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# Trans, gender-diverse and non-binary individuals experienced safe and positive care within a gender-affirming physiotherapy service: a qualitative study

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## ABSTRACT

**Background:** People who are transgender, gender-diverse or non-binary (TGDNB) face barriers to safe and affirming care, and experience disparate health outcomes. The broader lesbian, gay, bisexual, transgender, queer, intersex, asexual and other related identities (LGBTQIA+) community report negative experiences in physiotherapy due to cis/heteronormative assumptions, discomfort about touch, observation and undressing, and a lack of practitioner knowledge on TGDNB health. TGDNB individuals have reported positive experiences when accessing general physiotherapy that has inclusive environments, respectful and knowledgeable practitioners, and a collaborative biopsychosocial approach to care.

**Methods:** 20 TGDNB individuals aged 18–38 who accessed a gender-affirming physiotherapy service in Wellington, Aotearoa New Zealand participated in the study. Semi-structured interviews were conducted with participants *via* videoconferencing software. An inductive approach to reflexive thematic analysis was undertaken.

**Results:** Four key themes and five subthemes were formed in the analysis. Themes were: 1) 'Binding and my health'; 2) 'My choice in holistic and person-centered care'; 3) 'Experiencing safe and inclusive care with knowledgeable physiotherapists' through safe communication, practitioners having knowledge on TGDNB health and considering potential discomfort; and 4) 'Inclusive environments help me feel safe' *via* safe environments and safe and warm referrals.

**Conclusion:** TGDNB individuals valued gender-affirming physiotherapy from practitioners who were inclusive, knowledgeable, and emphasized holistic and person-centered approaches to care. Key components of gender-affirming physiotherapy included practitioners addressing binding-related health issues (where appropriate and relevant), having specific training in TGDNB health, promoting autonomy, using inclusive language and fostering welcoming environments.



## KEYWORDS


Gender affirming care; gender diverse; patient-centered care; physiotherapy; transgender

## Introduction

As more people in Australia and Aotearoa New Zealand (ANZ) identify as transgender, gender-diverse or non-binary (TGDNB), the need for accessible gender-affirming care is increasingly recognized amongst healthcare professionals and the broader community (Riggs et al., 2024). In ANZ, 2023 census data suggest that 0.4% of the population identify as TGDNB, with higher incidence for young people (up to 1.3%) (Stats NZ, 2024). Despite anti-discrimination legislation

arising from the influence of public and political discourse (McMahon, 2024), people who are TGDNB experience significant stigma and inequity, including in healthcare interactions (Chong et al., 2021). For Māori (the Indigenous peoples of Aotearoa) and Pacific young people with diverse genders and sexual orientations (i.e. takatāpui, the traditional Māori term used for people with lesbian, gay, bisexual, transgender, queer, intersex, asexual and other related identities and experiences [LGBTQIA+]), qualitative

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research has highlighted there may be reduced confidence in healthcare services and perceived unfair treatment (Roy et al., 2021, Yee et al., 2025). Health disparities are an unfair and avoidable reality for TGDNB people (Scheim et al., 2024). People who are TGDNB have poorer self-reported general health compared to the general population (Veale et al., 2019), a higher incidence of non-communicable diseases (e.g. cardiovascular disease) (Scheim et al., 2024) and experience higher levels of psychological distress (Veale et al., 2019). Barriers to accessing safe and affirming healthcare are likely to contribute to these observed physical and mental health disparities.

Findings from broader healthcare research suggest that TGDNB communities consistently receive a substandard quality of care (Rees et al., 2021). Elements contributing to poorer quality of care include discrimination, extensive wait times, complicated healthcare systems, stigmatization and insufficient practitioner knowledge (Evje et al., 2024; Safer et al., 2016, Maine et al., 2025). A recent survey in Aotearoa reports that one-third of transgender individuals describe experiences of mistreatment and disrespect due to their transgender identity as a barrier to accessing healthcare (González & Veale, 2024). People who are TGDNB are more likely to delay or avoid accessing healthcare, and may not disclose their gender identity or sex assigned at birth, even when relevant to care required (Veale et al., 2019). Delaying and avoiding healthcare may be attributed to expectations of misgendering, substandard quality of care and fear of discrimination (Riggs et al., 2014, Haire et al., 2021). Similar experiences of substandard healthcare have been identified when individuals who are LGBTQ+ access physiotherapy (Ross & Setchell, 2019).

In Australia, many LGBTQ+ individuals who have engaged in physiotherapy report negative experiences stemming from practitioners' assumptions about gender/sexuality, focus on the body, touch, and inadequate levels of knowledge on trans-specific health issues (Ross & Setchell, 2019). Physiotherapists' insufficient knowledge on LGBTQIA+ and trans-specific health issues may stem from inadequate exposure, experience and a lack of integrated education on LGBTQIA+ health

(Ross & Setchell, 2023, Hofmann et al., 2024, Neish & Ross, 2024). Similar barriers to healthcare may be shared across gender and sexual minority groups; however, there are unique experiences and barriers to accessing safe and affirming physiotherapy for people who are TGDNB. A recent qualitative study on the perspectives and experiences of TGDNB individuals with general physiotherapy in Aotearoa found that gender-diverse communities experience cisnormative assumptions (e.g. misgendering), transphobia, fear of judgment, body discomfort, or dysphoria during physiotherapy interactions (Aird et al., 2024). Positive engagement in physiotherapy was linked to the clinic's credibility as a safe provider, the inclusive physical environment, respectful practitioners with demonstrated knowledge on TGDNB health, a financially accessible service, and a collaborative biopsychosocial approach to care (Aird et al., 2024). It is important that barriers and facilitators are acknowledged for this population as physiotherapy may hold a valuable role in gender affirmation and gender-affirming care for people who are TGDNB.

