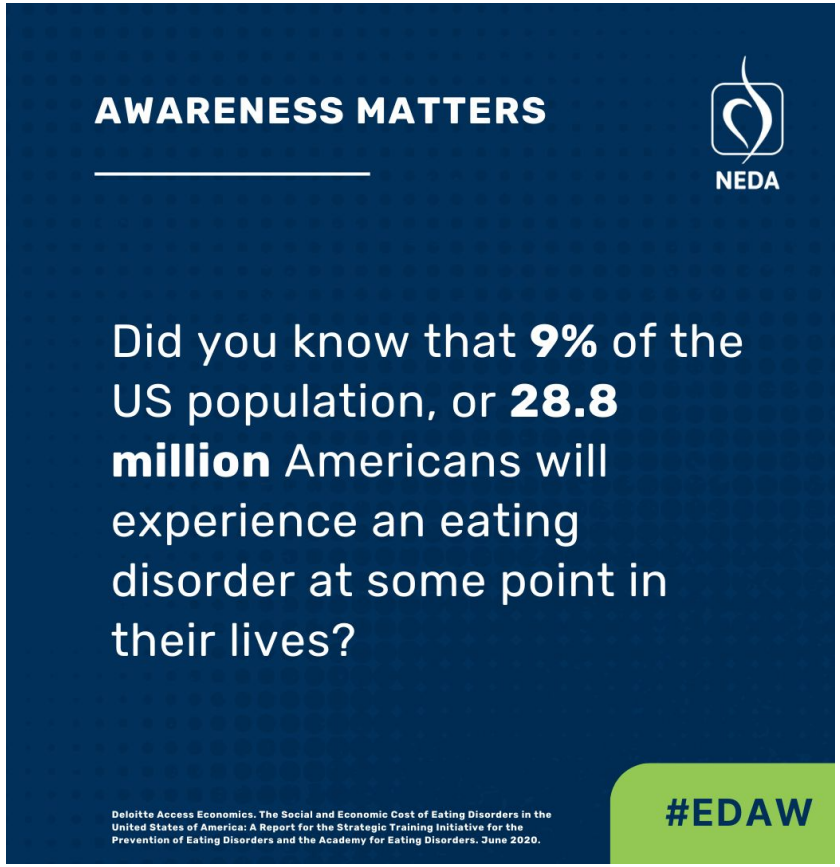
Impact on Healthcare Outcomes

Results from US Transgender Survey

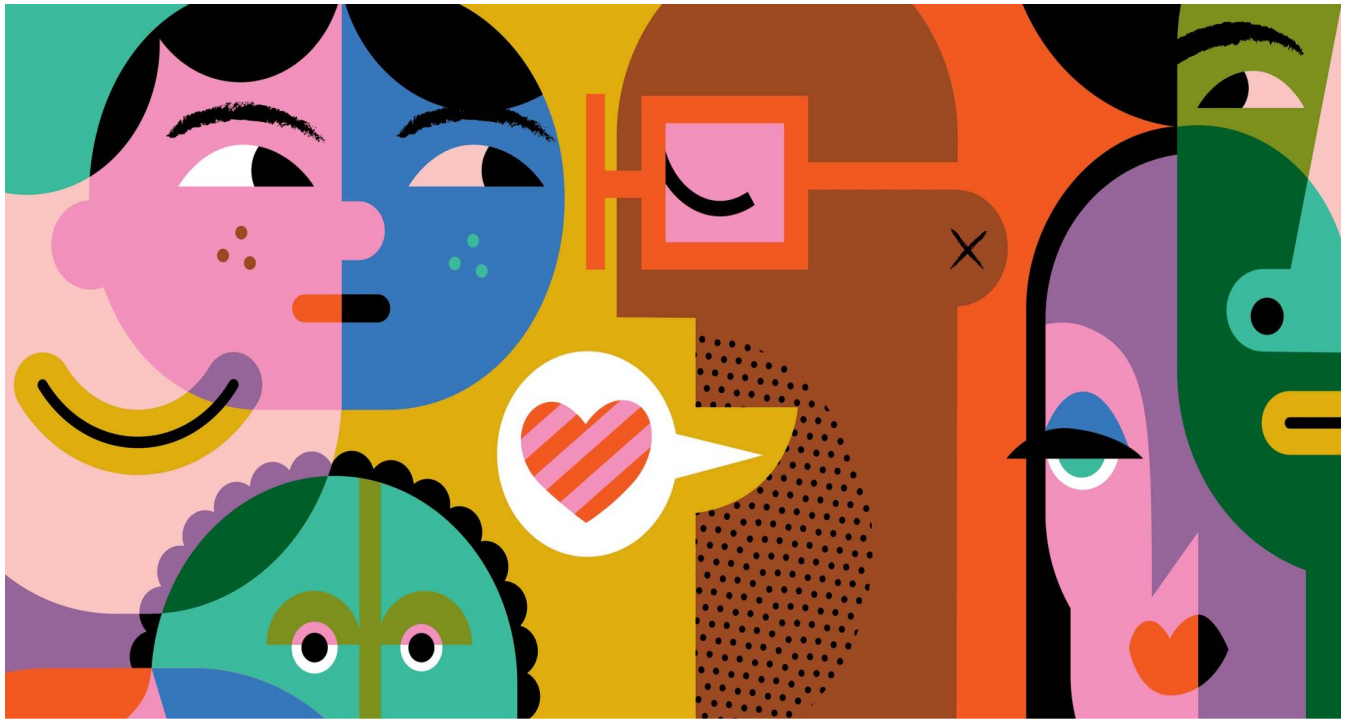
- 1/3 respondents reported having at least one negative experience with a health care provider in the past year:
  - denial of care
  - verbal, physical, or sexual harassment
  - Needing to educate the provider about transgender health issues to facilitate appropriate care
