



**Boston  
Children's  
Hospital**

Until every child is well™

# gender identity & pronoun use

A guide for pediatric  
health care professionals



# Everyone has a gender identity.



Some people identify as cisgender — a gender that corresponds with the sex they were assigned at birth. Others identify with a gender that is different from what they were assigned at birth.



Regardless of a person's sex assigned at birth, a person may identify as a woman, a man, both or neither, or they may switch between genders (gender fluid).



In a healthcare setting, respecting a patient's gender identity and asking about the name and pronouns they use is a crucial element of good clinical care.

# Questions & answers

“Using a person’s correct pronouns is an important sign of respect,” says Sabra L. Katz-Wise, PhD, a Boston Children’s Hospital faculty researcher with pediatric expertise in sexual orientation and gender diversity. “Proper pronoun use also increases communication and trust with patients.”

Katharine Thomson, PhD, a clinical psychologist at Boston Children’s involved in LGBTQ+ (lesbian, gay, bisexual, trans, queer/questioning and others) education and advocacy, says when working with adolescents, teens and colleagues, there are two important things to remember: never assume anything and always ask for someone’s name and pronouns.

“We cannot assume someone’s pronouns by the way they look, dress or act — even when we know their gender identity,” Thomson says. “Also, the name listed in the medical record may not be the name they use. The best way to find out someone’s name and pronouns is simply to ask.”

Boston Children’s Hospital, named a 2017 LGBT Healthcare Equality Leader, embraces and promotes gender diversity and equality, and is dedicated to supporting children, families and staff within the LGBTQ+ community. With this mission in mind, Thomson and Katz-Wise share their gender diversity expertise and offer the following strategies, terminology and pronoun guide for use in pediatric practice and beyond.

## Should we collect gender identity information on intake forms?

One way to assure proper name and pronoun use is to collect this information on intake forms. Once the patient provides consent for the identified name and pronoun to be used across settings, the correct name and pronoun should be used at all times. Should a mistake be made, acknowledge, apologize and move on. It is always important to remind patients and families that a patient’s legal name and assigned sex will still appear on some documents for insurance or medical reasons. It can help to warn and apologize about this in advance.

## How do I ask my patients about their pronouns?

Asking for someone's pronouns is as easy as saying:

"Which pronouns do you use?"

You can start the conversation by introducing yourself using your pronouns, for example,

"Hi, my name is José, and I use the pronouns she/her/hers."

You can also say,

"I ask everybody this question" or "I don't make any assumptions about the pronouns people use; which pronouns would you like me to use for you?"

For younger patients, you might say something like,

"Do you want others to use words like 'she' when they are talking about you? Or words like 'he'? Or 'they'? Or something else?"

Ideally, providers are able to ask a youth about their pronouns in a location that is private and separate from their guardians. If a person's pronouns are different from what would be "expected" based on the patient's assigned sex, it is very important to ask patients (especially minors) if you have their permission to use their affirmed pronouns in front of others. For safety reasons, providers may be asked to switch between pronouns for the patient, depending on which guardian is in the room. This is very important to respect; using the affirmed pronouns when the guardians have not been previously informed can put the youth at risk for negative reactions or even rejection from their guardians.

---

# What are the most commonly used pronouns?

There are many variations of pronouns used to express oneself. This is a list of the most commonly used pronouns.

---

## she / her / hers

### Meet Andre:

**She** is a dog owner.

The dog loves playing catch with **her**.

The dog is **hers**.

## he / him / his

### Meet Pat:

**He** is a student.

Schoolwork is interesting to **him**.

Math is a favorite subject of **his**.

## they / them / theirs

### Meet Jessie:

**They** are a doctor.

Being a doctor is important to **them**.

Pediatrics is a specialty of **theirs**.

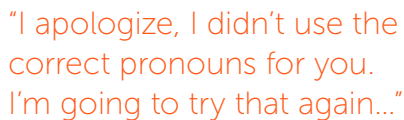
## Is there value in practicing ways to ask my patients about their pronouns?

Many providers may not be used to introducing themselves using their pronouns or asking someone about their pronouns, so it can feel awkward at first. Practicing with colleagues and family members will help you (and ultimately your patients) feel more comfortable.

## If I make a mistake, should I correct myself and if so, how?

If you make a mistake (which happens), acknowledge the misstep, give a brief and sincere apology, and then move on to use the correct pronouns.

You might say something like:



"I apologize, I didn't use the correct pronouns for you. I'm going to try that again..."