Gender-affirming physiotherapy does not exclusively refer to rehabilitation post-gender affirming surgery (de Brouwer et al., 2021). The use of correct pronouns, and approaches that validate and affirm gender are some elements that may comprise gender-affirming care (Bhatt et al., 2022). Gender-affirming care may also include employing a model of care that is affirming, affordable and accessible (Windt et al., 2024). Physiotherapists may also provide services that benefit individuals experiencing health issues such as back pain, shortness of breath, and altered posture associated with gender-affirming practices (i.e. binding and tucking) (Poteat et al., 2018, Julian et al., 2021). Research for the broader LGBTQIA+ community supports the need to specifically explore the experiences of people who are TGDNB in the physiotherapy context (Ross & Setchell, 2019, Hofmann et al., 2024). Despite the role of physiotherapy in gender-affirming care, to our knowledge, this is the first study to specifically explore how individuals who are TGDNB experience gender-affirming physiotherapy. While recent research on TGDNB individuals' experiences with healthcare more generally highlights

the importance of accessibility, affordability, and affirming practice (Maine et al., 2025), physiotherapy encounters may involve challenges due to the use of observation, touch and other clinical skills requiring proximity of bodies. Exploring the experiences and perceived value of gender-affirming physiotherapy may provide insight into how physiotherapy can be more inclusive and affirming for TGDNB individuals.

Therefore, the research questions for this qualitative study were:

- What are the experiences of individuals who identify as TGDNB within a gender-affirming physiotherapy service?
- What aspects of gender-affirming physiotherapy are most valuable to individuals who are TGDNB?

## Methods

### Design

We adopted a phenomenological approach, underpinned by a relativist epistemology and informed by queer theory, to explore participants' lived experiences. Our phenomenological approach was chosen to privilege participants' lived experiences while recognizing that these experiences are embedded within and shaped by broader social and cultural contexts. Rather than aiming to capture essential or universal 'truth' of experience, the design emphasized the exploration of shared and situated meanings across diverse participants. This orientation aligns with a relativist epistemology and supports our analytic approach.

This is the second component of a research project aimed at improving gender-affirming physiotherapy for individuals who are TGDNB in Aotearoa (Aird et al., 2024). A semi-structured interview, conducted in a conversational way as *kōrero* (Ware et al., 2018), was chosen to address the qualitative research aims of seeking an in-depth understanding of the perspectives and experiences of TGDNB individuals. *Whakawhanaungatanga* (relationship and rapport building) (Komene et al., 2024) was a focus of the *kōrero*, and open-ended questions facilitated

obtaining detailed and descriptive responses about participants' perspectives and experiences of the physiotherapy service (Kvale & Brinkmann, 2009). The University of Queensland and Auckland University of Technology Human Research Ethics Committees approved this study (HE2022001662 and AUTECH 22/284).

### Theoretical underpinnings

The study was underpinned by relativism and queer theory. Relativism is an ontological position that asserts that reality is subjective and understood through social and cultural environments (Bradshaw et al., 2017). As a critical framework, queer theory challenges normative assumptions about gender and sexuality, and examines the ways in which power and privilege construct identities and experiences (Sullivan, 2003). These theoretical underpinnings supported our critical inquiry into the social norms, power dynamics and perspectives that influence how TGDNB experience gender-affirming physiotherapy and informed the development of the interview guide and analytical approach. Together, they support a phenomenological approach that values subjective experience as both personally felt and socially produced, providing a coherent foundation for the interpretive and reflexive orientation adopted in this study.

### Participants

Current clients of the gender-affirming service at Willis Street Physiotherapy (WSP) in Aotearoa, who self-identified as transgender, gender-diverse or non-binary (with or without intersex variations), were aged 12 and over and had attended at least three consultations at WSP were eligible for inclusion ( $n=44$ ). A convenience sampling method was followed using these criteria. All eligible participants were invited to participate, and a total of 20 (91%) who consented ( $n=22$ ) were interviewed (see procedure below for further details on the recruitment process). Participant *koha* (gift vouchers) were provided to participants by Auckland University of Technology. The data collection period was between November 2022 to February 2024.

Participants were aged between 18 and 38, mostly identified as non-binary (30%) and trans women (25%) and used a range of pronouns. Some participants used multiple terms to describe their gender identities. Self-identified sexual orientation was most frequently reported as queer (45%) (see Table 1 for full participant characteristics). A glossary is presented in Table 2 for readers who are unfamiliar with this terminology.

## Setting

A service in Aotearoa was designed to address gender diversity and cultural sensitivity. The transgender, non-binary and intersex (TANBI) affirming service offered through Physio Spot, which is the social enterprise arm of Willis Street Physiotherapy in Wellington, provides a specific gender-affirming service. To the authors' knowledge, no such service exists elsewhere. Clinicians at this clinic identified a need for improved access for this population and clinicians delivering the

TANBI service undergo additional ongoing, and responsive training to provide person-centered and collaborative consultations in relation to gender affirmation.

## Procedure

Participants were invited by their physiotherapist to participate in a kōrero when they had attended their third or final consultation (whichever was first). Researchers sent interested participants a maximum of two follow-ups to schedule a kōrero over the course of three weeks. Informed consent was verbally obtained from all participants at the time of the kōrero. Semi-structured kōrero followed a guide (Appendix) developed by MHR, in consultation with AK, a health sociology researcher in Aotearoa who is transmasculine, and NC, a director of WSP, who both worked with the community to develop the gender-affirming physiotherapy service. The guide was designed to elicit participants' perspectives and lived-experiences of the gender-affirming service, including which aspects were most valuable to them, through open-ended questions that allowed participants to foreground the meanings most salient to their own experiences. The questions were organized to begin with broad, open-ended questions (e.g. "How did you feel about attending physiotherapy for sex or gender affirming care prior to your first appointment?") and were followed by targeted probes about interactions with the service, perceived impacts, and aspects participants considered most valuable. This approach allowed participants to foreground meanings and experiences most important to them, consistent with our relativist epistemology, phenomenological orientation, and queer theory lens.

