GENDER-INCLUSIVE LANGUAGE GUIDE FOR GENETIC COUNSELORS, PROVIDERS, AND INSTRUCTORS

INTRODUCTION: Transgender and non-binary (TGNB)* individuals face extensive health disparities, largely due to discrimination and stigma surrounding gender identity. One suggested strategy for improving outcomes for TGNB individuals is for healthcare providers to utilize more gender-inclusive language with their patients. This resource is intended to be a starting point for incorporating gender-inclusive language into genetic counseling practice within educational and clinical settings. Gender-inclusive language is not meant to replace gendered language entirely, but can be viewed as an important tool genetic counselors and other providers can use to be both more scientifically accurate and inclusive of the TGNB community.

*For definitions, see Transgender and Gender Non-Binary (TGNB) Common Terms from the Transgender and Gender Non-Binary Health Program at UW Medicine.

LANGUAGE EXAMPLES:

Gendered Language	Gender-Inclusive Language
• Female, male • Man, woman • Maternal, paternal • Mom/mother, dad/father • Brothers, sisters • Nieces, nephews • Aunts, uncles • Pregnant women • Female reproductive system, male reproductive system • Female hormones, male hormones	• Assigned female at birth (AFAB), assigned male at birth (AMAB) • XX individuals, XY individuals • Individuals with more than one X chromosome, with only one X chromosome, with a Y chromosome, etc. • Egg, sperm • Egg-contributing parent, sperm-contributing parent • Siblings, parent's siblings, niblings • Pregnant person • Refer to specific organ or tissue (e.g. ovaries, testes, breasts, etc.) • Refer to specific hormone (e.g. estrogen, testosterone, etc.)

WHEN DO I USE GENDERED VS GENDER-INCLUSIVE LANGUAGE?

→ Use gendered terms when…

- Speaking about a patient or family member with a known (not assumed) binary gender identity.
- Mirroring patient language.
- Using gendered language is more effective in increasing patient comprehension.**

→ Use gender-inclusive terms when…

- You are talking broadly about a genetic concept, not referring to an individual patient or family.**
- You are referring to patients/family members that are non-binary, use they/them pronouns, or have an unknown gender identity.

** Language barriers, cultural beliefs, and health literacy can all impact a patient's understanding of gender-inclusive terms suggested here. If gender-inclusive language is not effective, gendered language may be the most appropriate for that session. Use best judgement and tailoring skills in these circumstances.

WHAT DOES THIS LOOK LIKE IN PRACTICE?

→ EXAMPLE 1: A faculty member teaching reproductive genetics for a genetic counseling training program is presenting their lecture on cfDNA screening.

✕ Gendered: "cfDNA screening relies on free-floating fetal DNA in mom's blood. If mom herself has a genetic condition, this could result in a false positive result."

✓ Gender-Inclusive: "cfDNA screening relies on free-floating fetal DNA in the pregnant person's blood. If the pregnant person has a genetic condition, this could result in a false positive result."

→ Gender-inclusive language **is recommended** because the instructor is talking broadly about a genetic concept.

→ EXAMPLE 2: A genetic counselor is presenting at a monthly case conference. They have written a slide with the patient's background.

✓ Gendered: "Patient Z is a cisgender woman with a family history of Alport syndrome. She has two paternal uncles with Alport syndrome.

✕ Gender-Inclusive: "Patient Z is an AFAB patient with a family history of Alport syndrome. Her sperm contributing parent has two AMAB siblings with Alport syndrome."

→ Gender-inclusive language **is not recommended** because the genetic counselor is speaking about a patient and relatives with known gender identities.

→ *EXAMPLE 3:* A cancer genetic counselor is seeing an AFAB non-binary patient (they/them) whose mother has a pathogenic BRCA2 variant.

✕ Gendered: "Women with a BRCA2 variant have up to a 29% lifetime risk of ovarian cancer."
✓ Gender-Inclusive: "Individuals with ovaries that have a BRCA2 variant have up to a 29% lifetime risk of ovarian cancer."
→ Gender-inclusive language **is recommended** because not all women have ovaries, and not all people with ovaries identify as women. This is especially important for this patient, who identifies as non-binary, but this phrasing should ideally be used with all patients.

→ *EXAMPLE 4:* A prenatal genetic counselor is writing the chart note for a preconception patient that is a carrier of an X-linked recessive condition.

✕ Gendered: "X-linked inheritance means that the gene causing the condition is located on the X chromosome. Females have two X chromosomes while males have one X and one Y chromosome. Males who inherit a pathogenic variant in the gene will be affected; females who inherit the variant are carriers and may be at risk of mild symptoms."
✓ Gender-Inclusive: "X-linked inheritance means that the gene causing the condition is located on the X chromosome. People assigned female at birth typically have two X chromosomes (XX), while people assigned male at birth typically have one X and one Y chromosome (XY). XY individuals who inherit a pathogenic variant in the gene will be affected; XX individuals who inherit the variant are carriers and may be at risk of mild symptoms."
→ Gender-inclusive language **is recommended** because the genetic counselor is writing broadly about a genetic concept, and it clarifies the misconception that 1) gender is determined by sex chromosomes, and 2) all individuals of one sex have the same chromosome complement.

→ *EXAMPLE 5:* A genetic counselor is counseling the parents of a 6-month-old patient with a sex chromosome aneuploidy.

✕ Gendered: "The X and Y chromosomes determine sex. This is why we refer to them as the sex chromosomes. Women have two X chromosomes, while men have one X and one Y chromosome."
✓ Gender-Inclusive: "The X and Y chromosomes have genes that make the reproductive system and help to determine sex at birth. This is why we refer to them as the sex chromosomes. Most female babies have two X chromosomes, while most male babies have one X and one Y chromosome.
→ Gender-inclusive language **is recommended** to show sex chromosomes do not determine gender; however, use of "female" and "male" in the gender-inclusive example is to increase patient understanding. Use of term "most" acknowledges that not all individuals of one sex have the same chromosome complement.

REFERENCES AND FURTHER READING

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CONTACT

Questions or comments? Please contact resource creator Lex Powers, MS, CGC at Lex.Powers@seattlechildrens.org.

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