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Affirmative Care for Black Women of Transgender Experience:

A GUIDE FOR PROVIDERS





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About On Our Own Terms

Launched in 2017 by the Black Women's Health Imperative (BWHI) in response to the need for Black women-centered HIV prevention, On Our Own Terms (OOOT) is a national strategy to improve sexual health, HIV outcomes, and overall wellness for Black women. This initiative supports collaborations, solutions, and policies guided by the lived realities of Black women. OOOT, BWHI, and strategic partners are creating a platform where the voices, faces, and lived realities will be attached to HIV-related statistics in our communities. With its partners, OOOT is building a strategic and comprehensive HIV prevention agenda to integrate the lived experiences of Black women into HIV prevention research, policy development, and program practice.



About Black Women's Health Imperative

The Black Women's Health Imperative (BWHI) is a national non profit organization dedicated to advancing health equity and social justice for Black women, across the lifespan, through policy, advocacy, education, research, and leadership development. The organization identifies the most pressing health issues that affect the nation's 22 million Black women and girls and invests in the best of the best strategies and organizations that accomplish its goals. For more information, please visit www.bwhi.org.



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Introduction

No pride for some of us without liberation for all of us.

Marsha P. Johnson (Activist and prominent figure in the [Stonewall uprising](#) of 1969)

Black women and feminine people of trans experience¹ like Marsha P. Johnson were crucial to creating the LGBT civil rights movement. Her legacy continues through the efforts of Black trans women today who continue to inspire others through their roles as artists, politicians, community advocates, and survivors.

The term “transgender”, often shortened to “trans”, is a broad term commonly used to describe an array of people whose gender does not align with the sex that they were assigned at birth. Despite a determination to visibly thrive, Black women of trans experience encounter multiple forms and layers of discrimination, and their access to high-quality care is seriously lacking.

The Institute of Medicine names safety, equity, and patient-centeredness as principal benchmarks for that high-quality care:

- **Safety:** Avoiding harm to patients from the care that is intended to help them
- **Patient-centeredness:** The provision of care that is respectful of and responsive to individual patient preferences, needs, and values and that ensures that patient values guide all clinical decisions
- **Equity:** Providing care that does not vary in quality because of personal characteristics such as gender, ethnicity, geographic location, or socioeconomic status

Though several health care and service providers excel at meeting these guidelines, unfortunately, Black women of trans experience are among the groups which all too often report receiving care that does not prioritize their safety, is discriminatory and inequitable, and fails to center their health within their lived experiences.

In addition to the right to be treated with decency and respect, the alarmingly high burden of HIV and other health disparities among this group demands drastic improvements in the health care system — starting with institutions, providers, and their staff.

This workshop aims to provide the knowledge foundations to individuals and providers seeking to understand the health needs of Black women and femmes of trans experience and how to better provide quality care to them. The specific objectives are to:

1. Expand knowledge of present-day conceptualizations of sex, gender, expression, and sexual orientation;
2. Explain the impact of intersecting forms of discrimination and stigma on the health of Black women/femmes of trans experience;
3. Increase the proficiency of providers to provide culturally sensitive and affirmative care to Black women/femmes of trans experience; and
4. Articulate strategies and resources for promoting HIV prevention, testing, and treatment for Black women of trans experience.

¹ Including “nonbinary trans-feminine people, intersex trans women and intersex trans feminine people” Transgender Law Center, *Black Trans Women and Black Trans Femmes: Leading & Living Fiercely*, accessed May 24, 2020. <https://transgenderlawcenter.org/Black-trans-women-Black-trans-femmes-leading-living-fiercely>

Cultural Humility

It's a sad reality that discrimination in health care is widespread across the world and takes many forms. It violates the most fundamental human rights and affects both users of health services and health workers, based on issues including ethnicity, sexual orientation, harmful gender stereotypes, asylum and migration status, criminal record, and other prejudices and practices.

— World Health Organization, 2017

<https://www.who.int/gender-equity-rights/news/ending-discrimination-in-healthcare-settings/en/>

Like skin, hair, and personality, people come in different shades, textures, and tones of being and living. The terms “cultural humility” and “cultural competence” often are used to describe care that values diversity. The following exercise explores what these terms mean to different people.

BALL IT UP EXERCISE

What do cultural humility and cultural competence mean to you? Using a pen/pencil and paper, take two minutes to write out your definitions. **DO NOT WRITE YOUR NAME ON THE PAPER.** Once everyone is finished, crumple the paper up into a ball and toss it across the room to another person. Next, grab a ball that has been tossed to you (or in your direction) and toss it to another person across the room. Once you have the second crumpled ball, open it up and read the definitions. Allow everyone in the group to take turns reading the definitions while comparing them.

Health experts like Dr. Melanie Tervalon think of cultural humility as a commitment to lifelong learning, critical self-reflection, and an understanding that each person has a unique point of view, history, and story. Watch the following video to hear more about Dr. Tervalon's take on cultural humility and competency:

https://www.youtube.com/watch?time_continue=124&v=16dSeyLSOKw&feature=emb_logo

DISCUSS THE FOLLOWING:

How is cultural humility different from cultural competency?

What does cultural humility look like in the terms of caring for people with diverse race and gender identities?

Lifelong learning about diversity is clearly important for cultural humility. However, many providers lack formal training on sex and gender. Others may have fallen behind on the evolution of culturally appropriate language to use when addressing these matters. The next section is designed to stimulate discussion of gender diversity, starting with terminology.

Wake Up to Gender Diversity

We need to diversify what it means to be normal...There needs to be more responsibility and holding people accountable for upholding trans people's rights. Diversity is an American value, and 'freedom and justice for all,' but it's like they only pertain to certain people. I feel that's very hypocritical.

— **Ivana Fischer** (from <https://ourselvesBlack.com/intersectionality>),
culture journalist, digital production manager, and social media personality

Gender diversity has existed for a very long time, as shown in ancient texts and artifacts. However, it was not until recently that health and service provider organizations started recognizing gender as something that is separate from the body parts that people are born with – as something that is *felt*, not seen. The table below provides a subset of social definitions which reflect present-day terminology used by many trans health organizations across mainland United States. A glossary of other gender and sexual identity terms can be found on page 33.

GENDER IDENTITY TERMINOLOGY WOMEN/FEMMES OF TRANS EXPERIENCE	
Transgender (<i>adjective</i>)	An umbrella term used to describe a person whose gender identity does not align with the sex that they were assigned at birth
Trans woman/transgender woman (<i>noun</i>)	A transgender person whose gender identity is female may use these terms to describe themselves. Some will use the term woman or a woman of trans experience (mainly used in Black communities)
Transfeminine (<i>adjective</i>)	Describes a person who was assigned male sex at birth but identifies with femininity to a greater extent than with masculinity

These definitions are still limiting, because the terms that people use to define themselves can vary widely across cultures, generations, and individuals.

Other important things to know:

- People of trans experience may have a binary identity (male or female).
- Gender also can be somewhere along a spectrum of femininity/masculinity, non-binary, non-conforming, or self-defined in many other ways.
- Gender can be fluid, changing over the course of an individual's lifespan, just as other aspects of an individual's personhood evolve.
- A large portion of people who are categorized as trans by others identify as non-transgender. They may simply describe themselves as women, as female figures, or by another term.

The next sections will delve a little more deeply into other important topics concerning gender transition, expression, and sexuality.

Sex and Gender Assignment

All of us are put in boxes by our family, by our religion, by our society, our moment in history, even our own bodies. Some people have the courage to break free.

— **Geena Rocero**, Filipino American, transgender advocate, model and founder of Gender Proud, a media production company

Sex assignment often starts with a child's genitals (for example, penis = male, vulva = female). From a young age, the child will hear the people around them use these characteristics to shape their gender (their roles and behaviors). For example, in line with Western traditions, a baby with a penis will be automatically be told that they are male (sex assignment). The people who care for the baby immediately will do things to structure their "male-ness" (gender assignment). If the baby is intersex², providers may pressure their caregivers to perform medically unnecessary procedures designed to make them fit into the "male" box.

SEX, GENDER IDENTITY & GENDER ROLES ACTIVITY

The chart below shows the overlap between sex and gender assignment. Take a few minutes to complete the table, describing the social roles, actions, and expectations that go along with sex and gender assignment.

Penis = Male → Male = Boy → Boy = Masculine → Masculinity =
Vagina = Girl → Female = Girl → Girl = Feminine → Femininity =

GROWING UP BLACK, FEMME & TRANS

Model and actress Dominique Jackson is a Black woman of trans experience who also advocates for the visibility of community issues through her platform. In her interview with the Caribbean Equality Project, she talks about how sex/gender assignment impacted her and her relationships with people in a similar way that impacts other Black women of trans experience today. Watch the first 12 minutes: 0:00 – 12:15.

<https://www.youtube.com/watch?v=IrsrLAAvcoo&list=PLK3-d-9vdLbGkrRcL1k4DTjTvNMjOXOMx&index=1>

The exercise and video expose the unrealistic pressures that come with sex, gender, and gender role assignment. In order to be accepted by society, people may respond to these pressures to conform by expressing their gender in ways that contradict their true selves. The next sections delve a bit more deeply into gender diversity, expression, transition, and sexuality.

² Individuals born with any of several variations in [sex](#) characteristics including [chromosomes](#), [gonads](#), [sex hormones](#), or [genitals](#) that, according to the [UN Office of the High Commissioner for Human Rights](#), "do not fit the typical definitions for [male](#) or [female](#) bodies" United Nations Office of the High Commissioner for Human Rights. *Free & Equal Campaign Fact Sheet: Intersex*. PDF file. 2015 <https://www.unfe.org/wp-content/uploads/2017/05/UNFE-Intersex.pdf>

True or False? Questions about Expression, Transition, and Sexual Orientation

The goal of this section is to increase provider awareness about key topics that often are misunderstood. Make sure to write your answers down to each question, take a poll on the group's answers, and move forward with group discussion. The section will conclude with an exercise designed to help practitioners explore and compare these topics.

