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Project: Identifying preferred symptom management strategies used by gender minority individuals who wear a chest binder – a patient-oriented, harm-reduction approach



Background

My research is using a purpose-built survey to explore the experiences of people who bind their chest. Chest binding is used to flatten a person's chest to appear more masculine, minimize gender-related discomfort (known as dysphoria), and increase safety. People who bind their chest experience many significant mental health benefits as a result. However, chest binding also leads to many negative physical symptoms ranging in severity from acne to rib fractures. People who bind their chest experience significant barriers to

accessing appropriate health care, especially when it comes to addressing symptoms associated with binding. They are left to manage these symptoms on their own. Community sources and research to date recommend limiting binding in ways that are often not practical or stopping binding with the onset of any negative symptoms. This approach does not consider the potential harm these individuals would experience were they to stop binding. They need better options to manage these symptoms in the context of continuing to bind as much as they deem necessary. My study seeks to describe binding related symptoms in more detail, identify what management strategies are effective for which symptoms, and which symptoms are most difficult to manage on their own.