Your apology will let your patient know that you acknowledge and respect their gender identity.

## What can I do in my office and exam rooms to promote a welcoming environment for LGBTQ+ patients?

If your office has brochures with health information, be sure to include materials showcasing diverse sexual orientations and gender identities. Also, showcasing rainbow imagery — a pin on a lanyard, a sticker on an ID badge, a sign on your office door — may help LGBTQ+ youth and families identify that you are an ally.

## Should I consider adding my pronouns to my signature line?

Adding your pronouns to your email signature, badge or business cards can signal that you are someone who recognizes the importance of using affirmed pronouns. Putting your pronouns in these places is also a step toward making it part of everyday practice to introduce ourselves using pronouns and to ask others about their pronouns. This can make your practice more welcoming to LGBTQ+ patients and families.

# Do's and don'ts of pronoun use



**Do** ask others for their name and pronouns, and use the correct pronouns each time you refer to them.



**Don't** make assumptions about the pronouns a person uses.



**Do** try to ask for a youth's pronouns during a time when their parents/caregivers are not in the room. This will give them an opportunity to disclose this information, even if they haven't told their guardians.



**Don't** reveal someone's gender identity and affirmed pronouns in front of others without their permission. This also applies to someone's sexual orientation and relationship status.

Cisgender

Transgender

Gender identity

Queer

Non-binary

## Vocabulary

**Breast augmentation** (noun) is a type of “top surgery” in which physicians use implants to increase breast size.

**Chest reconstruction** (noun) is a type of “top surgery” in which physicians remove excess breast tissue and create a more masculine appearance.

**Cisgender** (adj.; pronounced “siss-jen-dur”) is a person whose gender identity corresponds with their biological sex assigned at birth (for example, assigned male at birth and identifies as a man). This term can be shortened to “cis,” which is a Latin prefix that means “on the same side [as]” or “on this side [of].”

**Gender dysphoria** (noun) is the significant uneasiness and dissatisfaction experienced by people who feel that the sex they were assigned at birth does not match the gender with which they identify. Other symptoms associated with gender dysphoria include distress, anxiety, depression, negative self-image and a strong dislike of one’s sexual anatomy.

**Gender expression** (noun) is the external display of one’s gender through a combination of dress, demeanor, social behavior and other factors, generally measured on culturally-sanctioned scales of masculinity and femininity.

**Gender identity** (noun) is the internal perception of one’s gender, and how a person labels themselves based on how much they align or don’t align with what they understand their options for gender to be. Common identity labels include man, woman, genderqueer, trans and other diverse gender identities. Gender is not to be confused with sex assigned at birth or “biological sex.”



**Gender non-binary** (adj.) is a catch-all term for gender identities outside of the gender binary and cisnormativity. People who identify as gender non-binary may think of themselves as one or more of the following, and may also define these terms differently:

- aspects of both man and woman (bigender, pangender)
- neither man nor woman (genderless, agender)
- moving between genders (genderfluid)
- additional terms including but not limited to genderqueer, third gender, other-gender, gender expansive and gender creative

### **Heteronormativity/cisnormativity**

(noun) is the assumption, in individuals or in institutions, that everyone is heterosexual and cisgender, and these identities are more “normal” or superior compared with other sexualities and gender identities. This leads to invisibility and stigmatization.

**Intersex** (noun) is a person whose combination of chromosomes, gonads, hormones, internal sex organs or genitals differs from the two “expected” patterns of male or female. Differences/disorders/diversity of sex development, or “DSD,” is also often used. Formerly known as “hermaphrodite” or “hermaphroditic”, these terms are now considered outdated and derogatory.

In the past, intersex was considered an emergency that doctors moved to “fix” right away in a newborn child by assigning a male or female sex. There has been increasing advocacy and awareness

brought to this issue. Many individuals advocate that intersex individuals should be allowed to remain intersex past infancy and should not automatically be treated as a medical emergency.

**Metoidioplasty** (noun) is a type of “bottom surgery” that involves the creation of a penis from the clitoris after it has been enlarged through the use of testosterone therapy.

**Microaggressions** (noun) are the everyday verbal, nonverbal, and systemic insults and slights, whether intentional or unintentional, that communicate hostile, derogatory or negative messages targeting individuals based solely on their marginalized group membership.