QUESTIONS

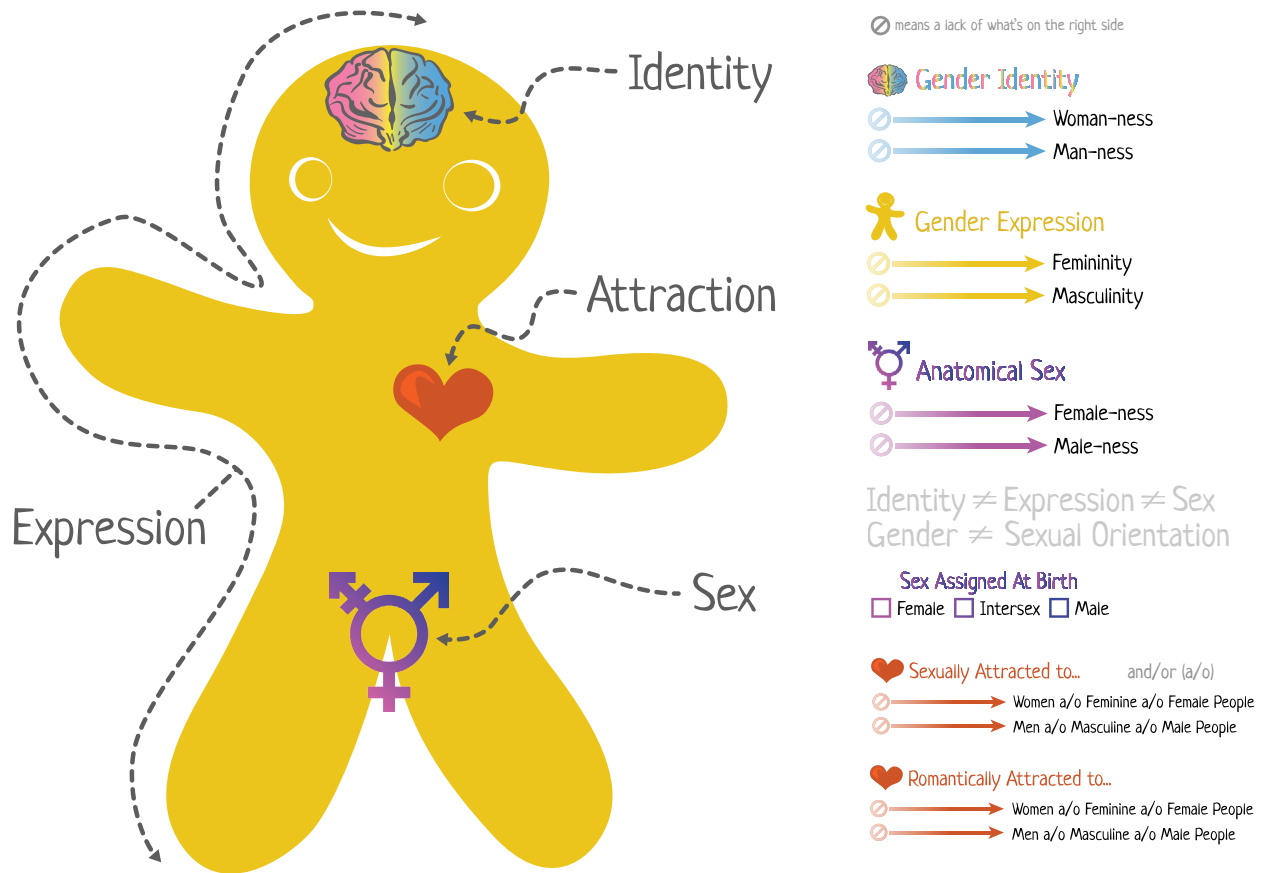
1. True or False? You can always tell a woman/femme of trans experience by the way that they dress, look, and/or act.
2. True or False? People of trans experience who have not gotten surgical procedures have not fully transitioned yet from their assigned sex/gender at birth.
3. True or False? Sexual orientation and gender identity are two separate things that do not overlap.

Your answers:

This image shows a blank sheet of white paper with horizontal ruling lines. The lines are evenly spaced and extend across the width of the page. There are no margins, text, or other markings on the paper.

Answers can be found on page 27-28.

The Genderbread Person v4 by its pronounced METROsexual.com



Genderbread Person Version 4 created and uncopyrighted 2017 by Sam Killermann

For a bigger bite, read more at www.genderbread.org

CONCLUDING EXERCISE ON IDENTITY, EXPRESSION & SEXUAL ORIENTATION: GENDERBREAD

The Genderbread graphic is used to explore the different facets of gender and sexual identity, as well as expression.

Part I: Think about the different aspects of your identity and expression as you work your way down the different sections of the Genderbread figure. What is your gender identity? How is that similar to/different from your appearance? What sex were you assigned at birth, and how does that contrast with your identity and expression? Now, think about the gender of the people to whom you are physically attracted – are they masculine, feminine, both, neither? Finally, think about with whom you are most likely to bond on an emotional level. Are they the same gender as the people to whom you are physically attracted? With each section, question where you are on the spectrum. Are you far left, right, somewhere in the middle, or outside of it?

Part II: Thinking back, have any of these areas changed over the years for you?

Part III: Think of your partner, a friend, or a relative. How does their Genderbread figure compare to yours?

The next section highlights some of the issues which impact Black women of trans experience, with the goal of helping providers realize the unique factors which may increase vulnerability.

Intersectional Determinants of Health Among Black Women/ Femmes of Trans Experience

We are under the different pressure of these 'isms' like racism, sexism, classism...for me, that unique level of racism, misogyny, all those things create a space where we're more vulnerable...you can be discredited, you can be discarded, you can actually be executed.

— **Diamond Stylz** (as reported by ABC News), transgender digital strategist, civil rights advocate, Executive Director of national non-profit Black Trans Women Inc.

<https://abcnews.go.com/US/trans-women-color-facing-epidemic-violence-day-fight/story?id=66015811>

After surveying 6,450 transgender and gender non-conforming adults in the National Gay and Lesbian Task Force, the US Center for Transgender Equality found that “The combination of anti-transgender bias and persistent, structural racism was especially devastating” to Black people of trans experience. (National Transgender Discrimination Survey, n.d.)

Providers need not only to be aware of the level of discrimination targeted toward Black women of trans experience but also to be sensitive to these matters, in the event that they are impacting the health and health care decisions of their patients.

DISCUSSION PROMPT

Have you ever experienced discrimination, been prevented from doing something, or been hassled or made to feel inferior because of your race, ethnicity, or color? What about your gender? What stereotypes have you heard used about people of trans experience?

In an essay on racial privilege, Peggy McIntosh (American feminist, anti-racism activist, scholar, speaker, and Senior Research Scientist of the Wellesley Centers for Women) wrote:

Denials that amount to taboos surround the subject of advantages that men gain from women's disadvantages. These denials protect male privilege from being fully acknowledged, lessened, or ended... Describing white privilege makes one newly accountable.

Many people are who are not Black, trans, or Black and trans are unaware of the privileges that they have through their position in the social ladder. The purpose of the questions that follow is to help people who are neither/nor explore and discuss these things.

Keep in mind that these experiences may/may not apply to individual Black women of trans experience. Just as in other communities, people have different levels of privilege based upon their support system, where they live, and the way that they present their gender to the world.

CIRCLE ONE	RACE & GENDER PRIVILEGE CHECKLIST
Yes or No	Strangers don't assume they can ask me what my genitals look like and how I have sex.
Yes or No	When initiating sex with someone, I do not have to worry that they won't be able to deal with my parts or that having sex with me will cause my partner to question his or her own sexual orientation.
Yes or No	I can avoid spending time with people whom I was trained to mistrust and who have learned to mistrust my kind or me.
Yes or No	If I should need to move, I can be pretty sure of renting or purchasing housing in an area which I can afford and in which I would want to live.
Yes or No	I don't have to hear, "So, have you had THE surgery?" or "Oh, so you are REALLY a [incorrect sex or gender]?" each time I come out to someone.
Yes or No	Whether I pay by check, credit card, or cash, I can count on my skin color not to work against the appearance of financial reliability.
Yes or No	Strangers do not ask me what my "real name" [birth name] is and then assume that they have a right to call me by that name.
Yes or No	Most of the time, I can arrange to protect my children from people who might not like them.
Yes or No	I am never asked to speak for all the people of my racial group.
Yes or No	I am never asked to speak for all the people of my gender group.
Yes or No	I can be pretty sure that if I ask to talk to the "person in charge", I will be facing a person of my race.
Yes or No	I do not have to choose between either invisibility ("passing") or being consistently "othered" and/or tokenized based on my gender.
Yes or No	When I go to the gym or a public pool, I can use the showers.
Yes or No	When I express my internal identities in my daily life, I am not considered "mentally ill" by the medical establishment.
Yes or No	When I am told about our national heritage or about "civilization", I am shown that people of my color made it what it is.
Yes or No	I am not required to undergo extensive psychological evaluation in order to receive basic medical care.
Yes or No	People do not disrespect me by using incorrect pronouns even after they've been corrected.
Yes or No	I can swear, dress in second-hand clothes, or not answer letters without having people attribute these choices to the bad morals, the poverty, or the illiteracy of my race.
Yes or No	I do not have to worry about whether I will be able to find a bathroom to use or whether I will be safe changing in a locker room.

These statements reveal privilege as part of a system used to classify and marginalize people.

The people with less privilege tend to be those at the intersection of hierarchies of race, class, and gender. Discrimination based on race, gender, and/or class creates a divide where some people are easily able to access resources and power, while others are not.

The next table lists types of discrimination that Black women of trans experience may face from family members, intimate partners, strangers, organizations, and other people and places.

