

POLICY E.15

Subject: Affirming Gender Diversity and Identity

Code: **RA Motion 4/21**

PURPOSE: The purpose of this policy is to articulate the Association's commitment to affirming the care, safety, and inclusion of gender diverse clients and colleagues across occupational therapy education, practice, research, and advocacy.

RATIONALE: The occupational therapy profession is grounded in client-centered, occupation-based practice that at its core addresses occupational justice for all individuals. As a profession, we affirm that:

- Gender expansive identities exist as a natural part of the human experience; as such, one's gender experience influences and impacts occupation.
- Gender diverse individuals engage in occupation in meaningfully unique and specific ways.
- Historical and contemporary traumas have shaped the experience of gender diverse individuals in the United States.
- Ongoing, widespread discrimination and stigma against those of diverse gender identities exist in mainstream society and contribute to occupational deprivation and injustice.
- The "gender binary" is socially constructed in such a way that further traumatizes and harms those who exist outside of cisnormative notions of gender. Every practitioner consciously or subconsciously plays a role in replicating or disrupting gender narratives that harm gender diverse individuals.
- Gender affirming care and inclusive environments are critical to improving health, occupational engagement, and quality of life.
- Inclusive and affirming environments impact not just our clients but also our colleagues, peers, professional partners, and stakeholders.
- High quality occupational therapy services include a comprehensive understanding of personal and contextual factors related to gender identity.
- An intersectional lens situates gender diversity among one's many social and personal identities. Understanding the interplay of social identities and occupation is critical to inform high quality occupational therapy services.
- Occupational therapy practitioners provide treatment that supports and recognizes justice, equity, and diversity which are integral in creating a transformative profession.
- AOTA seminal documents, including the *OTPF-4* and the *Occupational Therapy Code of Ethics*, outline the process and standards for providing gender expansive care.
- Gender diversity is not an issue of morality; gender diverse care is ethical and inclusive.

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**THE FOLLOWING COMPONENTS CONSTITUTE THE ASSOCIATION'S POLICY
IN REGARD TO AFFIRMING GENDER DIVERSITY & IDENTITY:**

I. TERMS & DEFINITIONS:

A. Gender:

1. Gender is distinct from “biological sex” and is also similar in that it is socially constructed and defined.
2. “Gender Identity” refers to a person’s sense of their own gender, whether masculine, feminine, both, neither, or more. While agender individuals may not feel the presence of gender, a gendered person’s gender identity may correlate or differ with their assigned sex at birth. Terms used to describe gender identity may include, but are not limited to, genderfluid, cisgender, man, transgender, agender, woman, trans femme, mascflux, two-spirit, and demiboy, among many others.
3. “Gender binary” refers to the assumption or belief that there are solely two distinct, opposite genders (traditionally associated with masculinity vs. femininity) with corresponding roles, genitalia, identities, and expressions. This normative belief system is the basis of discrimination against those who do not strictly conform to these beliefs, and also restricts all individuals to performing their gender in the context of this belief system.
4. “Gender diverse” and “gender expansive” are umbrella terms used to describe an ever-evolving range of individuals whose gender identity and/or expression differ from cultural norms prescribed by the dominant social group (e.g., transgender, gender non-conforming, non-binary, genderqueer, among many others).

B. Gender Affirming Care:

1. Gender affirming care is health care that respectfully affirms gender expansive individuals’ gender identity while holistically meeting their physical, mental, and social health needs and well-being.
2. Gender affirming care is defined and informed first and foremost by the needs of each individual client.
3. Evidence-informed practice is part of gender affirming care.
4. All therapeutic practices that affirm gender identity are included, not solely any one medical procedure, protocol, or intervention.

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5. Gender affirming care is health care that aligns with occupational therapy's client-centered focus on the person, their environment, and their occupations.
6. The AOTA *Occupational Therapy Code of Ethics* obligates the practitioner to provide gender affirming care.

II. DEFINED OUTCOMES:

A. Safety

1. Safety is necessary for all gender expansive individuals, whether they are a client, a colleague, or other stakeholder in practice, education, and research.
2. Trauma-informed care (TIC) provides the minimal base for creating safety for all individuals regardless of age, particularly gender diverse ones who are more likely to have experienced trauma in a health care setting. Universal precautions, consistent with Level 1 TIC approaches, should be integrated into all settings and contexts.
3. Occupational therapy practitioners, educators, students, and researchers should engage in the purposeful deconstruction of the gender binary to create safer contexts and settings for gender expansive individuals.
4. At a minimum, all settings should adopt a zero-tolerance policy for transphobic, transantagonistic, transmisic¹, or other gender-diversity-based harassment or violence.
5. Occupational therapy practitioners', educators', students', and researchers' verbal and written communication should consistently affirm gender identity through use of current name and pronouns as indicated by the individual.
 - a) It is critical to understand that individuals may use different names or pronouns based on context: legal documents, in front of family, and other situations, typically due to safety concerns.