Kōrero were conducted by EM (a cisgender bisexual woman who was a physiotherapy student at the time of data collection) and MHR (a cisgender queer woman who is a physiotherapist and qualitative researcher) who were unknown to participants. Both EM and MHR had undergone prior training in qualitative interviewing (through university programs), and for this study were further guided by AK (a transgender member of the research team) in safe semi-structured interviewing

**Table 1.** Participants' demographic characteristics.

| Characteristic                                    | Participants (n=20) |
|---|---------------------|
| Age (years), median, range                        | 25, 18–38           |
| Gender Identity <sup>c</sup> , n (%)              |                     |
| Non-binary  | 6 (30)              |
| Trans woman                                       | 5 (25)              |
| Transgender                                       | 3 (15)              |
| Transfeminine                                     | 3 (15)              |
| Transmasculine                                    | 3 (15)              |
| Genderqueer                                       | 1 (5)               |
| Trans man   | 1 (5)               |
| Transmale   | 1 (5)               |
| Agender   | 1 (5)               |
| Male  | 1 (5)               |
| Female  | 1 (5)               |
| Born with variation of sex characteristics, n (%) | 2 (10)              |
| Pronouns <sup>c</sup> , n (%)                     |                     |
| He/him  | 5 (25)              |
| They/them   | 5 (25)              |
| She/her, they/them                                | 4 (20)              |
| She/her   | 3 (15)              |
| He/him, they/them                                 | 3 (15)              |
| Sexual orientation <sup>c</sup> , n (%)           |                     |
| Queer   | 9 (45)              |
| Bisexual  | 3 (15)              |
| Lesbian   | 3 (15)              |
| Aro-ace   | 2 (10)              |
| Pansexual   | 1 (5)               |
| Asexual   | 1 (5)               |
| Unlabelled  | 1 (5)               |
| Ethnicity, n (%)                                  |                     |
| New Zealand European/Pākehā                       | 9 (45)              |
| Not stated  | 8 (40)              |
| New Zealand European/Pākehā, Māori                | 2 (10)              |
| Chinese   | 1 (5)               |

<sup>c</sup>Participants were able to report multiple gender identities, pronouns and sexual orientations, and were reproduced exactly as self-described.

**Table 2.** Glossary of gender, sex and sexual orientation terminology.

| Term                  | Definition   |
|-----------------------|--|
| Agender               | A term used by people who feel an absence of an internal gender identity or who have very little experience of a gender.   |
| Akava'ine             | A term that loosely translates to "in the manner of a woman". Akava'ine is most meaningfully understood within the cultural context of the Cook Islands.   |
| Binding               | A term that refers to the practice of wearing a tight garment that compresses the chest to make it appear flatter. For many transmasculine and non-binary people, binding alleviates their gender-related distress and helps them to be gendered correctly. Binding can have adverse side effects if not done safely, such as restricted breathing if done for excessive lengths of time |
| Cisgender             | A term used to describe people who identify their gender as the same as their gender presumed at birth.  |
| Cisnormativity        | Assumes that everyone is cisgender and that all people will continue to identify with the gender that is presumed at birth.  |
| Dysphoria             | The distress or unease sometimes experienced from being misgendered and/or when someone's gender and body personally don't feel connected or congruent.  |
| Fa'afafine            | A term that loosely translates to "in the manner of a woman". Fa'afafine is most meaningfully understood within the cultural context of Samoa.   |
| Fa'atama/Fa'afatama   | A term that loosely translates to "in the manner of a man". Fa'afafine is most meaningfully understood within the cultural context of Samoa.   |
| Fakaleiti             | A term that loosely translates to "in the manner of a woman". Fakaleiti is most meaningfully understood within the cultural context of Tonga.  |
| Fakafifine            | A term that loosely translates to "in the manner of a woman". Fakafifine is most meaningfully understood within the cultural context of Niue.  |
| Gender-affirming care | Healthcare that includes any single or combination of a number of social, psychological, behavioral or medical (including hormonal treatment or surgery) interventions designed to support and affirm an individual's gender identity.   |
| Gender affirmation    | An umbrella term for the range of actions and possibilities involved in TGDNB people living, surviving, and thriving as their authentic gendered selves.   |
| Gender-diverse        | An umbrella term that includes all the different ways gender can be experienced and perceived.   |
| Gender identity       | A term to describes one's concept of self – how individuals perceive themselves.   |
| Genderqueer           | A term used to describe people with a fluid gender identity that typically rejects notions of static categories of gender.   |
| Intersex              | Describes people who have innate sex characteristics that don't fit medical and social norms for female or male bodies.  |
| Māhū                  | A term that loosely translates to "in the manner of a woman". Māhū is most meaningfully understood within the cultural context of Tahiti and Hawaii.   |
| Māhūkāne              | A term that loosely translates to "in the manner of a man". Māhūkāne is most meaningfully understood within the cultural context of Tahiti and Hawaii.   |
| Medical affirmation   | Forms of affirmation that might be done with the help of doctors or health professionals, including: taking some form of hormones such as estrogen, testosterone, or progesterone, or puberty blockers or having affirmative surgeries, such as chest surgery, genital surgery, facial surgeries, or more.   |
| Misgendering          | When a person is referred to by words or language that is incorrect for them, such as using a former name or pronoun, or making assumptions about their gender based on their appearance.  |
| Non-binary            | An umbrella term for any number of gender identities that sit within, outside of, across or between the spectrum of the binary of 'man' and 'woman'.   |
| Palopa                | A term that loosely translates to "in the manner of a woman". Palopa is best understood within the Papua New Guinea cultural contexts.   |
| Pronouns              | Words that we use to refer to people when we're not using their name.  |
| Queer                 | An inclusive umbrella term for sexual and gender minorities.   |
| Takatāpui             | A term to embrace all Māori who identify with diverse sexes, genders and sexualities. It is best understood within its cultural context and may mean something different to each person.   |
| Transgender           | An umbrella term for people whose gender identity and/or expression is different from cultural expectations based on the sex they were assigned at birth.  |
| Transfeminine         | A term used to describe people who do not identify with the biological sex they were assigned at birth – they identify with femininity more than masculinity.  |
| Transmasculine        | A term used to describe people who do not identify with the biological sex they were assigned at both – they identify with masculinity more than femininity.   |
| Transphobia           | Negative beliefs, prejudices and stereotypes that exist about trans people.  |
| Vaka se lewa lewa     | A term that loosely translates to "in the manner of a woman". Whakawahine is most meaningfully understood within the cultural context of Fiji.   |
| Whakawahine           | A term that loosely translates to "in the manner of a woman". Whakawahine is most meaningfully understood within a Te Ao Māori cultural context.   |
| Whakatāne             | A term that loosely translates to "in the manner of a man". Whakatāne is most meaningfully understood within a Te Ao Māori cultural context.   |