PAIR & SHARE DISCRIMINATION ACTIVITY		
With another person, read through each type of discrimination. Work together to develop an example of how each one looks. When finished, review and discuss your thoughts on the health impacts of discrimination.		
Type	Definition	Your Examples
Stigma (race, gender, sexual)	Negative and often unfair beliefs that a society or group of people have about something [Webster]	
Transphobia	Dislike or prejudice against trans people	
Transmisogyny	General dislike of or prejudice toward women of trans experience	
Transmisogynoir	A type of transmisogyny that is specific to Black women of trans experience	
Cisnormativity	Normalizing a gender binary through assumptions that everyone is cisgender	
Stereotypes	A standardized mental picture that is held in common by members of a group and that represents an oversimplified opinion, prejudiced attitude, or uncritical judgment	
Prejudice	An adverse opinion or leaning formed without just grounds or before having enough knowledge	
Racism	A belief that race is the primary determinant of human traits and capacities, and that racial differences produce an inherent superiority of a race; a political or social system founded on racism	
Ableism*	Discrimination in favor of able-bodied people	

*Added forms of discrimination against Black women of trans experience with disabilities

Other types of discrimination are also targeted toward sex workers, older adults, and people who have been incarcerated.

Overall, prejudice and -isms have a powerful effect on a person's ability to succeed in school; have a job, stable housing, and food; avoid incarceration; and obtain much-needed medical care [White Hughto, Reisner, & Pachankis, 2015].

These things combined can have a devastating effect on the mental and physical health of a community. [ian meyer, 2003]

United States Transgender Survey Results Comparing Social Outcomes of Black Trans to Overall Black US Population		
	Black Trans Population	General Black US Population
Employment	20%	10%
Housing Instability	49%	—
Poverty	38%	24%
Uninsured (Health)	20%	13%

United States Transgender Survey Results Comparing Health Outcomes of Black Trans to Overall Black US Population		
	Black Trans Population	General Black US Population
Sexual Assault	42%	22%
Mental Distress	41%	6%
Suicide Attempts	47%	.5%

For example, one study found that young Black women of trans experience who faced trans-related discrimination were nearly:

- Three times more likely to have post-traumatic stress disorder (PTSD); and
- Eight times more likely to have suicidal thoughts.

Those who experienced racial discrimination were nearly four times more likely to be stressed and have stress related to suicidal thoughts. [Wilson, Chen, Arayasirikul, Fisher Raymond, & McFarland, 2016]



Violence

I don't want to be visible because I'm trans. I want to be seen, affirmed and celebrated as a whole damn person...I want to wake up without the threat of violence! I want to fall in love, raise a family and pass down traditions that my grandma and mom passed to me. I want to thrive without fear! I don't want to have to tell you all about my pain for you to then journey towards an understanding that Trans folk deserve to breath, to live and thrive in a world that celebrates all of who were are...Humans.

— **Dr. Lourdes Ashley Hunter** (Executive Director, Trans Women of Colour Collective)

Violence is a traumatic and chilling side effect of discrimination and prejudice against Black women of trans experience. The hashtag “#BlackTransLivesMatter” was created to raise public awareness about the homicides and acts of violence targeting Black women of trans experience.

Restrictive gender norms and transmisogynoir are just a few of the reasons why Black trans women are much more likely to experience violence than other trans and non-trans Black people [USTS, 2015].

Check out the Resources section to find agencies which monitor and address the issue of violence among Black women of trans experience.

HIV

Many transgender people face stigma, discrimination, social rejection, and exclusion that prevent them from fully participating in society... These factors affect the health and well-being of transgender people, placing them at increased risk for HIV.

- Centers for Disease Control and Prevention CDC, 2019
<https://www.cdc.gov/hiv/group/gender/transgender/index.html>

The misclassification of women of trans experience as gay and bisexual men (MSM, or men who have sex with men) allowed the HIV epidemic to escalate without intervention for many years. Today, the HIV disparities between Black women of trans experience and other groups are steep, with surveys estimating that 20-44 percent of the population is living with HIV [USTS, 2015; CDC, 2020; Becasen et al., 2019].

One of the biggest challenges to HIV prevention among women of trans experience revolves around providers' understanding of trans people and the issues that they face.

According to the Centers for Disease Control and Prevention:

Lack of knowledge about transgender issues by health care providers can be a barrier for transgender people who receive an HIV diagnosis and are seeking quality treatment and care services. Few health care providers receive proper training or are knowledgeable about transgender health issues and their unique needs. This can lead to limited health care access and negative health care encounters.

- CDC, 2019 <https://www.cdc.gov/hiv/group/gender/transgender/index.html>

Lack of knowledge about people of trans experience not only reduces the quality of care provided to them; it also makes it less likely that trans clients will return for much-needed health care due to their negative experiences.

One survey found that 34 percent of the Black trans people who had been to the doctor in the past year reported having at least one negative experience related to being transgender (USTS, 2015). These experiences ranged from the outright refusal of treatment to verbal harassment and physical or sexual assault. One of the most common reasons for a negative experience is having to teach the provider about transgender people in order to get appropriate care.

This concludes the section on intersectional determinants of health among Black women of trans experience. The next sections will provide information on the things that providers can say and do in order to provide care that respectfully engages and affirms clients who are Black women of trans experience.

Keys to Affirmative Care

You could have been made fun of the entire way to the provider's office, and when you get there, you may still face stigma and discrimination. Even in the doctor's office, you might face incorrect pronoun use, misnaming, hostile waiting rooms, or being asked to use bathrooms that don't support your gender identity.

- **Anonymous** (as reported by the National LGBT Health Center's "Delivering HIV Prevention and Care to Transgender People" presentation)

Affirmative care is essential to reducing health inequities experienced by Black women of trans experience. As with most things, communication is key to providing affirmative care. Most often, front line staff (receptionist, nurses) are powerful in shaping the way that clients perceive the entire care establishment. The following role-play exercise and video are designed to stimulate discussion about the keys to affirmative care for Black women of trans experience.

ROLE-PLAY EXERCISE

Select two (2) volunteers to role-play the following scene featuring a Black woman of trans experience going to the doctor's office. Either assign or allow them to choose to play the client and receptionist, respectively. Give each person a copy of the script so that they can read their respective lines for the scene.

Narrator: Jada is nervous about going to the doctor for the first time after her transition. When she gets to the office, she heads to the receptionist's (Glenda's) desk to check in.

Glenda: *Hi? How can I help you today, ma'am?*

Jada: *Hi, I'm here for a 2:00 appointment. My name's Jada Jackson.*

Glenda: *Ok, give me one second. (looks down at her computer screen confused) Uh....I don't see any Jada here only have one person down for 2 and that's a Johnathon...(stops to look Jada up and down). Wait...are you Johnathan Jackson?*

Jada: *(looks upset and sighs) I don't go by that name anymore. I changed my name to Jada, so you can call me that.*

Glenda: *Ok, so you're transgendered, right? I didn't mean to offend you. It's just that you're so pretty, I had no idea...you look like a real woman.*

Jada: *(looks confused) Yes - and thanks? I guess...*

Glenda: *You're welcome! So, Jada is it? I'm trying to figure out the best way to explain this to you. It's just that we have a system here. Part of that is calling people by their real names. I mean - can you imagine how confusing it would be for us to be call people by their nicknames of whatever else they call themselves? I mean, you understand that, right?*

Jada: *Yes, but what I'm trying to tell you, is that...(interrupted by Glenda)*

Glenda: *(interrupts Jada) Look sweetie - I can tell that you're starting to get upset so here's what I'll do. I will make a note of it, but you should know that it's confusing for us to call you something else when the records say your real name. So just to confirm, your name is Johnathan Jackson, male sex, born on March 2, 1982. Right?*

Jada: *(looks defeated) ...yeah...that's me.*

ROLE-PLAY REFLECTION

Work with a partner or group to critique the interaction between Jada and the receptionist. Answer the following questions:

1. How would you rate the overall quality of care provided to Jada upon entering the medical office? Would you say that it was poor, ok, or good? Justify your rating.
2. Based upon your care quality rating, how could the interaction be improved? Work with your partner/group to change the scene to reflect those suggestions.

LGBT VOICES: PERSPECTIVES ON HEALTH CARE VIDEO

Watch the following video to hear about how other negative experiences in health care impacted LGBT people.

<https://www.lgbthealtheducation.org/video/lgbt-voices-perspectives-on-healthcare/>

What assumptions did the people in the video mention encountering while accessing health care? What actions, if any, should agencies take to make sure that Black women of trans experience and other LGBT people have high-quality health care experiences?

The next section will dig more deeply into common questions and answers about providing affirmative care.

AFFIRMATIVE CARE Q&A

The receptionist in the role-play scenario and practitioners mentioned in the real accounts of patients said and did several things that could cause irreversible damage. Here are some answers to common questions that providers may have about creating a safe and affirming space for women of trans experience. You will also complete exercises and activities which are relevant to the topics addressed in this section.

Q: How and when should providers and staff address people who may be trans or gender diverse if they are unsure?

A: The best way is to treat everyone as if their gender identity is a mystery to you.

It is impossible to tell whether someone is trans based upon how they look or speak (see section on gender transition and expression). It is important to treat each person with the level of respect that you would expect, even if you think they are trans.

This means using terms that are gender neutral and responsive to how they identify.

Gender-neutral language involves terms that can be used to communicate with any and everyone. For example, instead of saying, “How can I help you ma’am/sir?”, you can say, “How can I help you?”

Or, if you are trying to get someone’s attention, you can simply say, “Excuse me”, instead of, “Excuse me, ma’am/sir.” If you need to reference them to someone else, avoid saying things like “the lady/man over there”. Instead, you can say something like, “the client/person in the red shirt”. Instead of using pronouns, you can say, “The client is in the waiting room,” as opposed to “She/he is in the waiting room.”