¹ "Transmisic" refers to "hate" or "hatred" towards trans and gender expansive individuals

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- b) It is the occupational therapy practitioner's responsibility to assess an individual's feelings of safety in their home, work, school, and community.
 - c) Occupational therapy practitioners should use the client's name and pronouns to affirm their identity; it is critical for the occupational therapy practitioner to clarify the contexts in which the client uses those particular names and pronouns. For example:
 - (1) The client may choose to use the name and assigned gender on their legal documents when interacting with insurance companies.
 - (2) They may choose to use their "deadname"² among family members due to safety concerns.
 - (3) They may only allow the use of their true name when in one- on-one private interactions.
6. Occupational therapy practitioners, educators, students, and researchers should be aware of organizational, local, state, and national laws and policies impacting gender expansive individuals.
- a) These policies may provide formal structures and avenues for addressing and reporting violations.
 - b) Depending on the state of residence, there may not be explicit legal protections for gender diverse individuals; however, occupational therapy practitioners are bound by the AOTA *Code of Ethics* to support gender affirming care.

B. Education

- 1. Occupational therapy education programs should explore the complex relationships of gender identity and gender expression to all areas of occupation, with special emphasis on minoritized gender identities.

² "Deadname" refers to any name which a gender expansive individual may have used in the past (incl. the name listed on their original birth certificate) but is no longer a name that they use.

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2. Occupational therapy curricula should include education on gender affirming care as it aligns with current education standards including, but not limited to:
 - a) Ethical decision making
 - b) Sociocultural, socioeconomic, and diversity factors
 - c) Trauma-informed care
 - d) Social determinants of health
 - e) Upbringing and life experiences
 - f) Therapeutic use of self
 3. Educational environments should be inclusive and equitable for gender diverse students, faculty, and staff, and should strive to create safer educational spaces for gender diverse individuals.
 4. Occupational therapy research should further develop the evidence base for provision of gender affirming care.
 5. Occupational therapy educators have a duty to examine the assumptions and biases impacting the content and methodology of what they are teaching as it pertains to gender affirming care, including, but not limited to:
 - a) Influence of the gender binary and cisnormativity
 - b) Assessments and evaluations
 - c) Intervention strategies
 - d) Therapeutic use of self.
 6. Occupational therapy education programs will cultivate strong self-reflection skills in their students and faculty in order to address issues of bias.
- C. Continuing Competency
1. Occupational therapy practitioners shall actively develop, maintain, and update competence, as well as pursue continuing competence opportunities, in order to provide high-quality gender affirming care to gender minoritized clients.
 2. Occupational therapy practitioners should develop and maintain competency regarding current terminology and vernacular utilized by gender expansive individuals.

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3. Occupational therapy practitioners should be familiar with current AOTA Official Documents and Professional Policies as well as legislative, legal, and regulatory requirements in order to provide gender affirming care.
4. Occupational therapy practitioners should systematically re-examine previous assumptions and revise decisions to incorporate new evidence, research findings, and outcome data as they relate to gender diversity.
5. Occupational therapy practitioners must critically self-reflect based upon feedback provided by gender expansive individuals, adapting one's professional behavior and clinical reasoning to foster therapeutic and professional relationships.

D. Practice

1. Occupational therapy practitioners must acknowledge, incorporate, and respect gender diversity to provide holistic, evidence-based, trauma-informed, and client-centered care across the lifespan.
2. The use of functional and occupation-based assessments by occupational therapy practitioners is critical in creating gender affirming plans of care and avoiding the pitfalls of using standardized assessments based on the gender binary.
3. The use of functional and occupation-based interventions by occupational therapy practitioners is critical in executing gender affirming plans of care and avoiding gender-stereotyped interventions based on the gender binary.
4. Occupational therapy practitioners have a duty to help create safer work environments for gender expansive colleagues, staff, administrators, and volunteers.
5. Occupational therapy practitioners shall not engage in practice aimed at changing or denying an individual's gender identity.

E. Advocacy

1. Occupational and social justice are core values of the profession and should be a central focus of occupational therapy advocacy efforts in alignment with the *OTPF-4* and the AOTA *Occupational Therapy Code of Ethics*.

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2. Occupational therapy practitioners, students, and educators have a duty to advocate for:
 - a) An individual's right to self-identification of their own gender identity, no matter the age, ability, or context.
 - b) The disruption and deconstruction of the gender binary.
 - c) Inclusive and safe work, home, education, and community environments for gender expansive individuals.
 - d) Equitable health care access for gender expansive individuals.
 - e) Trauma-informed care integrated into policies and procedures across all settings and contexts.
 - f) Policies at the local, state, regional, and national levels that support gender diversity including, but not limited to, adopting bathroom bills ensuring access to those based on their stated gender identity, providing gender-neutral bathrooms, and increasing options on legal and health documents for individuals to self-identify names and gender identity.
 - g) Procedural and organizational changes, including, but not limited to, health care, education, community, and more, to make them more inclusive for gender expansive individuals (e.g., changes to the electronic medical record, intake forms, marketing, bathroom designations, etc.).
 - h) Expanding the research and the evidence base around gender diversity and its relation to occupation.
 - i) Diversity in our settings, contexts, and the profession at large.

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3. Occupational therapy practitioners, students, and educators have a duty to advocate against:
 - a) Policies with negative impacts on gender diversity including, but not limited to, bathroom bills intended to restrict access for transgender people; forbidding athletes from playing on sports teams consistent with their gender identity; and restrictions to health care services.
 - b) Systemic barriers to health care utilization by gender expansive individuals.
 - c) The practice of conversion therapy³ and other efforts to change a gender diverse individual's gender identity.

Effective: 11/21
Revised:
Reviewed:
Rescinded:

³ Conversion (or “reparative”) therapy is the harmful practice of attempting to change an LGBTQIA+ individual's gender identity or sexual orientation