Adapted from TransHub (TransHub, 2021), ACON pride training (ACON Pride Training, 2024), the world health organization (World Health Organisation, 2024), the human rights campaign (Human Rights Campaign, 2023) and InsideOUT (InsideOUT, 2020).

practices with TGDNB people. This training included use of gender-affirming language, awareness of cis-trans power dynamics, trauma-informed and culturally safe interviewing techniques, and strategies for creating a respectful and inclusive interview environment. Training also included

practice interviews and critical reflection and feedback.

Data collection concluded when further engagement with the data no longer generated new insights relevant to the research question, guided by the researcher's active and reflective

interpretation of the data, rather than by seeking data saturation (Braun & Clarke, 2021a). Participant characteristics, including voluntary disclosure of intersex variations, were collected in a written form prior to, or verbally during the introduction phase of the kōrero. Once the interviews were completed, data were de-identified and participants were assigned pseudonyms which aligned with their gender identities (e.g. Frankie, nonbinary). All data were collected between June 2023 and February 2024 using Zoom and were audio-recorded on the platform with participants' verbal consent to be transcribed verbatim. Participants were given the option to complete interviews with audio only and duration ranged from 30 to 45 min. Data were subsequently stored in a secure online data manager operated by the university, accessible only to members of the research team.

### **Data analysis**

Reflexive thematic analysis, as described by Braun and Clarke (2022), was used to analyze the interview transcripts. This method emphasizes the active role of the researcher in identifying and interpreting patterns of meaning (themes) within the data. Themes were actively generated through engagement with the data, shaped by our theoretical positioning and reflexive interpretation. This inductive approach is aligned with a phenomenological approach, which seeks to illuminate and interpret participants' lived experiences and the meanings they ascribe to them, allowing codes and themes to be developed from the data rather than imposed a priori.

All transcripts were imported into NVivo to assist with data management and coding. Data were de-identified and participants were allocated pseudonyms prior to analysis and for the presentation of the results. Two authors (CN and MHR) conducted analysis following the iterative processes outlined by Braun & Clark. First, CN read all of the interview transcripts and recorded preliminary thoughts. Second, CN and MHR independently re-read the dataset, generating preliminary codes. Third, preliminary codes were refined and grouped into initial themes following discussion. Fourth, higher level themes and

subthemes were generated and finalized in consultation with AK.

During the analytical process, the authors engaged in reflexivity to minimize the influence of preconceived beliefs by critically reflecting on their positionalities and normative assumptions relating to gender identity (Bosia et al., 2019). As cisgender individuals, the authors (CN and MHR) acknowledged identity differences and maintained openness to conflicting world views throughout analysis and transparent dialogue with AK. Investigator triangulation was used to enhance credibility, with multiple researchers (EM, CN, MHR, AK) involved in coding and theme development to bring diverse perspectives and reduce bias (Carter et al., 2014). An audit trail was maintained to support dependability by documenting coding decisions and theme refinement. Transferability was addressed through rich description of participant characteristics and study context, and confirmability was supported by grounding themes in illustrative quotes and transparent reporting of analytic steps, following the guidelines for quality reflexive thematic analysis (Braun & Clarke, 2021b). Although individual member checking was not undertaken, credibility was strengthened through the researchers' prolonged engagement with the study context, iterative discussions with the research team to challenge assumptions, and the use of thick description to convey participants' experiences in depth. During the interviews, participants spoke exclusively about their experience in relation to their gender identity or gender affirmation. As such, intersex-specific perspectives were not reflected in the data. To avoid inaccurately generalizing or conflating TGDNB and intersex experiences, which are distinct, we centered the analysis on TGDNB experiences and perspectives of the service.

## **Results**

### **Thematic analysis**

Four key themes and five subthemes were formed through thematic analysis of the interviews (Table 3). Themes were: 1) 'Binding and my health', 2) 'My choice in holistic and person-centered care',

3) ‘Experiencing safe and inclusive care with knowledgeable physiotherapists’ and 4) ‘Inclusive environments help me feel safe’.

### **Theme 1: binding and my health**

This theme encompasses participants’ descriptions of binding-related symptoms, impacts of binding and how to balance binding and health with the help of physiotherapy. Participants who had experienced binding described how symptoms such as nausea, pain and shortness of breath arise “...because I wear a binder, which is quite restrictive on the lungs” (Cameron, 21, transmasculine). Binding-related pain was the most frequently reported symptom. Ellis (24, transgender/transmasculine/non-binary) said they had “...been struggling with chronic pain from binding, probably incorrectly earlier on in my transition”. Some participants described changing the frequency of binding or stopping altogether because of these physical symptoms. One participant said they “...don’t bind that much anymore anyway, because it’s already started to have a negative impact on my ribs” (Max, 22, transmasculine). Daily activities and binding frequency were impacted by binding-related symptoms, including when “trying to bind while I was at school...I was also experiencing an increased amount of

pain from that and I did stop binding” (Ellis, 24, transgender/transmasculine/non-binary).

Participants discussed how they balanced binding and taking care of their body, and how physiotherapy helped by providing advice about binding. Gender-affirming physiotherapy was viewed as “really helpful to get that advice of how to keep looking after my body while still being able to bind and work and all things that I need to do” (Casey, 21, non-binary). Participants reflected that the physiotherapist provided education about how to bind safely while being physically active, including “...things to look out for and to keep mindful of when I’m working out with a binder” (Theo, 20, genderqueer). As a component of treatment, physiotherapists also provided self-management strategies “around binders, about stretching and breathing and exercises to do after wearing them” (Riley, 21, transmasculine).