Some trans and gender-diverse people also use “they” as a gender-neutral pronoun. For example, “They went to the bathroom.” However, due to the highly personal nature of gender identity and pronouns, you should not assume that everyone is comfortable being referenced as “they”.

Misgendering happens when people use the wrong pronouns for other people. People who are transphobic may misgender someone intentionally; however, it is something that is also often done unintentionally by people who interact with trans people in and out of medical settings. The intentions behind misgendering certainly do not make it okay, because what someone may see as harmless can be very hurtful to the other person. Pronouns are important because using them communicates respect. It also shows that you value diversity and honor everyone’s natural-born right to identify themselves.

Complete the following pronoun-reversal exercise to gain perspective on how it may feel to be misgendered.

PRONOUN-REVERSAL EXERCISE

Part I. Break into pairs and take turns asking the following questions. Be sure to take notes on your partner's responses.

What is your name?

What gender pronouns do you use?

What is your favorite food?

What is your favorite movie or TV show?

Where would you like to go on your next vacation?

Part IIA. Combine with another pair of participants to make groups of four (4) for the next part. Listen as each partner for the first exercise introduces their partner using pronouns that are different from the ones that they gave.

Part IIB. As a group, describe your experience with the gender pronoun reversal exercise.

What are some of the things you were thinking about while completing the exercise?

How did it feel to be referred to by gendered pronouns with which you don't identify?

Did this exercise provide insight into how it might feel to have your gender consistently mislabeled or disregarded?

MacNamara J, Glann S, Durlak P. Experiencing Misgendered Pronouns: A Classroom Activity to Encourage Empathy. *Teaching Sociology*. 2017;45(3):269-278.

HOW TO AVOID MISGENDERING SOMEONE

One way to assure proper name and pronoun use is to collect this information on intake forms. If you are A) unsure about someone's name and/or pronouns, and B) it is necessary for you to know, the best policy is to ask in a way that does not embarrass or "out" (expose) them.

For example, if a person's name does not match their insurance and/or medical records, you can say something like:

Is it possible that your medical records (or insurance) may be under a different name than the one that you go by now?

Next, you can verify that the information that they give you (social security number, date of birth, address, etc.) matches with that in your records.

To follow up with them about their name and pronouns, the National LGBT Health Center recommends the following questions:

What name do you go by? OR, How would you like to be addressed and what pronouns do you use? (LGBT Health Center, 2020, Affirmative Services for Transgender and Gender-Diverse People)

You can also say something to the effect of:

I ask everybody this question. OR, I don't make any assumptions about the pronouns people use; which pronouns would you like me to use for you?

Having this information streamlined across communication materials (forms or e-records) in a medical office reduces the burden on patients of re-disclosing their information to every staff member or provider.

General Communication Tips

Here are some additional communication tips (GLAAD, Ally, and LGBT affirmative care):

- **Neutralize your body language and expressions.**
 - ◆ When engaging with clients, it is best to interact with patients as if nothing about them surprises you. There is no need to try to be over-complimentary or try to overextend yourself or over-relate to clients. While well intentioned, gestures such as these single people out. Here are some potentially offensive and isolating things to say to a person of trans experience:
 - “She’s so gorgeous, I would have never guessed she was transgender.”
 - “You look just like a real woman.”
 - “You’re so brave.”
 - “You’re actually so pretty.”
 - “Can I see a photo of you before?”
 - “Have you had the surgery?”
 - “So, when did you decide to be transgender?”
 - “I would have never known you were transgender.”
 - “My brother is also trans, so I get it.”
 - “I just love [INSERT NAME OF TRANS CELEBRITY OR SHOW].”
- **Never ask what anyone what their “real” name is.**
 - ◆ Almost everyone has sensations (sight, smells, tastes) that connect to a past time. In a similar sense, hearing a name that was assigned at birth (aka a deadname) may be jarring to some people of trans experience, because it may be connected to pre-transition memories that are not favorable. Simply put, respect the name a transgender person is currently using.
- **Be mindful of confidentiality, disclosure, and “outing”.**
 - ◆ Never gossip or speculate about someone’s gender with another person. These things perpetuate stigma by “othering” people based upon a singular aspect of their identity. A person’s gender should be selectively disclosed when it is essential to addressing a health need with certain personnel. You should also avoid probing about someone’s gender matters in a public office setting around other clients.
- **Do not ask about a person’s gender history if it is not necessary.**
 - ◆ Some people of trans experience are open to discussing their transition. However, many others may not be comfortable discussing private information with a stranger – especially about their genitals. While not asking about genitals may seem like a “no-brainer”, people of trans experience are the only people who get asked these questions. Unless your questions have something to do with the care that is being provided and you are appointed to ask this information or respond to it, do not pry or ask about things that are unrelated to the task at hand.

If you are not used to it, gender-neutral communication may take some time to develop. It is possible that you may slip up and misgender someone.

The gender-neutral communication section on misgendering recovery part needs to be highlighted or emphasized to stress the importance of not making light of misgendering someone.

If you hear someone else misgender a client/patient, it is your responsibility to correct them. For example, if a co-worker says, “I’m going to call his insurance company to verify his plan

information,” you can directly correct them by saying, “Okay, but you should know that the patient uses *she/her/hers* pronouns.” You can also reinforce correction in the way that you respond to your colleague by using the appropriate pronoun. For example, after correcting your colleague, you can say, “Let me know when you get *her* information and I will process *her* paperwork.”

Q: What are some terms that are outdated or unacceptable?

A: Part of being responsive in communication is listening to the terms that a person is using and, in turn, using those same terms to communicate with them. Some things (like the word “transgendered” used by the receptionist in the role-play scenario) are unacceptable. Many of these terms are derogatory; others are reclaimed slurs which are acceptable when used among people who are “in-community” but should not be said by non-trans people.

For example, the term “queer” is represented by the Q in LGBTQ. Queer is a reclaimed slur, which means that it was once used to oppress LGBT people before younger LGBTQ generations transformed it into something that was empowering.

“Queer” has several uses and meanings. For example, it can refer to any person who is gender or sexually diverse. Within the community, it can also represent any other gender and sexual identity that falls outside of lesbian, gay, bisexual, and trans identities. In this sense, the purpose of the Q is to encompass those groups (for example, bigender, pansexual, etc.), in addition to others that may not have a defined gender or sexual identity.

However, people who grew up in a time when Queer was used to hurt LGBT people find it highly offensive and still do not like to hear other people say it. If the goal is to establish trusting relationships with clients, it is best to refrain from using any terms like these which might be inflammatory.

Here are some other terms that should be used with caution, unless someone explicitly tells you that they identify as these. In this case, it is okay to be responsive in using them with that person only.

SAY THIS...INSTEAD OF THAT

SAY THIS...	...INSTEAD OF THAT	WHY?
Woman/man/person of trans experience, Transgender	Transgendered, transgenders, a transgender	Why? Transgender is a noun, not an adjective. People cannot be transgendered. The other two terms have a negative connotation.
Woman/man/person of trans experience, Transgender	She-male, he-she, it, shim, gender-bender	These are dehumanizing terms used to oppress people of trans experience.
Pronouns	Preferred pronouns, preferred name	“Preference” can be offensive because it suggests that they aren’t a person’s true pronouns. Asking a client’s preferred name for record-keeping may be helpful.
Sexual orientation or orientation	Sexual preference, lifestyle choice	As there is no one straight lifestyle, there is no one lesbian, gay, bisexual, or transgender lifestyle.
Assigned male/female at birth	Born a boy/girl	Saying that someone was born a boy/girl communicates constrained ideals about gender identity, as if the person was born something and decided to be something else besides who they are.
Identifies as...[transfeminine a woman, etc.] or is... [transfeminine, a woman, etc.]	Self-identifies as...	Can be invalidating, as if someone’s gender is not authentic.
Intersex	Hermaphrodite	“Hermaphrodite” is an outdated and offensive term.
Drag Queen/Cross-dresser	Transvestite	This term has been used less and less over the years. Some people may identify as transvestite, and it may mean different things. Do not automatically assume that it is okay to use the term unless someone tells you that they want you to. Make sure that you troubleshoot with the client to understand what it means only if necessary to provide care.
Same-gender loving, women loving women, men loving men, gay, lesbian	Homosexual	This term previously was used by anti-gay extremists.
Gender-affirming surgery or reassignment surgery	Sex-change, pre-operative, post-operative	Do not overemphasize surgery as necessary to transition, but use terms that are less abrasive if it needs to be addressed.

Q: What are some other ways that my organization can be more inclusive?

A: There are many things that you can do to make your organization more inclusive. Read the following examples and do the intake form design exercise when finished.

