

# Best Practices for Health Service Organizations to Improve Programs and Services for and with Trans Clients & Patients



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The goal is for everyone to access and receive quality health care and have a safe work environment.

## What Does Transgender Mean?

A transgender person (or trans person) is someone whose sex, gender, and/or gender expression differs from the one assigned to them at birth. Language describing trans people and specific trans identities may vary due to influences of geographic, cultural and demographic variables, thus it is important to be flexible and inclusive since there are over 100 different trans identities. Some trans people may engage in body modification to masculinize or feminize their appearance in order to survive and thrive, though it is not specific to one type of trans identity. Every trans person's sex, gender identity and gender expression should be honored and respected regardless of one's physical body or characteristics.

## Update Policy and Forms

● Be gender inclusive with all interview guide questions and surveys, and avoid having only 2 categories: "male" and female," or 4 categories: "male," "female," MTF" and "FTM." To effectively collect demographic information and acknowledge the diversity of sex and gender identities, using two separate questions is recommended (see example below). Many trans people may not currently identify as "transgender" for a variety of reasons. Some may believe it is part of their past and not a present identification, others may not identify with that word.

**Your specific identification and the language you use to describe yourself are important to us to provide you with the best health care services. Please ask us if you have any questions or need clarification.**

1) What is your sex/gender? (Please select ALL that apply)

- Female
- Male
- Transgender Female/Transwoman
- Transgender Male/Transman
- Genderqueer
- Additional Category: Please specify: \_\_\_\_\_
- Decline to State

2) What sex were you assigned at birth? (Please select one)

- Female
- Male
- Decline to State

*Rationale and points to highlight for two-question recommendation above:*

Asking people to check all in the first question allows people to check off more than one category if they view their sex or gender in a multifaceted way. For example, a person may identify as a “female” and also a “transgender female.” This may be similar to race or ethnicity in which a person can be more than one race or ethnicity.

The first question requests a person’s current sex/gender. Both terms “sex/gender” are asked since there are a variety of definitions today of what is “sex” and what is “gender.” In many cases people will mix up or conflate these terms and regardless of one personal definition, for data collection purposes including both versus just one is beneficial for accurate data collection.

With regards to the definition of these terms some believe that “sex” is only “male” or “female” and is strictly biological and can never be changed. Some believe one’s sex can be changed but only through hormone therapy and genital surgeries. Yet, others believe that the definition of sex goes beyond narrow medical definitions of genitalia, chromosomes, hormone levels, and reproductive abilities, which often disregards the vast natural differences of biological characteristics that exist among people. They believe the term sex today encompasses also legal, policy, cultural and social issues and a person should not have to undergo surgeries to reassign the sex they were given at birth. This has major implications for document changes (such as birth certificates, passports, driver’s licenses, etc.) and U.S. state and national laws (for example, the United Kingdom (2004), Spain (2006), and the state of Iowa (2006) allows trans people to change their legal sex on their birth certificate without undergoing any surgeries). (For further discussion about sex please see Devor, 2002; Sausa, 2006; Vade, 2005).

The definition of the term “gender” or “gender identity” often referring to “man” or “woman” also varies. Some believe that sex is one’s biology and gender is socially and culturally constructed (thus you can change your gender but not your sex). This definition has led to an offensive and crude saying: “Gender is between your ears and sex is between your legs.” Others recognize that one’s gender identity includes one’s social status, self-identification, legal status, and biology, noting that it is more complex than originally assumed and that new gender theories have moved us beyond an antiquated dichotomous explanation of gender identity to include multi-dimensional and multi-layered concepts. (For further discussion about gender please see Devor, 2002; Sausa, 2006; Vade, 2005).

Providing a space for people to state their specific trans identity or identities and adding the “additional category” helps to clarify which of the 100 or so trans identities they may be. There are many more trans identities than MTF or FTM, and some believe that only having the categories male, female, MTF, and FTM is reductionary and simply recreates a narrow binary thinking about sex and gender. For example today “transgender men” may identify as: transguys, trannyfags, studs, men, males, genderqueers, gender outlaws, gender fluid, bois, FTMs, two-spirit, transsexual men, MSM, TMSM, gay men, etc. Depending on the needs of your data collection, it may be helpful to find out what current terminology is being used by these men to provide more effective health interventions, outreach, counseling and testing, creating educational materials and media campaigns, etc.