The opportunity to have safe conversations about binding was identified as a positive component of gender-affirming physiotherapy care. When discussing frequency and length of binding, participants appreciated that the physiotherapist did not say “...‘Oh, well, you should just stop doing that,’ it was more like, ‘Oh, so if you are doing that, you know maybe this could help...’” (Frankie, 26, non-binary). The opportunity to

**Table 3.** Description of themes and subthemes generated in the analysis.

| Themes  | Description   |
|---|---|
| <i>Subthemes</i>  |   |
| <b>Binding and my health</b>  | This theme encompasses participants’ descriptions of binding-related symptoms, impacts and how to balance binding and health with the help of physiotherapy.  |
| <b>My choice in holistic and person-centered care</b>                           | This theme reflects participants’ experiences with the gender-affirming physiotherapy service as being person-centered and mirroring their values of autonomy, resulting in holistic approaches to care and education on self-management and their bodies.  |
| <b>Experiencing safe and inclusive care with knowledgeable physiotherapists</b> | This theme describes the perspectives of participants about how physiotherapists were affirming through their communication, knowledge and approaches to an individual’s potential discomfort during therapy.   |
| <i>Clear and inclusive communication</i>  | Participants expressed how clear and inclusive communication increased comfort levels.  |
| <i>Practitioners having knowledge about TGDNB health</i>                        | The value in having physiotherapists who have experience, knowledge and ‘expertise’ in gender-affirming care. Participants reflected on feeling safe with knowledgeable physiotherapists, and reflected on the negative impacts on trust and healthcare engagement when practitioners lack knowledge, resulting in unsafe practice.   |
| <i>Considers potential body discomfort</i>                                      | Physiotherapists demonstrated knowledge and understanding about interactions that may be uncomfortable for clients, including touch, disrobing, mirrors and observation.  |
| <b>Inclusive environments help me feel safe</b>                                 | This theme relates to participants’ descriptions of the importance of safe environments for gender-affirming physiotherapy and safe referrals.  |
| <i>Safe and accessible clinics</i>  | Participants described the importance and experience of safe, accessible and visibly inclusive environments for gender-affirming care. These included safe aspects of the physical, digital and clinic-wide environment. Interactions were perceived and described as feeling more safe and comfortable knowing that the service was gender affirming. Participants also discussed that it is important that services are not tokenistic. |
| <i>Safe and warm referrals</i>  | Referrals and recommendations from trusted healthcare providers and through members of the TGDNB community helped participants feel comfortable accessing this service.   |

have open discussions about how to safely continue to bind was important to participants. Casey (21, non-binary) recalled the physiotherapist asked about “my goals with binding and if I want to be binding every day which was really nice - like not having to stop doing that”.

### ***Theme 2: my choice in holistic and person-centered care***

This theme encompasses participants’ perspectives on the importance of autonomy and holistic care, where physiotherapy considers biological, psychological and social aspects of health. The gender-affirming physiotherapy service was viewed as “...holistic in the sense that it was looking after mental health and physical health at the same time” and that there was “a big focus on breathwork, just because I had mentioned stress is kind of the main thing...” (Frankie, 26, non-binary). Participants valued being viewed holistically by their physiotherapist:

...what was helpful was just the whole overall service and getting somebody who’s going to look at me overall...it’s like a holistic view of me as a person. There are all these things going on and most of it’s all like connected in some way. (Sam, 28, non-binary)

Participants valued autonomy and choice in their treatment, recalling that physiotherapists “gave me options, which was helpful” (Ellis, 24, transgender/transmasculine/non-binary). This emphasis on participants’ autonomy and collaborative decision-making meant that individuals’ needs were met when the physiotherapist would “...ask ‘What do you want to get out of these sessions?’ or...‘What do you want to work on?’ so it was very attentive to my needs” (Frankie, 26, non-binary). Choice in treatment that was individualized to meet participants’ needs reflected the service’s model of care to provide physiotherapy care “that was specifically for trans people” (Max, 22, transmasculine).

Participants described receiving education on self-management and valuing the increased awareness of their bodies and health as a result. Theo (20, genderqueer) described that physiotherapy “...has given me the tool set to...know how to fix this on my own, like I know how to take care of this”. Participants learnt how to increase

self-awareness as a strategy to gain skills in self-management. Participants explained that “...self-management-wise, I’ve had to be more aware...It was really valuable to me to get to experience that” (Blake, 19, agender). This led to participants expressing that they gained “...a better idea on how my body works and how to be more aware of my overall health and mental health” (Reese, 27, non-binary). A common experience among participants, as TGDNB individuals, is feeling disconnected from their bodies. When explaining their relationships to bodies, participants described being “...not very good at feeling connected to my body” (Frankie, 26, non-binary). Physiotherapy provided the opportunity within a safe space to increase their self-awareness, and participants said that it was “...a good time to learn that connection, like being aware of how I work” (Riley, 21, transmasculine).

### ***Theme 3: experiencing safe and inclusive care with knowledgeable physiotherapists***

This theme encompasses participants’ perspectives on experiencing safe and inclusive care with knowledgeable physiotherapists across three sub-themes: 1) clear and inclusive communication, 2) practitioners having knowledge about TGDNB health and 3) considers potential body discomfort.

#### ***Clear and inclusive communication***

Participants described how physiotherapists’ clear and inclusive communication helped to facilitate comfort and safety in physiotherapy consultations. Physiotherapists demonstrated clear and open communication by outlining what consults will involve, and participants described it was “...reassuring that she explained the process to me” (Ellis, 24, transgender/transmasculine/non-binary). Open communication about what to expect during a physiotherapy consultation was valued by participants. Sam (28, non-binary) said that their physiotherapist would tell them “...what we were going to do and then do it...so that removes any kind of unknown” which helped them feel more comfortable in the session.