- **Mandate trainings on implicit bias and cultural humility.**
 - ◆ Implicit biases are unconscious beliefs and attitudes toward certain groups. Virtually everyone has hidden ideas and stereotypes about others of which they are not aware. Yet, a lack of awareness can shape the course of treatment and recommendations that are made to certain patients. There are several tests and trainings which expose implicit biases that present in provider-client encounters and other day-to-day interactions. For example, an article in the American Journal of Medical Care states the following example when discussing implicit bias:
 - *Marginalized populations, such as homeless people or people of color, are more likely to be seen as criminal and violent in emergency situations and are more likely to be presumed to be noncompliant with their medication, but they're also more likely to be presumed to be medication-seeking or having an ulterior motive other than trying to receive needed care. (Jotz, 2018)*
- **Neutralize your bathrooms.**
 - ◆ If the bathrooms that your clients and staff use are not already all-gender, ask if it is possible to put all-gender signs on them. If they are binary, never force someone to use one or the other.
- **Ensure visual representation.**
 - ◆ Have posters, flyers, brochures, and magazines in your waiting room that have diverse photos representing women of trans experience and addressing health issues which are important to the community. You also may have flyers that connect gender-diverse people with resources that they may need, like local social and support groups; counselors; and organizations that offer job, housing, or financial assistance.
- **Create medical forms that collect information on assigned sex and gender separately.**
 - ◆ Make sure that you put the word “assigned” before sex on the form. Allow people to openly identify their gender without limiting the selection of choices to male or female. There also are other things that you can do to make sure that your intake forms are inclusive. You will need to modify the way that information is recorded in electronic systems so that the information can easily be transferred to other personnel. See exercise below.
- **Diversify your staff.**
 - ◆ It is always affirming to walk into a space and see other people who are like you. It sends the message that the place may be safer due to representation in the organization.
- **Work with a liaison**
 - ◆ Several consulting companies and community-based organizations led by Black women of trans experience offer local and national trainings. Many can be found through a simple web search. You can also contact a local community-based organization or AIDS service organization to see if it has health educators and/or support group facilitators who are community experts and may be able to offer trainings for your facility on inclusive practices.
- **Set the tone.**
 - ◆ Stress the importance of cultural humility in your organization, and model it through words and actions. Continuously seek trainings and resources to educate providers and staff about Black women of trans experience and other racially and gender diverse people. Develop clinical expertise in areas of importance for transgender people, such as hormonal therapy. Address any issues that arise in providing care and any gaps in service provision that need to be filled. If you do not already, consider hosting support groups surrounding health issues.
- **Take it easy.**
 - ◆ People of trans experience are ordinary people who live regular lives. There is no need to be stiff, tense, or overexcited. Treat each client the same – with a relaxed demeanor and direct eye contact.

INTAKE FORM DESIGN EXERCISE	
<p>Several leading health organizations advocate for the collection of gender identity, sexual orientation, and race/ethnicity so that the health needs of diverse groups are visible. Visibility is key to informing policies and programs to address group disparities. This exercise will walk you through the process of designing an inclusive patient intake form.</p>	
<p>I. Take 5-10 minutes to design your version of a patient intake form.</p> <p>On the form, ask for the following information:</p> <ul style="list-style-type: none"> • Patient's name • Date of birth • Gender identity • Race • Sexual orientation • Brief sexual health history (partner, sex behaviors) 	<p>II. Give your form to the person next to you for them to fill out. Give each other feedback on your forms. Discuss:</p> <p>How difficult was it for you to complete this exercise (easy, medium, hard)?</p> <p>What are some of the things that you thought about when designing your form?</p> <p>How confident do you feel about the cultural competency of your form (not at all confident, somewhat confident, confident, or very confident)?</p>
<p>III. Now look at an example of an intake form developed by the National LGBT Health Center for you to review:</p> <p>https://fenwayhealth.org/wp-content/uploads/FenwayRegistration-Formv13oct2017_clean.pdf</p> <p>As a group, discuss how this form compares to the ones that you developed.</p>	

What are your ideas for an intake form?

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

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Prevention, Testing, and Treatment

Affirmative care is equally critical once the patient passes the threshold from the waiting room to the exam room. Cultural humility, tact, and bedside manner are important when the provider is interfacing with clients who belong to a community adversely impacted by social and health inequities surrounding access to health care and HIV.

Overlapping stigmas about HIV, trans identity, and sex work often overlap in a way that makes it more difficult for patients and providers to discuss topics about sex, substance use, and HIV. Also, stigma about the hypersexuality of Black people may also add to the barrier between patient and provider communication. For these reasons, provider training and practice in risk and treatment communication strategies are incredibly important.

HIV Screening

You can find the most recent federal guidelines for HIV screening here:

<https://www.cdc.gov/hiv/clinicians/screening/index.html>

Here are some general tips for patient-provider interactions surrounding sex and HIV. Do the Pair and Share exercise after your review:

- First off, let clients know that you are going to ask questions that may seem invasive but are a part of routine questions that you ask everyone.
- Ask open-ended questions that aren't leading. Preface by letting the client know what you are going to ask and why it is important for you to know.
- Pay attention to the client's body language, empathize with them if they appear uncomfortable, and remind them that you are only interested in promoting their health and well-being.
- Do not assume you know anything about a patient's sexual history, orientation, or activities. Use neutral terms such as partner vs. boyfriend or husband (unless they use those terms first).
- Only ask for necessary information. Do not probe around for details that are outside of the scope of what is needed.
- Ask what terms they use for their body parts, as opposed to assuming or naming them. If you are confused, politely probe for clarification.
- Do not make assumptions about their sexual activity. They could be sexual or asexual.
- Never assume that they do sex work, but it is important to ask whether they are involved in exchange sex in a non-judgmental way.
- Seek to understand their medical history; this includes any medical transition and affirmation treatments. These factors may impact their sex history, HIV testing, and treatment behaviors (see more on the next page).

PAIR & SHARE:

COMMUNICATING WITH BLACK WOMEN OF TRANS EXPERIENCE ABOUT SEX

Discuss the following with the person next to you:

How would you frame questions about sex, partners, and gender affirmation? How could you phrase these questions to make sure that they are non-stigmatizing?

Sexual Risk Assessment Recommendations

The Trans HIV Testing Toolkit from the Center of Transgender Excellence suggests beginning a sexual risk assessment with the following questions:

- Have you been sexually active in the past year?
- Do you have sex with men only, women only, men and women, trans men or trans women, or nonbinary people? (Trans people may be sensitive with language describing partners.)
- How many people have you had unprotected sex (receptive or insertive anal or vaginal sex without a condom, or sex without PrEP) within the past six months?

The National LGBT Center and the CDC also offer examples of how you can approach similar topics.

SEXUAL HISTORY QUESTIONS	
Topic	Questions
Partners	Are you sexually active? Who are you having sex with? Have you had sex with anyone in the past year?
Practices	I now am going to ask detailed questions about the types of sex you have had, since this impacts how we test/screen you for sexually transmitted infections. May I ask you a few questions about your sexual partner(s)? How do you typically have sex with your partners? Has anyone put their [insert name of body part] in your [insert body part]? Do you use drugs or alcohol before or during sex?
STI Protection	Do you use measures to protect yourself from HIV and STIs? What do you think about using condoms? How do you decide when to use condoms?
Transition Process & Treatment	It's important for me to understand your medical history in detail to provide you the best health care possible. Do you now use, or have you ever used, hormonal therapy, including hormonal therapy not prescribed by a health care provider? Have you had any surgeries or other procedures? If so, tell me about the surgeries you have had.
HIV Disclosure	Some of my patients find it difficult to talk to a potential sexual partner about HIV. What do you find to be the best way to disclose your HIV status?
HIV & Prep	What are your HIV concerns? What's your biggest challenge around protecting yourself from HIV? Do you know your partner's HIV status? How much do you know about pre-exposure prophylaxis (PrEP)? Are you interested in PrEP?

CDC (2020). Delivering HIV Prevention. Taking a Sexual History. Retrieved from <https://www.cdc.gov/hiv/clinicians/transforming-health/index.html>

National LGBT Health Education Center (2019). Addressing HIV and Sexually Transmitted Infections among LGBTQ People: A Primer for Health Centers 2019. Retrieved from https://www.lgbthealtheducation.org/wp-content/uploads/2019/05/TFI-53_Addressing-HIV-STI-for-LGBTQ-People-Brief_final.pdf

UCSF Center of Excellence for Transgender Health. Transgender HIV Testing Toolkit

HIV Prevention

The National LGBT Health Education Center outlines the following guidelines for addressing HIV prevention for trans people:

- **Explain universal opt-out HIV screening.**
 - ◆ Let the patient know that testing is offered to everyone, and inform them that the test will be performed unless they decline.
- **Screen for and treat sexually transmitted infections.**
 - ◆ Having an STI increases a person's risk for HIV infection.
- **Counsel about risk reduction.**
 - ◆ Include this if a person's sexual history suggests transmission risk behaviors.
- **Ask and educate about pre-exposure prophylaxis (PrEP) and post-exposure prophylaxis (PEP) for HIV-negative clients who are at high risk for HIV infection.**
 - ◆ PrEP is a daily antiretroviral medication regimen used to prevent HIV infection in case of future exposure to the virus.
 - ◆ PEP is the use of antiretroviral drugs after a single high-risk event to stop HIV infection.
 - ◆ As insurance coverage varies, connecting clients with drug assistance programs may be critical to connecting them with HIV prevention medication.
 - PrEP assistance programs
www.gileadadvancingaccess.com
www.copays.org
 - PEP assistance programs
www.pparx.org.
www.ojp.usdoj.gov (after a sexual assault)
- **Discuss the importance of HIV care engagement and antiretroviral therapy adherence for HIV-positive clients.**
 - ◆ Care retention and medication adherence are necessary for reduce the risk of transmission among Black women of trans experience living with HIV.
 - Engage patient in open dialogue and ask about any barriers they are experiencing to adherence.
 - Ask them to describe access and/or adherence barriers.
 - Team up with other providers who offer gender-affirming or other services to trans clients.

Assessing Needs and Providing Support

Care which addresses patients' holistic needs can drastically improve the odds of reducing transmission risk while supporting a long and healthy life. Watch the following videos and complete the case study. Discuss the activities as a group afterwards.

STORIES FROM BLACK WOMEN OF TRANS EXPERIENCE ABOUT HIV PREVENTION & TREATMENT

https://www.youtube.com/watch?time_continue=105&v=pFuoOl8YupI&feature=emb_logo

https://www.youtube.com/watch?time_continue=3&v=6hTDmfOCDhM&feature=emb_logo

What were some of major concerns and barriers that Bre and Phoebe experienced when it came to HIV prevention and treatment? Why is it important for providers to understand these potential barriers? What are some resources that providers need to give to patients to support HIV care linkage and treatment adherence? How can providers work to build conversations about these issues and work toward empowering their clients?