The second question requests a person’s sex assigned at birth. Though many people are born with an intersex condition currently only “male” or “female” is assigned to each new born and only one of those two categories are placed on a birth certificate in the U.S.

It is important to note that some people born with an intersex condition may also identify as transgender, though most do not. It is important to not conflate the issues of trans people and people with an intersex condition by placing them both within the transgender umbrella. In addition, the inclusion of “Intersex” as a gender or sex category is not recommended for a variety of reasons including the fact that most people with

an intersex condition identify as male or female, as highlighted by Emi Koyama from the Intersex Initiative Portland [for further information about this please see Emi Koyama's article at [www.ipdx.org/articles/letter-outsidein.html](http://www.ipdx.org/articles/letter-outsidein.html)]. The health care needs of people with an intersex condition should be a priority for all health professionals [for further information and education please contact The Intersex Society of North America at [www.isna.org](http://www.isna.org)].

- Many trans people do not go by their birth names, therefore ask on intake forms and/or when meeting new co-workers, clients, or patients “What name do you prefer to be called?”
- Provide a space on client charts that state someone's preferred name and pronoun. Also, check in with them because these may change over time. Be sure to use a person's preferred name and pronoun when calling a client into their appointment or referring to them to others.
- Include gender expression and gender identity in your organization's official nondiscrimination policies. This helps to provide a safe work environment for everyone, especially in matters of protecting against harassment and job discrimination.
- Develop specific guidelines about how to record, document, and address issues of harassment and verbal and physical abuse dealing with gender expression or gender identity, from client to staff, staff to staff, staff to client, and client-to-client. It is important to respond visibly and quickly to any act of intolerance directed toward a trans person in order to establish a clear standard that no acts of harassment or violence will be accepted at your organization.

## Use Appropriate Language

- Avoid recreating binary sex and gender categories for trans people. Often language that assumes only two sexes or genders is used to describe all trans people, such as Female-to-Male (FTM) and Male-to-Female (MTF). Though some trans people may use these terms because it has been historically used in mental health and medical literature, many trans people today use “transwoman,” or “woman,” or “female” to describe themselves, or “transman,” “man,” or “male” to describe themselves. There are also many other trans identities, such as genderqueer, gender variant, gender non-conforming, gender fluid, etc., therefore be flexible and inclusive in the way you speak about trans people and the language you use, as well as providing open-ended categories in forms, surveys and applications. In addition, trans people may also identify with more than one trans or gender identity. Language is continually evolving thus it's imperative to keep up to date.
- Train staff to use gender-neutral language and do not assume the sexual orientation of a trans person. For example, use *parent* or *guardian* instead of *mother/father*, use *partner(s)* instead of *girlfriend/boyfriend*, use *spouse/domestic partner* instead of *husband/wife*.
- Respect trans people by using appropriate pronouns for their gender identity and expression. If you are unsure, just politely ask the person. Also, some people may prefer not to use any pronouns or use gender neutral pronouns such as “ze” instead of he or she, and “zir” instead of his or her.
- Be sensitive to possible discriminatory language. For example, if your organization gives out safer sex supplies such as the “Reality” condom, do not refer to it as the “female condom.” Many males use it as well, and the term “female condom” may influence masculine trans people or transmen to avoid it because it implies femaleness. Also, create safer sex resources using photos and images of trans people, and language and terminology used by trans people for themselves and their body parts.
- When working with clients/patients do not assume a person's gender identity and body parts, their partner(s) gender identity and body parts, or what sexual activities people engage in with partners. Ask clients/patients what

language they use to refer to their bodies and then use that language. If you need to clarify something ask them (i.e., “when you say ‘front hole’ can you please explain what this means to me.” After they explain, please continue to use the language they prefer in order to be respectful (i.e., so when you are penetrated in your front hole...).