Participants valued physiotherapists using inclusive language and terminology. Participants

described how this extended beyond pronouns, and that they "...appreciated their approach, and the way that they talked to me about exercise and bodies" (Frankie, 26, non-binary). Another participant said that the physiotherapists using non-gendered language to refer to their "...chest and stuff..." (Ellis, 24, transgender/transmasculine/non-binary) was a positive aspect of gender-affirming physiotherapy. Participants appreciated that physiotherapists introduced themselves with their own pronouns, signaling inclusivity and open discussion. Some reflected on this, saying that "It wasn't even like 'what are your pronouns?', It was just like 'Hi. These are my pronouns.' And then I was like, 'Oh, these are my pronouns too'" (Max, 22, transmasculine).

#### ***Practitioners having knowledge about TGDNB health***

Participants emphasized the value in feeling safe and understood by physiotherapists who have knowledge in medical and non-medical gender-affirming care and TGDNB health needs. Many participants felt relieved knowing that the physiotherapist had training in TGDNB health. Max (22, transmasculine) described that "Going to an appointment where you just get do what you're there for and know that they already know, or they at least have some kind of understanding - It's such a relief". Participants further described the benefit of having a physiotherapist with TGNBD health knowledge, saying that "just having someone who even knew what binding was and how it affected my body was really helpful" (Ellis, 24, transgender/transmasculine/non-binary). In addition to physiotherapists having knowledge about TGDNB health, participants felt it was "...comforting to know that they have experience with queer people in some regard, obviously in a professional sense" (Blake, 19, agender).

Knowing that physiotherapists had additional knowledge and training in TGDNB health made participants feel comfortable and understood. Taylor (38, transfeminine) described that the physiotherapists' knowledge in TGDNB health helped her to feel "...very comfortable and I felt appropriately seen". Participants described feeling

seen and understood by gender-affirming physiotherapists. Casey (21, non-binary) reflected uncertainty about whether they would "...have felt very understood if they hadn't had that prior knowledge and specialization".

Physiotherapists' knowledge and awareness of TGDNB health also influenced the perceived quality of care. Participants described receiving adequate levels of care from physiotherapists with TGDNB health knowledge, saying: "that particular physio opened my mind to the way in which... there is the capacity for me to be treated like everybody else or to a high standard" (Sam, 28, non-binary). This was in contrast to unsafe care with previous healthcare providers who lacked knowledge in TGDNB health. Participants described that "...so many of us, and so many of our medical issues are just not recognized or taken very seriously at all" (Theo, 20, gender-queer). Participants described delaying and/or avoiding seeing healthcare providers due to anticipated unsafe care.

...lots of things have put me off going to see people about certain things, and physio is definitely one of them because I was like, 'Well, they're just going to tell me to stop wearing binders' (Ellis, 24, transgender/transmasculine/non-binary)

While previous unsafe healthcare experiences influenced participants' perspectives, participants described that being seen by knowledgeable physiotherapists in the gender-affirming physiotherapy service facilitated feelings of safety and inclusion.

#### ***Consideration of potential body discomfort***

Participants felt safe when physiotherapists demonstrated knowledge and understanding about interactions that may be uncomfortable for clients, including touch, disrobing, mirrors and observation. Participants described that "there was more of a consideration about my comfort level" (Max, 22, transmasculine) during physiotherapy sessions. Feelings of safety and comfort were facilitated by their physiotherapist regularly checking in and asking "'Is this OK?' with absolutely everything...She would always ask. I felt very safe" (Harper, 36, transfeminine). Riley (21, transmasculine) said their physiotherapist "...asked permission before he did anything, like

touch my shoulder”. Bodily autonomy was also facilitated by physiotherapists being “...really conscious of leaving the room or giving me privacy when I was getting changed or undressed...” (Ellis, 24, transgender/transmasculine/non-binary). Participants particularly valued being provided options or alternatives to traditional physiotherapy approaches to touch and exposure of bodies. For example, physiotherapists offered self-palpation by “directing me what to do and then report back on what I felt” (Taylor, 38, transfeminine) and the option to remain dressed by saying “You don’t have to take any clothes off; I can do massage with your t-shirt on, if you’d like” (Ellis, 24, transgender/transmasculine/non-binary).

Safe interactions with physiotherapists included considerations and adaptations to observations of bodies. Participants valued when physiotherapists offered choices that they “...can check your form in a mirror if you’d like. You don’t have to do that, though” (Ellis, 24, transgender/transmasculine/non-binary). Being aware of participants’ preferences with using mirrors and body observations was important to participants and increased safety. Avery (21, transmasculine) explained that his physiotherapist “...turned around the mirrors before my first appointment, and every time I went after that the mirrors were turned around. That was very, very nice”.

#### **Theme 4: inclusive environments help me feel safe**

This theme encompasses participants’ perspectives on how ‘inclusive environments help me feel safe’. There were two subthemes: 1) safe and accessible clinics and 2) safe and warm referrals.

##### **Safe and accessible clinics**

Participants described feeling safe in visibly inclusive environments and explained the importance of accessible services. Displays of inclusivity in the physical environment increased the sense of safety and comfort within the clinic. For example:

I remember seeing a poster that says something about ‘tell us your pronouns’ and stuff like that just clearly showed that this was going to be a safe space which immediately helped me relax... (Casey, 21, non-binary)

Visibility of services that provide gender-affirming physiotherapy in the digital environment provided reassurance that the

service was a safe space. Max (22, transmasculine) recalled that they “...went on the website and I saw that they had a specific trans queer friendly thing...it was definitely something that made it feel like a safe practice to go to for me”. The digital environment provided multiple gender options in the intake form, which participants described as “very inclusive” (Frankie, 26, non-binary). Participants described that the service’s emphasis on being a gender-affirming space “made it safer for me” (Ben, 25, trans man). The inclusive digital environment (online website) that displayed the service as gender-affirming helped participants feel safe accessing the service. Some participants acknowledged the importance of services not being tokenistic in displaying inclusivity: “...other clinics can say that they’re supportive but it’s not very hard to just put a flag on the wall or something” (Ainsley, 24, transfeminine/transwoman).