CONCLUDING CASE STUDY

Asia, a 33-year-old woman of trans experience, wants to explore services that you provide. She has not legally changed her name, so her documents display her given male name, Adon. She is new in transition and dresses in high heels and tight skirts. She looks to be very nervous and shy, and she does not look anyone in the eye. Asia has been living with HIV for three years and has just begun a relationship with Chris, who is HIV negative.

1. What would be the most appropriate way to start the encounter with Asia?
2. How can the provider establish a sense of trust with the patient?
3. What can the provider do to gain a sense of Asia's knowledge about HIV, how it is contracted, and how it is treated?
4. What social support, if any, should Asia be offered?
5. How can the provider fulfill their ethical responsibility to Asia and her partner(s)?
6. Discuss other cultural competence issues that may impact retention into care and treatment.

* Adapted from Addressing HIV Care and Transgender Communities. AIDs Education Training Center National Multicultural Center



ANSWERS to the questions on page 6:

1. **True or False? You can always tell a woman/femme of trans experience by the way that they dress, look, and/or act.**

This assumption is false.

Like non-trans people, women of trans/femme experience dress and express their gender in varying ways. For example, wearing jewelry, hairstyle, and nails may be essential to how one woman expresses her gender; another may wear only one or none of these things – all while identifying the same way.

To avoid making assumptions, it is critical to approach each person as if what they look like does not tell you anything about who they are. The Q&A section on affirmative care (page 17) provides tips on when, how, and whether to approach people in a way that respects and affirms their gender, despite their appearance.

2. **True or False? People of trans experience who have not undergone surgical procedures have not fully transitioned from their assigned sex/gender at birth.**

This assumption is also false.

Gender transition describes the process by which a person begins to identify and live as their gender, as opposed to the one assigned to them. Transition can include any combination of social, medical, and/or legal changes which affirm a person's gender identity. As outlined in the previous section, the woman/femme of trans experience who has a beard may be just as affirmed in her gender identity and the one who does not.

DIFFERENT WAYS OF TRANSITIONING & EXAMPLES		
Social	Public display of a person's gender	Wardrobe, hairstyle, coming out to people (gender identity, names, pronouns)
Medical	Procedures used to match a person's physical appearance with their gender	Hormone therapy, surgeries (chest, face, genital, etc.), hair removal, speech therapy
Legal	Changing legal documents	Changing name by court order, changing name and/or gender on passport, driver's license, state ID

Other things that are important to know about transition:

- Not everyone transitions. Some women of trans experience report always identifying their gender independent of other people's attempts to assign one.
- For others, transition is an important process which can be very brief or can last a long period of time.
- Though people have different ways of affirming their gender, individual needs are valid.

Providers also should be sensitive to the fact that certain types of transition may be unattainable for some. For example, medical and legal forms of transition may be inaccessible due to cost, lack of access to health insurance, or policy restrictions. Mental health professionals who are trained in offering gender affirmative therapy can assist clients with coping with stressors related to gender transition. Support groups can also supplement therapy (or exclusively).

3. True or False? Sexual orientation and gender identity are separate from one another.

True (in most cases).

According to the common definition, sexual orientation has everything to do with who someone is attracted to, dates, or falls in loves with, and nothing to do with who they are (their gender).



LGB	T
Sexual orientation	Gender identity
A person's emotional and sexual attraction to others	A person's inner sense of being a girl/woman/ female, boy/man/male, something else, or having no gender

Common descriptions of sexual orientations align with a person's lived gender. In this case, a woman of trans experience who is primarily attracted to or loves women (trans or non-trans) is a lesbian. Vice versa, a woman of trans experience who is straight is attracted to or loves men (trans or non-trans).

Different communities may also use different terms to describe sexual orientations. For example, African American people of trans experience may use terms like "same-gender loving" as opposed to gay/lesbian. Like gender, the sexual orientation of person ideally should be self-defined. It also can change over time.

Page 33 features a glossary of the sex terms, which are most relevant to health providers. Keep in mind that terminology is continuously evolving generationally and within subcultures. The section on taking sexual risk assessments (page 23) outlines whether, when, and how sexual orientation information should be collected from a client/patient

Example of an intake form:

FENWAY  HEALTH		The information in your medical record is confidential and is protected under Massachusetts General Laws Ch. 111, Sec 70. Your written consent will be required for release of information except in the case of a court order.		Medical Record # (For office use only)
<h1>Client Registration</h1>				
Legal Name* Last First Middle Initial		Name used:		
Legal Sex (please check one)* <input type="checkbox"/> Female <input type="checkbox"/> Male <small>*While Fenway recognizes a number of genders / sexes, many insurance companies and legal entities unfortunately do not. Please be aware that the name and sex you have listed on your insurance must be used on documents pertaining to insurance, billing and correspondence. If your preferred name and pronouns are different from these, please let us know.</small>		Pronouns:		
Date of Birth Month Day Year / /		Social Security #		State ID # or License # (if applicable)
Your answers to the following questions will help us reach you quickly and discreetly with important information.				
Home Phone () Ok to leave voicemail? <input type="checkbox"/> Yes <input type="checkbox"/> No		Cell Phone () Ok to leave voicemail? <input type="checkbox"/> Yes <input type="checkbox"/> No		Work Phone () Ok to leave voicemail? <input type="checkbox"/> Yes <input type="checkbox"/> No
Best number to use: <input type="checkbox"/> Home <input type="checkbox"/> Cell <input type="checkbox"/> Work				
Address		City		State ZIP
Email Address:				
Occupation		Employer/School Name Are you covered under school or employer's insurance? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Emergency Contact's Name		Phone Number		Relationship to you
Fenway Health will send certain correspondence, such as bills, to your mailing address. How would you prefer to receive other types of written correspondence? (check one) <input type="checkbox"/> Secure Email (MyFenway) <input type="checkbox"/> Letter <input type="checkbox"/> Other				
This information is for demographic purposes only and will not affect your care.				
1.) What is your annual income? _____ <input type="checkbox"/> No income 1a.) How many people (including you) does your income support? _____		2.) Employment Status <input type="checkbox"/> Employed full time <input type="checkbox"/> Employed part time <input type="checkbox"/> Student full time <input type="checkbox"/> Student part time <input type="checkbox"/> Retired <input type="checkbox"/> Unemployed <input type="checkbox"/> Other _____		3.) Racial Group(s) (check all that apply) <input type="checkbox"/> African American / Black <input type="checkbox"/> Asian <input type="checkbox"/> Caucasian / White <input type="checkbox"/> Native American / Alaskan <input type="checkbox"/> Native / Inuit <input type="checkbox"/> Pacific Islander <input type="checkbox"/> Other _____
4.) Ethnicity <input type="checkbox"/> Hispanic/Latino/Latina <input type="checkbox"/> Not Hispanic/Latino/Latina 5) Country of Birth <input type="checkbox"/> USA <input type="checkbox"/> Other _____				
6.) Preferred Language (choose one:) <input type="checkbox"/> English <input type="checkbox"/> Español <input type="checkbox"/> Français <input type="checkbox"/> Português <input type="checkbox"/> Русский Other _____		7.) Do you think of yourself as: <input type="checkbox"/> Lesbian, gay, or homosexual <input type="checkbox"/> Straight or heterosexual <input type="checkbox"/> Bisexual <input type="checkbox"/> Something else <input type="checkbox"/> Don't know		8.) Marital Status <input type="checkbox"/> Married <input type="checkbox"/> Partnered <input type="checkbox"/> Single <input type="checkbox"/> Divorced <input type="checkbox"/> Other _____ 9.) Veteran Status <input type="checkbox"/> Veteran <input type="checkbox"/> Not a Veteran
10.) Referral Source <input type="checkbox"/> Self <input type="checkbox"/> Friend or Family Member <input type="checkbox"/> Health Provider <input type="checkbox"/> Emergency Room <input type="checkbox"/> Ad/Internet/Media Outreach <input type="checkbox"/> Work or School <input type="checkbox"/> Other _____				
11.) What is your gender? <input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Genderqueer or not exclusively male or female		12.) What was your sex assigned at birth? <input type="checkbox"/> Female <input type="checkbox"/> Male		13.) Do you identify as transgender or transsexual? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know
Please turn over 				

Resources

This toolkit concludes with organizations that provide ongoing training for addressing HIV prevention and treatment, and providing affirmative care in general, to Black women of trans experience.

CENTER FOR TRANSGENDER EXCELLENCE, UNIVERSITY OF CALIFORNIA, SAN FRANCISCO

This premier trans-centered education program is designed to provide educational curricula and resources for equipping care providers with the tools for providing affirmative care. The program features a trans HIV testing toolkit in addition to courses on gender, sex, and trans people in everyday work and life. The website also features links to capacity-building projects for supporting those in the trans community in promoting their own health.

<https://prevention.ucsf.edu/transhealth>

Recommended Resources:

Clinical care recommendations from the UCSF Transgender Care program

<https://transcare.ucsf.edu/guidelines> (web version)
<https://transcare.ucsf.edu/sites/transcare.ucsf.edu/files/Transgender-PGACG-6-17-16.pdf>

Acknowledging Gender and Sex: Supporting Health Care Providers in Serving Transgender Patients and Clients

The goal of this course is to help health care providers improve the overall health and well-being of transgender people.

<https://prevention.ucsf.edu/transhealth/education/acknowledging-gender-sex>

Transgender HIV Testing Toolkit

A toolkit featuring a document providing details on PrEP use in the trans community, key issues to increase provider testing competency with the trans population, testing interventions, among a few other important screening topics. The toolkit has comprehensive and condensed versions. It is also available in Spanish.