- When working with clients/patients avoid asking unnecessary questions or asking to see a person’s body part or surgery just for your own curiosity. This is unprofessional and unethical. If in your role as a health professional you normally take a personal health history or conduct a STD/HIV risk assessment with a client or patient please ask yourself: 1) What do I know?; 2) What do I *need* to know?; and 3) How do I ask in a sensitive way? These are important guidelines to keep in mind so that you ask questions that are appropriate to your work in helping your client/patient, and be a trans-sensitive provider.

- Depending on your scope of work as a health professional, it may be important to ask specific questions of your client/patient that can be regarded as personal or sensitive. Many clients/patients may not understand why you need to know such personal details and may have had poor experiences with previous providers, therefore it’s important that after you have introduced yourself and clarify any questions you may have about gender and pronouns, that you frame your session. Everyone has their own personal communication style, though one example of framing a STD/HIV risk assessment with a client/patient follows:

*I will be discussing some sensitive topics with you today. I will be asking you questions about your sexual behavior and may need to know what body parts you use for sexual activity. I am asking you these questions in order to help you best assess your HIV and STD risks so that we can keep you and your partners healthy.*

*I do not want to assume anything, and most of all I want you to feel comfortable speaking with me today. If you prefer I use other language or words to describe a body part or activity, just let me know. Please feel free to ask me questions anytime to clarify something, and remember you have the right to not answer any question if you feel uncomfortable.*

- For additional guidelines please refer to Project Prepare’s “Frequently Asked Questions About Working with Transgender Patients” by Dylan Vade. Go to ([www.projectprepare.org](http://www.projectprepare.org)).

## **Create a Safe Environment**

- Be an ally to and advocate for trans people. Create an atmosphere in which derogatory remarks regarding trans people are not acceptable. Challenge all put-downs immediately and dispel myths and stereotypes about trans people. When negative remarks and put-downs go unchallenged it normalizes the behavior as okay and fosters a hostile work environment or creates a barrier to trans people to access health care services.

- Hire openly trans people as staff who would provide valuable knowledge about trans needs and concerns, as well as help clients/patients and employees feel represented in your organization.

- If your organization provides gender based health care services, such as Tuesday night is the Women’s Clinic, and Thursday night is the Men’s Clinic, be sure that medical and health providers can assist a person regardless of what body parts they have. It’s important not to assume that all men have a penis, testicles, prostate, etc. and all women have a vulva, vagina, uterus, ovaries, breasts, etc. For example, if a transman who identifies as a man/male comes to the Men’s Clinic and has a vulva and vagina, he should be able to receive gynecological medical services. If a transwoman comes to the Women’s Clinic and she has a penis, testicles, prostate, etc., she should be able to see a medical provider who is knowledgeable about her body parts and provide effective health care. Though all employees and staff are to be trained to assist and provide services to trans people regardless of when they access services, in addition some health clinics have also chosen to offer special nights/days for trans people to encourage them to seek out health care, help them feel more comfortable, and assure that all staff and providers are trained to

provide the best health and medical care for them.

● Remove *MEN's* and *WOMEN's* restroom labels, or create additional gender inclusive *RESTROOMs* that are convenient to access. Gender inclusive bathrooms are helpful for trans people, as well as family members and care givers of children and differently-abled adults who may need assistance in the bathroom. Many trans people have been verbally and physically harassed, and even physically removed by security personnel, for entering the so called “wrong” bathroom. This is especially common for people who do not fit into the dichotomous gender norms of our society, such as a masculine or androgynous woman who has been mistaken as a man entering the women’s bathroom. To help create a safer atmosphere for trans students and employees, universal gender inclusive restrooms are essential. [If you are creating gender inclusive restrooms at your facility in addition to men’s and women’s restrooms, please note that some trans people will prefer to still use the men’s or women’s restroom because they identify as such, therefore please do not simply section off all trans people to the gender inclusive bathrooms. Please allow for the differences in gender identity among trans individuals by creating spaces for everyone to feel comfortable and safe.]