Participants described the importance of gender-affirming health professionals and services being visible and accessible to members of the community. Participants highlighted that “I think the visibility of that is really important, making it known to patients that people have some extra knowledge” (Ellis, 24, transgender/transmasculine/non-binary). Visible and accessible gender-affirming services were described as “...life changing for our community because not everyone is confident or more comfortable just engaging in society, so having a place that is safe is important” (Reese, 27, non-binary). Accessible services were described as being timely and affordable for individuals who are TGDNB. Participants reflected that appointment waitlists and high costs are often experienced in by TGDNB individuals in healthcare: “I’m so used to being in this community that doesn’t get anything within any regular time or money-span, like everything is so extremely blown out of proportion” (Theo, 20, genderqueer). Access to funded physiotherapy services was valued by participants when there are many other healthcare costs for them. Participants described that “...having a free service is insane and when you have dropped your life savings on this [gender affirming surgery]...It’s such a bloody lifesaver” (Billie, 26, non-binary).

### **Safe and warm referrals**

Referrals and recommendations from trusted healthcare providers outside of the TANBI service, and through members of the TGDNB community, helped participants feel comfortable accessing this service. Participants described the importance of receiving information about the service from the referrer and service prior to attending. Some reflected that they felt “...like I knew who I was gonna see and so I felt more confident and relaxed there” (Taylor, 38, trans-feminine). Referrals that emphasized the importance of safety were perceived as important by participants. Daniel (18, transmale) said that he was referred to the service “...by my nurse...and she said from her experience everything had been good and if something was wrong to immediately call her...” Referrals from within the TGDNB community helped perceived safety when attending the service; by hearing directly from peers, “I’d already kind of had that testimony...I wasn’t going and feeling like all this is scary or anything” (Frankie, 26, non-binary).

### **Discussion**

This qualitative study is the first, to our knowledge, to specifically explore TGDNB individuals’ experiences and perspectives of a gender-affirming physiotherapy service and builds upon research in the broader LGBTQIA+ community. Participants valued autonomy in holistic care provided by knowledgeable physiotherapists within a safe and inclusive environment. Participants described experiences and perspectives which related to the following themes: ‘binding and my health’; ‘my choice in holistic and person-centered care’; ‘experiencing safe and inclusive care with knowledgeable physiotherapists’ and ‘inclusive environments help me feel safe’. The findings highlight aspects of gender-affirming care that are valued by TGDNB individuals, and potential recommendations for implementing a gender-affirming model of care into practice. These findings align with and extend upon existing literature on healthcare experiences of TGDNB individuals.

Managing health impacts of chest binding and physiotherapists having open and non-judgmental

discussions around binding practices was a key theme. The experiences of physical health issues related to binding (i.e. shortness of breath, nausea/dizziness, rib pain, chest pain, back pain) raised by participants in this study align with previous research on health impacts of binding (Peitzmeier et al., 2017, Pehlivanidis & Anderson, 2024, Akgül et al., 2025). Physiotherapy interventions, including education and self-management strategies, were valued by participants to alleviate symptoms related to binding. Participants appreciated physiotherapists’ non-judgmental approaches to discussing binding practices where physiotherapists did not impose their own beliefs. Binding is viewed by many TGDNB individuals as a necessary practice to experience gender euphoria, interact socially and alleviate distress (Pehlivanidis & Anderson, 2024). Acknowledging and respecting this in a patient-centered/led approach facilitates individuals feeling safe and comfortable with practitioners which has been reported in the literature as a driving factor in TGDNB individuals seeking care and initiating conversations about binding (Jarrett et al., 2018). These results highlight the important role of physiotherapists in helping minimize health impacts of chest binding which is a vitally important practice for many TGDNB individuals (Julian et al., 2021).

Our findings build on our previous study exploring TGDNB experiences of general physiotherapy (Aird et al., 2024). The current literature supports our findings that safe and affirming experiences in physiotherapy are related to inclusive communication from knowledgeable practitioners, holistic approaches to care, and safe and accessible environments (Aird et al., 2024). Our findings are consistent with aspects of gender-affirming healthcare more broadly across primary care and mental health, which include use of correct pronouns and inclusive language, promotion of informed choice and bodily autonomy (Bhatt et al., 2022, Aird et al., 2024, Ashley, 2024, Maine et al., 2025). The importance of providing and approaching care with a holistic lens (Gordon, 1982) aligns with Māori health models, such as Te Whare Tapa Whā (The four walls of the house) (Durie, 1984). This heuristic framework outlines components of wellbeing across

Taha Tinana (physical health); Taha Hinengaro (mental and emotional health); Taha Whānau (family and social wellbeing) and Taha Wairua (spiritual health). In this study, holistic approaches to care in gender-affirming physiotherapy included providing treatment for binding, promoting autonomy through open discussions and facilitating connection to bodies. The positive impact of informed choice on experiences of physiotherapy for TGDNB individuals has been echoed in previous studies in broader healthcare, with the importance of TGDNB people being able to make their own, educated and informed choices about their healthcare emphasized (Maine et al., 2025). The importance of bodily autonomy and gender self-determination found in our study, whereby individuals have the right to express and embody their gender identities as they wish, has been highlighted as a critical aspect of gender-affirming care (Ashley, 2024). In addition to promoting autonomy, gender-affirming physiotherapy offers a safe space for TGDNB individuals to connect with their bodies. Connecting and being aware of their bodies in gender-affirming interactions with trained physiotherapists may contribute to TGDNB individuals experiencing 'gender euphoria' (i.e. feeling internal joy related to gender) which has been reported to be experienced with other gender-affirming interventions i.e. gender-affirming hormone therapy, binding, gender-affirming surgeries and through affirming recognition of gender (Beischel et al., 2022, Skelton et al., 2024). Such positive healthcare experiences stem from TGDNB individuals being empowered to express and embody themselves authentically within safe and affirming clinical interactions, including physiotherapy (Ross et al., 2016). Overall, TGDNB individuals' positive experiences and the value they place on gender-affirming physiotherapy highlight how physiotherapy may provide accessible interventions that support gender affirmation and facilitate function while awaiting medical affirmation or when medical affirmation is not accessible.