Full-length version:

https://prevention.ucsf.edu/sites/prevention.ucsf.edu/files/inline-files/NTHTD_Toolkit.pdf

Condensed version:

https://prevention.ucsf.edu/sites/prevention.ucsf.edu/files/inline-files/NTHTD_Condensed_Toolkit_cd.pdf

NATIONAL LGBT HEALTH CENTER AT FENWAY

This interdisciplinary center for research, training, education, and policy development works to ensure access to quality, culturally affirming medical and mental health care for traditionally underserved communities, including LGBTQIA+ people and those affected by HIV/AIDS. Fenway has comprehensive resources, including webinars, conference talks, guides, and pamphlets which are used to educate and train providers on LGBT health. Fenway's resources are freely available and updated regularly, and you may need to register to access and receive training credits for webinars and other activities. Joining the center's listserv will ensure that you are getting the most up-to-date clinical guidance. The experts at Fenway also provide access to a worldwide network of LGBT professionals who can consult on creating an affirming environment in your organization and are available to speak at public events.

<https://www.lgbthealtheducation.org/>

Recommended Resources:

Learning to Address Implicit Bias Towards LGBTQ Patients: Case Scenarios

https://www.lgbthealtheducation.org/wp-content/uploads/2018/10/Implicit-Bias-Guide-2018_Final.pdf

Collecting Sexual Orientation and Gender Identity (SO/GI) Data in Electronic Health Records (National LGBT Health Education Center)

<https://www.lgbthealtheducation.org/courses/collecting-sexual-orientation-and-gender-identity-so-gi-data-in-electronic-health-records/>

Addressing Social Determinants of Health for Black

LGBTQ People (National LGBT Health Education Center)

This publication explores the social determinants of health that uniquely affect LGBTQ people of color and provides strategies and solutions for health centers seeking to better serve this population. It focuses on using the model of intersectionality as a way of viewing social determinants of health and guiding health care providers in how to work with clients who hold multiple marginalized identities. The webinar discusses complex and interrelated individual, interpersonal, and structural factors that impact the health outcomes of Black LGBTQ people.

https://www.lgbthealtheducation.org/wp-content/uploads/2019/06/TFIE-33_SDOHForBlackLGBTPeople_Web.pdf (publication)
<https://www.lgbthealtheducation.org/courses/understanding-and-addressing-the-social-determinants-of-health-for-Black-lgbtq-people-an-example-of-the-way-forward-for-health-centers/> (webinar)

Advancing Excellence in Sexual and Gender Minority Health Care for LGBTQ People of Color

(National LGBT Health Education Center)

This webinar addresses the intersection of gender identity and racial identity, and it presents frameworks, processes, and solutions for the stigmatization that can arise for LGBTQ people of color.

<https://www.lgbthealtheducation.org/courses/advancing-excellence-in-sexual-and-gender-minority-health-care-for-lgbtq-people-of-color/>

Delivering HIV Prevention and Care to Transgender People

This webinar is delivered by leading trans medical experts in the areas of HIV service and care provision of LGBT people, domestically and abroad. This activity has been reviewed and is acceptable for up to 0.75 prescribed credit by the American Academy of Family Physicians. Participants should claim only the credit commensurate with the extent of their participation in this activity. The presentation covers topics ranging from HIV prevention and treatment to hormonal therapy and strategies for making clinics more welcoming environments for people of trans experience.

<https://www.lgbthealtheducation.org/courses/delivering-hiv-prevention-and-care-to-transgender-people/>

https://lgbthealtheducation.org/wp-content/uploads/2018/03/Delivering_HIV_Prevention_Care_Transgender_People.pdf

HIV and STI Prevention Among LGBTQ People

This clinically-focused webinar highlights state-of-the-art approaches to HIV and STI prevention for LGBTQ people, ranging from well-established interventions such as pre-exposure prophylaxis (PrEP) and vaccinations to novel strategies, including antibiotic post-exposure prophylaxis (PEP) for STIs.

https://lgbthealtheducation.org/wp-content/uploads/2018/03/Delivering_HIV_Prevention_Care_Transgender_People.pdf

Retaining Transgender Women in HIV Care: Best Practices in the Field

https://fenwayhealth.org/wp-content/uploads/TFIR46_RetainingTransgenderWomenInHIVCare_BestPractices_webready.pdf

WORLD PROFESSIONAL ASSOCIATION FOR TRANSGENDER HEALTH

The World Professional Association for Transgender Health (WPATH) is a non-profit, interdisciplinary professional and educational organization devoted to transgender health. (WPATH) provides detailed guidelines for hormonal treatment.

https://wpath.org/media/cms/Documents/SOC%20v7/Standards%20of%20Care_V7%20Full%20Book_English.pdf

AIDS EDUCATION AND TRAINING CENTER

The AIDS Education and Training Center (AETC) Program is the training arm of the Ryan White HIV/AIDS Program. The AETC Program is a national network of leading HIV experts who provide locally tailored education, clinical consultation, and technical assistance to health care professionals and health care organizations to integrate high-quality, comprehensive care for those living with or affected by HIV.

AETC has a national HIV curriculum, several training tools, and webinars to educate providers on the best ways to provide HIV care for diverse populations.

<https://aidsetc.org/>

Recommended Resources:

Trans Health Screening Recommendations Pocket Guide (MidAtlantic AIDS Education Center)

Pocket cards are accessible and easy-to-read resources that can be used in care settings. The goal of these pocket cards is to increase providers' competency in discussing sexual and reproductive health with their transgender patients.

https://aidsetc.org/sites/default/files/resources_files/MAAETC-Transwomen_Card2018.pdf

HUMAN RIGHTS CAMPAIGN

The Human Rights Campaign (HRC) represents a force of more than 1.5 million members and supporters nationwide. As the largest national lesbian, gay, bisexual, transgender, and queer civil rights organization, HRC envisions a world in which LGBTQ people are ensured of their basic equal rights, and can be open, honest and safe at home, at work, and in the community. In its brief, "Dismantling a Culture of Violence", HRC describes how anti-transgender stigma, denial of opportunity and increased risk factors compound to create a culture of violence. The guide also outlines strategies for creating a safer environment for people of trans experience.

<https://assets2.hrc.org/files/assets/resources/2018AntiTransViolenceReportSHORTENED.pdf>

FORGE

FORGE is the only federally funded national transgender anti-violence organization to provide direct services to transgender, gender non-conforming and gender non-binary survivors of sexual assault. It provides training and technical assistance to providers around the country who work with transgender survivors of sexual assault, domestic and dating violence, and stalking.

<https://forge-forward.org/>

HIV PREVENTION & SUPPORT PROGRAMS FOR BLACK WOMEN/FEMMES OF TRANS EXPERIENCE

Positively Trans

This program, led by trans women of color living with HIV, addresses inequities, stigma, and discrimination nationally and in our local communities through community-driven research, leadership development, and storytelling.

<https://transgenderlawcenter.org/programs/positively-trans>

https://www.youtube.com/playlist?list=PLN0Eva95sbEZenzGt_A-vp_zKEuEfODx1 (stories)

The Special Projects of National Significance Transgender Women of Color Initiative Intervention Manuals

The Transgender Women of Color Initiative was a multi-site demonstration project and evaluation of innovative models for linkage to and retention in HIV care. The primary focus of the initiative was to identify, and successfully engage and retain in care, transgender women of color.

<https://targethiv.org/library/spns-transgender-women-color-initiative-manual>

T-SISTA

T-SISTA is a peer-led, social skills-building, group-level intervention originally designed to reduce HIV risk behaviors among heterosexual Black (non-trans) women. The purpose of this guide is to assist in the process of adapting SISTA to T-SISTA. T-SISTA is not a ready-to-use pre-adapted curriculum; instead, it is a guide designed to be used in conjunction with the SISTA Implementation Manual, which can be obtained at a SISTA training.

<https://prevention.ucsf.edu/sites/prevention.ucsf.edu/files/inline-files/TSISTAResourceGuide.pdf>

For more information about the SISTA intervention, the training for facilitators, and dates of trainings, please visit: <http://www.effectiveinterventions.org>

SISTA Fact Sheet

https://prevention.ucsf.edu/sites/prevention.ucsf.edu/files/inline-files/SISTA_Factsheet.pdf

Implementing Comprehensive HIV Prevention Programmes with Transgender People

This tool contains practical advice on implementing HIV and sexually transmitted infection (STI) programs with transgender people. Topics covered include community empowerment and human rights, addressing violence, stigma and discrimination, and delivering trans-competent services, especially for HIV and STI prevention, diagnosis, treatment, and care. The tool also covers community-led outreach, safe spaces, and the use of information and communications technology in programming, and it offers strategies for managing programs and building the capacity of trans-led organizations.

<https://prevention.ucsf.edu/sites/prevention.ucsf.edu/files/inline-files/O-TRANSIT-Complete.pdf>

Glossary

Agender (*adjective*) – Describes a person who identifies as having no gender or who does not experience gender as a primary identity component.

Ally (*noun*) – A person who actively supports the rights of a marginalized community even though that person is not a member of that community; for example, a heterosexual person who campaigns for the rights of gay people.

Assigned female at birth/Assigned male at birth (*noun*) – Refers to the sex that is assigned to an infant, most often based on the infant's anatomical and other biological characteristics. Commonly abbreviated as AFAB (assigned female at birth) or AMAB (assigned male at birth).

Bigender (*adjective*) – Describes a person whose gender identity combines two genders.

Bottom (*noun*) – A slang term for genitals and buttocks. Also used to refer to the receptive partner in anal sex.

Bottom surgery (*noun*) – Slang term for gender-affirming genital surgery.

Cisgender (*adjective*) – A person whose gender identity is consistent in a traditional sense with their sex assigned at birth; for example, a person assigned female sex at birth whose gender identity is woman/female. The term cisgender comes from the Latin prefix *cis*, meaning “on the same side of”.

Coming out (*verb*) – The process of identifying and accepting one's own sexual orientation or gender identity (coming out to oneself), and the process of sharing one's sexual orientation or gender identity with others (coming out to friends, family, etc.).

Gender-affirming hormone therapy (*noun*) – Feminizing and masculinizing hormone treatment to align secondary sex characteristics with gender identity.