- 23% of respondents avoided necessary medical care because of fear of discrimination and mistreatment

Study:
Eating Disorder Risk in LGBTQIA2s populations

- SWAG acronym:
  skinny, white, affluent girl
- LGBTQIA2s+ and BIPOC:more likely to develop an eating disorder (ED) than straight, white, cisgender women
- 38% of transgender and gender diverse (TGD) youth and young adults experience an eating disorder



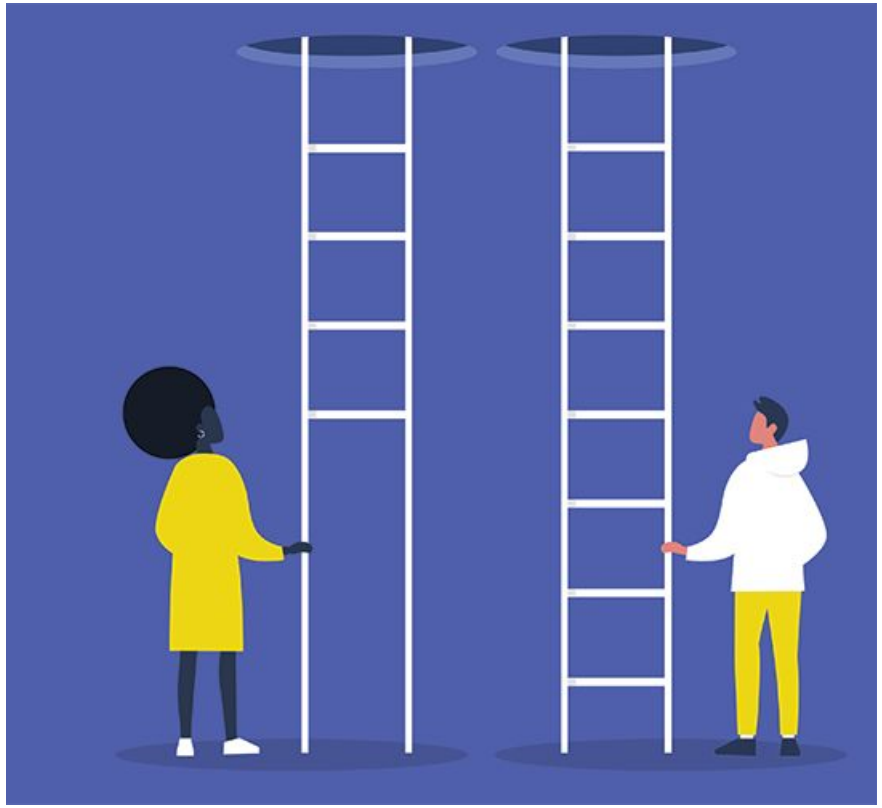
Why are ED rates higher in TGD Communities?