This study highlights critical practice implications for physiotherapists working with TGDNB individuals. Physiotherapists would benefit from developing knowledge on TGDNB specific health issues and experiences, which has been highlighted

as an area where physiotherapists lack knowledge (Ross & Setchell, 2019) and a gap in the physiotherapy curriculum (Ross et al., 2023). Incorporating comprehensive education on TGDNB health into physiotherapy training programs is essential. Education should not only address clinical knowledge and skills, but also how to foster inclusive, safe, and affirming care (Primeau et al., 2023, Ross et al., 2023). Providers require training about how to promote autonomy and shared decision-making, and how to provide holistic care in the context of TGDNB health (Heng et al., 2019, Gerritse et al., 2021). It is recommended that physiotherapists use strategies such as clear and inclusive communication, along with open discussions regarding touch, disrobing and observation when working with TGDNB individuals (Aird et al., 2024). Additionally, creating inclusive and safe clinical spaces—both physical and digital—is crucial for providing affirming care for TGDNB communities (Baldwin et al., 2018). In addition to practitioner-level recommendations, systemic changes regarding healthcare funding are required to ensure gender-affirming physiotherapy services are accessible (i.e. financially and timely) to facilitate equitable access to care that is responsive to the unique needs of the TGDNB community.

Building on the findings of this study, future research should focus on expanding the understanding of gender-affirming physiotherapy practice, particularly in diverse and underrepresented TGDNB populations. Future research may examine the benefits and clinical outcomes associated with gender-affirming physiotherapy interventions. It is important that future research explores the experiences and perspectives of individuals with intersex variations when accessing sex- and/or gender-affirming physiotherapy, as our findings may not be transferrable to this population. Intersex people, an umbrella term to describe people born with innate variations in sex characteristics (~1.7% of the population), experience unique barriers to safe and affirming healthcare (Jones et al., 2016). Negative healthcare experiences, including non-consensual surgeries on intersex bodies to fit the sex binary, invisibility and being labeled 'abnormal' are influenced by sex/gender norms and discrimination (Hart & Shakespeare-Finch, 2022). Despite our study

including two (10%) participants who disclosed being born with intersex variations in demographic forms, and all participants encouraged to discuss their experiences of the trans, non-binary and intersex affirming service, discussions within the semi-structured interviews centered around participants' TGDNB identities. As such, our analysis did not explore their experiences in consideration of their intersex identities, and our findings explicitly relate to participants' experiences as people who are TGDNB to avoid inaccurate generalization or conflation. Sensitivity to touch and the importance of bodily autonomy (Carpenter, 2016) are potential considerations for future research on the experiences of intersex people when accessing sex- and/or gender-affirming physiotherapy. Future research should explore the potential role that physiotherapy can play in supporting non-medical sex and/or gender affirmation for people with intersex variations.

It is important to consider the single contextual origin of the qualitative data. Conducted in Wellington, Aotearoa, a city with the largest proportion of LGBTQIA+ individuals in Aotearoa (Stats NZ, 2024), the findings may not be generalizable/transferable to TGDNB individuals in other regions. Wellington's sociopolitical environment is supportive of gender-diverse individuals, and the availability of gender-affirming services is relatively high compared to other regions, both within and outside of Aotearoa (Fraser et al., 2019). Thus, the experiences of TGDNB individuals in this study may not reflect those in other geographical locations. While an interpretive phenomenological analysis could have provided a more ideographic exploration of individual lived experiences, reflective thematic analysis was considered more appropriate for examining shared patterns of meaning across a diverse sample within this sociocultural context. Individual member checking was not undertaken, which may be viewed as a limitation.

In conclusion, gender-affirming physiotherapy was characterized by inclusivity and delivered by knowledgeable physiotherapists who employed a holistic and patient-centered approach. Key aspects of this care included practitioners addressing health concerns related to binding (when relevant), having education on TGDNB health,

promoting autonomy, and creating environments with inclusive language and practices to empower TGDNB individuals. Key themes found in this study highlight how physiotherapists can provide safe and inclusive care for TGDNB individuals.

**Statement of human rights:** All procedures performed in studies involving human participants were in accordance with the ethical standards of the institutional and/or national research committee and with the 1964 Helsinki declaration and its later amendments or comparable ethical standards.

**Statement on the welfare of animals:** This article does not contain any studies with animals performed by any of the authors.

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- b. How did you come across Willis Street Physiotherapy and/or the TANBI service?
- c. Did someone recommend/refer you? Why?
2. What did you think, or how did you feel about attending physiotherapy for sex or gender affirming care prior to your first appointment?  
a. What information did you receive, or did you know, about the TANBI service?  
b. What else would you have liked to know?
- c. Did you have a preference for the gender of your physiotherapist? How did you feel about this?
- d. Were you offered different physiotherapists? Did that make a difference to your experience?
3. Do you think physiotherapy helped you?
- a. If so, how? If not, why not?  
b. What do you think was most effective/beneficial for you?  
c. How did the treatment make you feel?
- d. What did it change for you? Activities, sport, participation, confidence
- e. Has therapy changed your likeliness to participate? If so, how?
4. Did it benefit other aspects of your life? If so, how?  
a. Work, school, sport, relationships  
b. In ways you didn't expect?
5. How important was it to go to a clinic with staff who have extra training? Why?  
a. Would you have had the same result if you went somewhere else?
- b. Would you go back for further care? Why?
- c. Would you be more confident now to go to another physio? How/why?
- d. Would you refer someone to the same service? Why?
6. The program was funded, can you tell me about whether you have attended if there was a cost to you?
7. Any improvements/suggestions for the service?  
a. Number of consultations/sessions (more/less)
8. Is there anything else you would like to discuss?

## Appendix

### Kōrero (Interview) Guide

Introduction/Preamble

Exemplar questions (and probes or prompts if needed):

1. What was your primary reason for engaging with the TANBI service?

a. For your [pain, mental health, disability, loss of function, QoL, participation –has your situation improved/worsened following your involvement in the TANBI service?

Debrief