● Do not “out” trans people who do not wish others to know about their history or experiences. Please ask their permission before telling others and honor confidentiality. Note that some people may be out in some aspects of their lives, but not in all. In regards to trans clients/patients, sometimes client/patient histories are discussed among staff members to provide better services, though if it is not essential, do not out a client/patient.

● Include trans positive literature, brochures, books, magazines, artwork, and posters in your waiting area and through out your organization. This helps people to feel welcomed and more comfortable.

### **Provide Staff Training**

● Take a trans sensitivity inventory of your organization. Periodic educational workshops and in-service training are important to provide current information about the needs of trans people, and assist staff with any concerns or questions. Workshops and training should be periodic to address changes among staff in your organization and keep the entire staff up-to-date on current resources. Be sure that any and every person a trans person may encounter also be trained, including security, front desk/reception, lab technicians, and volunteers.

● Provide training that is specific to the needs of the different roles and responsibilities of your staff. For example, clinical training is very important to help specific providers provide trans sensitive physical exams and communicate with trans people about their bodies; their partners and their partner’s bodies; sexual and drug use behaviors and STD/HIV risk behavior; disclosure issues; domestic/dating violence; birth control, pregnancy and parenthood; etc. Trans health care and social service needs may include: Body modification (tucking/binding, hormone therapy, silicone injections, gender confirmation surgeries); Disclosure of gender identity to partners and others in their social network; Self-esteem and self-efficacy; Immigration issues; Legal assistance with name and/or sex/gender changes on documents (birth certificate, passport, driver’s license, etc); Homelessness; Sex work; Domestic violence/Dating violence; Mental health issues; Substance use; Discrimination and stigma; Hate violence; Body image concerns; STDs/HIV; Medication adherence; Birth control, pregnancy and parenthood; Homelessness, transient housing, or couch surfing; etc.

● Ask for help from trans specific local and national organizations. Build collaborative relationships between your school and local centers, organizations, and support groups for referrals, education, and services.

### **Increase Education & Improve Outreach**

● If your organization provides education and outreach, be inclusive of the needs of trans people in your services, programming, and resources. In addition, create and provide trans-specific resources for your trans clients/patients and their partners.

- Create a support or discussion group that is inclusive of all trans and gender variant people, or create multiple groups to address the various needs among the different trans communities.
- Collaborate with trans people to develop and implement a needs assessment in your community to find out current health care and social service needs and concerns among trans people. This can help to improve services and programs, and acquire funding to increase or create trans specific services and resources. It is very important that trans people are involved from the creation of the needs assessment design, implementation, analysis, and dissemination to increase the reliability and validity of the results and assist with application of the information.
- Invite openly trans individuals, especially trans youth, to participate on your board of directors and community advisory boards.

### **Establish Resources**

- Provide direct and specific outreach to the trans communities. If your organization develops brochures, resources or implements educational workshops, be sure to include specific information about trans people to address their needs and concerns, and develop trans-specific resources.
- Designate resource people in your organization to update and provide trans specific resources for trans people who work at or participate in services or programs at your organization.
- Create a Resource Guide for trans people of trans friendly and trans specific services. These resources may include hotlines, list serves, websites, recent articles, books, brochures, listings of local and national trans organizations, and listings of local support groups and medical and mental health providers who provide services for trans people. Having an accurate and current base of information is helpful for making effective referrals and attaining vital knowledge. Please update the resource guide once a year.
- Learn about the variety of current list serve discussion groups, web sites, and other electronic media for further information about trans people and their experiences.
- Many clients/patients may not have access to a computer, developing a list of places in which they can access one for free, such as local schools or libraries, or providing a computer in your organization lobby with a time limit, may be helpful.
- Provide funding for staff to attend trans specific conferences to educate themselves and encourage them to present or share the information and resources they gathered with co-workers.

#### References:

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Sausa, L. A. (2006). Translating research into practice: Trans youth recommendations for improving school systems. *Journal of Gay and Lesbian Issues in Education*, 3(1), 15-28.

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