- Stigma
- Discrimination
- Trauma
- Minority Stress
- Gender Dysphoria

And yet…

- TGD individuals with ED:
  - Are **underrepresented** in ED research
  - Face additional **barriers** to accessing treatment
  - Are at risk of receiving gender **incompetent** care



(Goetz et al., 2023; Nagata et al., 2020)

Research Objective

- Explore the experiences of adult patients who attended a virtual ED treatment program designed specifically to treat LGBTQIA2s+ folx

- **Research Question**:
  What is the lived experience of a gender-affirming treatment program for LGBTQ+ individuals in a tailored program?
- Reflexive thematic analysis to qualitatively analyze interviews
  - Goal of understanding participants' lived experiences

- **Presentation Objective**:
  Highlight themes as described by participants with clinical applications in nutrition counseling settings

Study Sample: Setting

- Eating disorder treatment program tailored for LGBTQIA2s+ population
  - Partial Hospitalization and Intensive Outpatient programming offered
  - Virtual setting
  - Group & individual sessions
  - Shared meals
  - Structured eating pattern guided by meal plan

Recruitment

- Initial recruitment via emailed flyer
- Screening calls
- Inclusion criteria:
  - English-speaking
  - Age 18+
  - >2 weeks treatment in program
- One virtual (Zoom) study visit
  - Informed consent
  - Demographics questionnaire
  - Semi-structured audio-recorded interview
- Participant compensation: $25

Snapshot of Participants' Demographics

Gender identity	N = 16	%
Transgender	10	62.5
Nonbinary	10	62.5
Woman	3	18.8
Man	1	6.3
Trans man	1	6.3
Genderfluid	1	6.3
Genderqueer	1	6.3

Sexual Orientation	N = 16	%
Queer	5	31.3
Pansexual	4	25
Asexual	3	18.8
Gay	3	18.8
Bisexual	2	12.5
Lesbian	2	12.5
Demisexual	1	6.3

Demographics (continued)

Characteristic	N	%
Race & Ethnicity Identities		
White	16	100
Latino ethnicity	1	6.3
Another race identity	2	12.5
Eating Disorder Diagnosis		
ARFID	4	25
Atypical anorexia nervosa	4	25
OSFED	4	25
Anorexia nervosa	3	18.8
Bulimia nervosa	2	12.5
Binge eating disorder	1	6.3

What We Heard From Participants

Negative past experiences were common

Experiences ranged from hostile, to dismissive, to misled

“I think it was harder in other treatment settings to really get into things because I was always scared I was going to be misgendered, and I was just at a level of my guard being up.”

– Participant 13

“They [previous provider] struggled with my pronouns. It didn't seem to be a priority to them, to be honest. And they didn't educate the clients really or patients about it really. So, I did get misgendered a lot.”

-- Participant 3

What We Heard From Participants

Negative past experiences were common

Experiences ranged from hostile, to dismissive, to misled

Negative experiences occurred even with providers attempting to provide gender-competent care

- “Bait-and-switch”
  - Feeling care advertised as competent and didn’t deliver
- Perceived emphasis on pronouns

“I was naive enough to just believe whatever an organization wrote on their website. What [previous provider] advertise is very like gender-affirming care. Maybe gender-affirming for cis white women, but definitely for no one else.