**Phalloplasty** (noun) is a type of “bottom surgery” that involves the surgical creation of a penis.

**Queer** (adj.) is generally used as an umbrella term to describe individuals who identify as non-straight or gender non-binary, and is sometimes used interchangeably with LGBTQ+ — “the queer community.”

Queer was historically a derogatory term, and some may still find this term offensive. Always respect an individual’s own identity labels and definitions, and only use this term if the person/group has indicated the term first.

Many individuals identify as “queer” and do not to use other labels such as “gay” or “bi.” If appropriate, you might ask someone what it means for them so you don’t make any assumptions.

**Sex assigned at birth** (noun) is the determination of an infant's sex at birth. Typically, anatomical characteristics are used to classify an infant as female or male or intersex. Often referred to as simply "sex" and should not be confused with gender. Often "biological sex" is seen as a binary but as there are many combinations of chromosomes, hormones, and primary/secondary sex characteristics. It is more accurate to view sex as a spectrum, which is more inclusive of intersex people and trans-identified people.

**Trans** (adj.) is sometimes considered to be an umbrella term for people whose gender identity differs from the sex they were assigned at birth. Trans people may identify with a particular descriptive term (transgender, genderqueer, FTM/ Female to Male, etc.) or identify simply as "trans." Though some non-binary individuals do not consider themselves under the "trans" umbrella and consider the term to be an abbreviation for transgender only. Always follow an individual's self-identified terms.

**Transgender** (adj.) typically indicates a person who is living or transitioning into living as a member of a gender other than what would be "expected" based on their sex assigned at birth. What this means can vary from person to person. For example, a person may or may not choose to have any medical interventions (e.g., surgery, hormones) and/or a person may or may not change their name and/or pronouns to affirm their gender.

"Transsexual" is a relatively outdated clinical term that you may encounter in medical literature used to refer to transgender people who are choosing to pursue medical interventions, but many people in the transgender community find this term offensive.

Because sexuality labels (e.g., gay, straight, bi) are generally based on the relationship between the person's gender and the genders of individuals they are attracted to, a trans person's sexuality can be defined in a variety of ways. Take the person's lead on their own labels and definitions.

**Vaginoplasty** (noun) is a type of "bottom surgery" (surgery on the genitals) that involves the surgical creation of a vagina and vulva (clitoris, labia minora and labia majora) from the patient's existing genital tissue.

# Resources for Boston Children's staff

Boston Children's LGBTQ & Friends and the Rainbow Consortium on Gender and Sexual Diversity contributed to the creation of Safe Zone trainings for Boston Children's staff, and Thomson and Katz-Wise serve as lead trainers. The training exposes staff to concepts and terms that will increase their ability to respond to LGBTQ+ patients, families and colleagues with respect and sensitivity. The vocabulary list was created by the Boston Children's Safe Zone team.

For inquiries regarding Boston Children's Rainbow Consortium on Sexual and Gender Diversity, email: [rainbowconsortium@childrens.harvard.edu](mailto:rainbowconsortium@childrens.harvard.edu).

To learn more about Safe Zone training, email: [safezone@childrens.harvard.edu](mailto:safezone@childrens.harvard.edu).

## Additional clinician resources

- Boston Children's Center for Gender Surgery
- Boston Children's Gender Management Services (GeMS)
- [LGBThealtheducation.org](http://LGBThealtheducation.org)
- Harvard Medical School's Office of Diversity Inclusion
- Office of Disease Prevention and Health Promotion

# gender identity & pronoun use

## About the experts



**Katharine Thomson, PhD** (she/her/hers), is a clinical psychologist on the Psychiatry Consultation Service at Boston Children's Hospital, co-chair of Boston Children's Rainbow Consortium on Sexual and Gender Diversity, a Boston Children's Safe Zone lead facilitator and Instructor in Psychiatry at Harvard Medical School.



**Sabra L. Katz-Wise, PhD** (she/her/hers), is a faculty researcher in Adolescent/Young Adult Medicine at Boston Children's Hospital, co-chair of Boston Children's Rainbow Consortium on Sexual and Gender Diversity, a Boston Children's Safe Zone lead facilitator, Assistant Professor in Pediatrics at Harvard Medical School, and contributor to Harvard Medical School's Terminology Related to Sexual Orientation, Gender Identity guide.

Editor: Maureen McCarthy | Designer: Patrick Bibbins

Visit Boston Children's Clinician Resources for more tools for your practice.

[bostonchildrens.org/clinician-resources](https://bostonchildrens.org/clinician-resources)