Differences of sex development (DSD) (*noun*) – See intersex.

Drag (*noun*) – Term generally used to reference performers/entertainers who present themselves as another gender, typically for entertainment, self-expression, or pleasure. Can also be called Drag Kings and Drag Queens. Most drag performers are cisgender. The terms Drag King and Drag Queen also can be used as an insult.

Gender (*noun*) – The characteristics and roles of women and men according to social norms. While sex is described as female, male, and intersex, gender can be described as feminine, masculine, androgynous, and much more.

Gender affirmation (*noun*) – The process of making social, legal, and/or medical changes to recognize, accept, and express one's gender identity. Social changes can include changing one's pronouns, name, clothing, and hairstyle. Legal changes can include changing one's name, sex designation, and gender markers on legal documents. Medical changes can include receiving gender-affirming

hormones and/or surgeries. Although this process is sometimes referred to as transition, the term gender affirmation is recommended.

Gender-affirming surgery (GAS) (*noun*) – Surgeries to modify a person's body to be more aligned with that person's gender identity. Types of GAS include chest and genital surgeries, facial feminization, body sculpting, and hair removal.

Gender-affirming chest surgery (*noun*) – Surgeries to remove and/or construct a person's chest to be more aligned with that person's gender identity. Also referred to as top surgery. Types of chest surgeries include:

- Feminizing breast surgery: breast augmentation, chest construction, or breast mastopexy
- Masculinizing chest surgery: mastectomy (removal of breast tissue) and chest contouring

Gender-affirming genital surgeries (*noun*) – Surgeries that help align a person's genitals and/or internal reproductive organs with that person's gender identity, including:

- Clitoroplasty (creation of a clitoris)
- Hysterectomy (removal of the uterus; may also include removal of the cervix, ovaries, and fallopian tubes)
- Labiaplasty (creation of inner and outer labia)
- Metoidioplasty (creation of a masculine phallus using testosterone-enlarged clitoral tissue)
- Oophorectomy (removal of ovaries)
- Orchiectomy (removal of testicles)
- Penectomy (removal of the penis)
- Phalloplasty (creation of a masculine phallus)
- Scrotoplasty (creation of a scrotum and often paired with testicular implants)
- Urethral lengthening (to allow voiding while standing)
- Vaginectomy (removal of the vagina)
- Vaginoplasty (creation of a neo-vagina)
- Vulvoplasty (creation of a vulva)

Gender binary structure (*noun*) – The idea that there are only two genders (girl/woman and boy/man), and that a person must strictly fit into one category or the other.

Gender-diverse (*adjective*) – Describes the community of people who fall outside of the gender binary structure (e.g., non-binary, genderqueer, gender-fluid people).

Gender dysphoria (*noun*) – Distress experienced by some people whose gender identity does not correspond with their sex assigned at birth. The Diagnostic and Statistical Manual of Mental Disorders (DSM-5) includes gender dysphoria as a diagnosis for people whose distress is clinically significant and impairs social, occupational, or other important areas of functioning. The degree and severity of gender dysphoria is highly variable among transgender and gender-diverse people.

Gender expression (*noun*) – How an individual displays or expresses their gender through mannerisms, hairstyle, clothing, speech, behavior, etc. Gender expression varies depending on culture, context, and historical period. It

can also be different from a person's gender identity (for example, a trans woman who has a masculine form of self-expression).

Gender fluid (*adjective*) – Describes a person whose gender identity is not fixed. A person who is gender fluid may always feel like a mix of more than one gender, but may feel more aligned with a certain gender some of the time, another gender at other times, both genders sometimes, and sometimes no gender at all.

Gender identity (*noun*) – A person's internal sense of self and how they fit into the world, from the perspective of gender. A person's inner sense of being a girl/woman/female, boy/man/male, something else, or having no gender.

Gender role (*noun*) – A set of societal norms dictating what types of behaviors are considered acceptable, appropriate, or desirable for a person based on their actual or perceived gender. These roles change with time, culture, context, and interpersonal relationships.

Genderqueer or gender queer (*adjective*) – An umbrella term that describes a person whose gender identity falls outside the traditional gender binary of male and female. Some people use the term "gender expansive".

Intersectionality (*noun*) – The idea that comprehensive identities are influenced and shaped by the interconnection of race, class, ethnicity, sexuality/sexual orientation, gender/ gender identity, physical disability, national origin, religion, age, and other social or physical attributes.

Intersex (*adjective*) – Describes a group of congenital conditions in which the reproductive organs, genitals, and/or other sexual anatomy do not develop according to traditional expectations for females or males. "Intersex" also can be used as an identity term for someone with one of these conditions. The medical community sometimes uses the term "differences of sex development (DSD)" to describe intersex conditions; however, the term intersex is recommended by several intersex community members and groups.

Minority stress (*noun*) – Chronic stress faced by members of stigmatized minority groups, such as sexual and gender minority people. Minority stress is caused by external, objective events and conditions, expectations of such events, the internalization of societal attitudes, and/or concealment of one's sexual orientation or gender identity. Minority stress is compounded when a person holds multiple marginalized identities.

Misgender (*verb*) – To refer to a person by a pronoun or other gendered term (e.g., Ms./Mr.) that incorrectly indicates that person's gender identity.

Chosen name/Name used (*noun*) – The name a person goes by and wants others to use in personal communication, even if it is different from the name on that person's insurance or identification documents (e.g., birth certificate, driver's license, and passport). Chosen name is

recommended over preferred name. The terms "Chosen name" or "Name used" can be put on patient health care forms alongside "Name on your insurance (if different)" and "Name on your legal identification documents (if different)". In conversation with a patient, health care staff can ask, "What name do you want us to use when speaking with you?", or "What is your chosen name?"

Outing (*verb*) – Involuntary or unwanted disclosure of another person's sexual orientation or gender identity.

Non-binary (*adjective*) – Describes a person whose gender identity falls outside of the traditional gender binary structure of girl/woman and boy/man. Sometimes abbreviated as NB or enby.

Pangender (*adjective*) – Describes a person whose gender identity is comprised of multiple genders or falls outside the traditional cultural parameters that define gender.

Pronouns (*noun*) – Pronouns are the words people should use when they are referring to you but not using your name. Examples of pronouns are she/her/hers, he/him/his, and they/them/theirs. When seeking this information, the appropriate phrasing is, "What are your pronouns?"

QPOC (*noun*) – An acronym that stands for queer person of color or queer people of color.

Queer (*adjective*) – An umbrella term describing people who think of their sexual orientation or gender identity as outside of societal norms. Some people view the term queer as more fluid and inclusive than traditional categories for sexual orientation and gender identity. Although queer was historically used as a slur, it has been reclaimed by many as a term of empowerment. Nonetheless, some still find the term offensive.

Questioning (*adjective*) – Describes a person who is unsure about or is exploring their sexual orientation and/or gender identity.

Same-gender loving (SGL) (*adjective*) – An alternative to the terms gay and lesbian. SGL is more commonly used by African-American/Black communities.

Same-sex attraction/attracted (SSA) (*noun/adjective*) – Describes the experience of a person who is emotionally and/or physically attracted to people of the same sex or gender but does not necessarily engage in same-sex sexual behavior. Used most commonly by people who live in religious communities that are not accepting of LGBTQIA+ identities. People who use SSA as an identity term may not feel comfortable with the terms gay, lesbian, queer, or bisexual.

Sex (*noun*) – See sex assigned at birth.

Sex assigned at birth (*noun*) – The sex (male or female) assigned to an infant, most often based on assessment of external genitalia as well as on chromosomes and gonads. Also commonly referred to as birth sex, natal sex,

biological sex, or sex; however, “sex assigned at birth” is the recommended term. In everyday language, this is often used interchangeably with “gender”; however, there are differences.

Sexual orientation (*noun*) – How a person characterizes their emotional and sexual attraction to others.

Social stigma (*noun*) – Negative stereotypes and lower social status of a person or group based on perceived characteristics that separate that person or group from other members of a society.

Top (*noun*) – A slang term for the chest. Also refers to the insertive partner in anal sex.

Top surgery (*noun*) – Slang term for gender-affirming chest surgery.

Transgender (*adjective*) – Describes a person whose gender identity and sex assigned at birth do not correspond based on traditional expectations; for example, a person assigned female sex at birth who identifies as a man; or a person assigned male sex at birth who identifies as a woman. Transgender also can include people with gender identities outside the girl/woman and boy/man gender binary structure; for example, people who are gender fluid or non-binary. Sometimes abbreviated as trans.

Trans man/transgender man (*noun*) – A transgender person whose gender identity is man/male may use these terms to describe themselves. Some will use the term man.

Trans woman/transgender woman (*noun*) – A transgender person whose gender identity is female may use these terms to describe themselves. Some will use the term woman.

Transfeminine (*adjective*) – Describes a person who was assigned male sex at birth but identifies with femininity to a greater extent than with masculinity.

Transmasculine (*adjective*) – Describes a person who was assigned female sex at birth but identifies with masculinity to a greater extent than with femininity.

Transphobia (*noun*) – Discrimination toward, and fear, marginalization, and hatred of, transgender people or those perceived as transgender. Individuals, communities, policies, and institutions can be transphobic.

Transsexual (*adjective*) – A clinical term used sometimes in the medical literature or by some transgender people to describe people who have gone through the process of medical gender affirmation treatments (i.e. gender-affirming hormones and surgeries).

Tucking (*noun*) – The process of hiding one’s penis and testes with tape, tight shorts, or specially designed undergarments.

Two-Spirit (*adjective*) – Describes a person who embodies both a masculine and a feminine spirit. This is a culture-specific term used among some Native American, American Indian, and First Nations people.

* Definitions for this glossary were adapted from those published by the National LGBT Health Education and Center of Excellence for Transgender Health at the University of California, San Francisco.

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