I kind of hate bringing up pronouns because I think often queerness gets kind of reduced to pronouns, but they never used mine… They'd address us like “ladies!” and like it was absolutely disgusting. ”

– Participant 1

Reported Impacts of Non-Competent Care

Feelings of chronic invalidation

Difficulty engaging with providers, groups

Care avoidance

Less effective care even when engaging in treatment/counseling

Superficial, surface-level discussions rather than in-depth exploration □ stunted progress

Elevating Competent Care: Key Takeaways

Pronouns are important… but don’t flatten “competent care” to just pronouns

Reducing burden of carrying the mental load

Building relational safety and trust

Understanding of identities' impact on nutrition

Space and permission to explore and question:

- identities and expression

- intersections with ED behaviors

Competent Care is More than Just Pronouns

- Yes, we need to ensure misgendering and incorrect language
- Efforts at competency that was limited to pronouns felt superficial

- **Resist the urge to default to the "universal they"**
  - Participants still felt unseen and unheard

Reducing the Burden & Mental Load

- Being vigilant resulted in perceived reduction in ability to engage in care
  - Potential for distraction with not being able to let one's guard down
- A block keeping participants from getting more out of treatment

“It just felt like, instead of having to educate and explain, it was just a space where people knew most of the information or things you were referring to. So, **you could get more out of it because you weren’t working as hard on that emotional-mental load**.”

– Participant 10

Building Trust and Safety

- Importance of being seen, heard, **and safe** with providers
- With trust and relational attunement, providers' modeling of relationship to food and body was helpful
- Providers' shared identities were often (not always) viewed as helpful
  - "Vibing" with providers emerged as an important theme
- Enables risk-taking, vulnerability, and sharing

“I could tell that my providers **understood me on a level** that other providers didn’t understand me. Whether or not they were trans or cis or like, I didn’t know any of the sexualities of the providers that I had, but I could assume that they were probably all queer.

And that also was like a level of understanding for me that made me more comfortable and just I don’t think I would have opened up quite as quickly. I don’t think I would have done as much work in those programs if I hadn’t felt like it was a safe space to have those things happen and not be rejected.”

– Participant 4

Food For Thought For Straight/Cis Providers

Demonstrate that you "get it"

- Nonjudgemental, nonreactive
- Not requiring education from clients
  - Litmus test: Can you Google it?

Engagement with queer community

- Engagement with queer media/social media
- Engagement, collaboration, and consult/supervision with queer providers
- Build a referral and resource network

Education on intersecting communities/experiences

- Continual process
- Topics: ENM, kink, neurodivergent, trauma, body image

Understanding Nutrition-Identity Impacts

- Competent providers able to listen to individual participants and **synthesize & integrate** with their body of knowledge
- Safety and space (i.e., from emotional labor) opened up possibilities of making connections
- Counseling & cultural competence a **prerequisite** for providing effective MNT and nutrition
  - E.g., Providing ED-competent care **required** providing gender- and queer-competent care
- Participants had heterogeneous experiences with identities
  - Some holding sexual orientation identities didn't perceive identity impacted ED

“I wasn’t trying to explain my identity to them, like I had been in previous, like, treatment settings. And not only that, but **they understood how it [my identity] could affect my eating disorder**…

and just for me personally, I felt like they weren’t pressuring me to make these **assumptions** because I was a trans man. They were just allowing me to explain why I felt a certain way, before they jumped to, ‘oh you’re trans, so you feel this way.’”

– Participant 12

“It was a really **affirming** and **life-changing** experience to be in a space that allowed for my gender, sexuality and experiences as a non-binary person to play into my treatment. Because I don’t think that I would have been **able to make quite all the connections** that I-- or have the space even to talk about those things and be seen and have people in the same group as me also understand what I was saying. And that was **really affirming and really helpful** in my treatment.”

– Participant 4

Benefits of Getting It Right

- Deeper engagement in treatment
- Improved progress in nutrition and recovery goals
  - Nutrition rehabilitation
  - Eating competence
- Relational safety embodiment, relearning hunger cues
- Mindset shift
- New experiences
- Acceptance and/or exploration of queer identity
- Continued engagement on outpatient level
  (including referrals)