What Happens during Healthcare Interactions to Compel Gender Nonconforming LGBTQ People to Avoid Healthcare?

Emily Allen Paine

INTRODUCTION

Lesbian, gay, bisexual, transgender (trans), and queer (LGBTQ) individuals experience worse health throughout their lives compared to their heterosexual and cisgender (non-transgender, hereafter cis) peers. Stress resulting from stigma and discrimination contribute to LGBTQ health disparities. Policies and social norms that discriminate against LGBTQ people on the basis of gender, sex, and sexuality negatively impact LGBTQ populations.

Compared to their counterparts, LGBTQ people who are gender nonconforming—those who do not conform to dominant biomedical definitions of binary sex, gender, or sexuality and who do not perform or embody the social or cultural expectations of what is considered appropriate for their sex assigned at birth—are more likely to be categorized as part of a stigmatized group by an onlooker and to experience stigma-related stress. Indeed, gender nonconforming LGBTQ individuals report more discrimination and avoid healthcare more often than their conforming peers.

One pathway through which stress and stigma harms health among LGBTQ groups is the underuse of healthcare. For example, fear of discrimination during healthcare interactions discourages people from seeking care.

To better understand why gender nonconforming LGBTQ individuals may avoid healthcare, this brief reports on a study that examined their experiences in healthcare encounters. The author conducted in-depth interviews with a racially diverse sample of 34 adults in a metropolitan area of the United States who do not conform to dominant biomedical schemas of sex and gender: gender nonconforming LGBQ cis women, transgender men, and nonbinary individuals (those who identify as neither male nor female).

KEY FINDINGS

> Patients experienced *embodied disruption*: when providers made incorrect assumptions about or did not recognize the identities and/or embodiments of gender nonconforming LGBTQ people during a patient-provider interaction, a stigmatizing disruption occurred.

> Providers typically responded to embodied disruption in four ways that further stigmatized patients (*see figure*):

  > Disengagement – for example, providers no longer talking or meeting patients' eyes;

  > Sorting – providers attempting to sort patients into binary, medical categories of sex/gender and sexuality;

  > Denial – providers challenging the validity of patients' identities and/or denying care; and

  > Discipline – providers chastising patients for their identities and embodiments.

> After disruption, patients typically left healthcare encounters without getting their health needs met and often discontinued care.

> Patient experiences were similar across race/ethnicity, but patients' ability to manage disruption varied by gender identify, with nonbinary and trans patients facing greater barriers to recognition.

> The exception to the rule of negative experiences associated with disruption occurred when providers recognized (asked patients about their identities) and affirmed patients. This happened most often in LGBTQ healthcare settings or with LGBTQ-identified providers.

PROVIDER RESPONSES TO EMBODIED DISRUPTION

Disengagement

[After the provider mis/recognized Pablo's gender embodiment] "The good thing was he didn't react in any overt type of way, but after [he saw my genitals]: no eye contact, no more conversation."

*Pablo, 33, Latino,
trans man*

Sorting

[The gastroenterologist] did a whole breast exam…he's kind of being weird, but then…he says "Okay now come stand in front of me, I'm going to examine your testicles." And I was like, "Well, I'm a woman. … But he said "Okay well, um, put on your clothes and we'll talk." [In] his office…he's like, "Well now that we have your gender sorted out."

*Liza, 26, a white/Jewish/Italian
boy-looking girl**

Denial

[After the provider called Jason by the wrong name] "No actually, I'm male, and she was like, 'But you have a husband,' and I was like, 'Yeah, I know, I'm a gay man,' and she was like, 'But you were born a woman?' … [Then] she said I was very young, so young in fact that I couldn't really know for sure that I was trans."

*Jason, 23, Latino,
trans man*

Discipline

[After the specialist did the internal ultrasound for extreme uterine pain] She came back …and is like, "Why would you choose this? … And then she said that people were born the way that God intended, so in her religion this was unacceptable, and she wondered why I would go against God.

*Pablo, 33, Latino,
trans man*

This figure shows examples of the four key ways that medical providers respond to embodied disruption with gender nonconforming patients–disengagement, sorting, denial, and discipline–all of which further stigmatize patients.

Embodied disruption is a stigmatizing disruption during a patient-provider interaction that occurs after providers make incorrect assumptions about or do not recognize the identities and/or embodiments of gender nonconforming LGBTQ people.

*Participants described their identities in their own words.

POLICY IMPLICATIONS

Structural changes are needed within the broad social institution of medicine. Medical schemas about sex and gender should be redefined to reflect the diversity embodied by LGBTQ people. Inclusive schemas should then be institutionalized across medicine so that healthcare providers are trained and supported to recognize and deliver affirming care for their gender nonconforming patients.

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