

Ensuring your door is open to all clients



Present diverse images

to bring clients into a safe and welcoming space

Avoid using gendered language

when a client enters the clinic

Document

a client's preferred name and gender pronouns

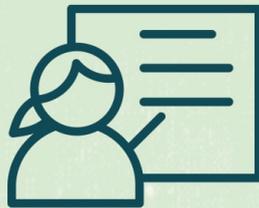
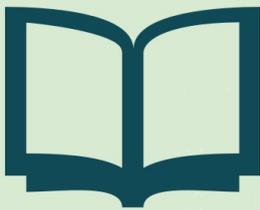


Everyone makes mistakes:

if you do, simply apologize and move on

Remember that names matter

—if a client has been unable to update their billing information to their preferred name, treat the issue respectfully



Ask open-ended questions

when taking sexual histories and exploring reproductive intentions

Reflect a client's language

during counseling for optimal mutual understanding

Encourage a follow-up visit

before the client leaves the clinic

Improving Reproductive Healthcare for Transgender Oregonians

34 trans men and transmasculine folks living in Oregon shared their experiences with reproductive and sexual healthcare and offered suggestions for improvement. Quotes and suggestions from these interviews were compiled for your consideration. All statistics presented are drawn from the 2011 National Transgender Discrimination Survey*.

A few definitions:

Transgender (trans)

Having a gender/gender identity that differs from one's sex assigned at birth

Cisgender (cis)

Having a gender/gender identity that conforms with one's sex assigned at birth

Transmasculine

An umbrella term that includes all transgender folks who were assigned female at birth; both transgender men and individuals who do not identify as strictly male or female

An important note

An overemphasis on the transition process can sometimes overshadow the purpose of the visit. Discuss transition only insofar as it relates to quality care. Some transgender folks have the desire to undergo all forms of transition, and some do not. Some folks have the means to do so, and some do not. The forms of transition a trans person has undergone do not in any way determine the authenticity of their gender.

Social transition

Being "out": using gender markers (pronouns, names, etc.) aligned with one's gender identity

Legal transition

Modifying legal documents to reflect one's gender

Medical transition

Undergoing hormone therapy

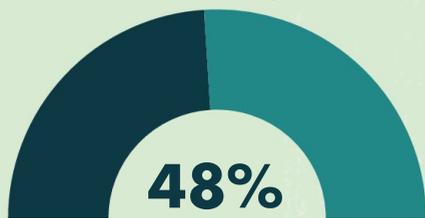
Surgical transition

Undergoing one or some of the many forms of gender affirmation surgery

First things first:

Transmasculine Oregonians need

and actively seek reproductive healthcare: of the 34 folks we interviewed, 22 reported having sex that could result in pregnancy in the past two years and 17 reported using some form of contraception.



of transmasculine folks have avoided preventive reproductive and sexual healthcare out of fear of discrimination or disrespect*

"When a doctor assumes things about my body or my life, tells me it's not 'real'... is impatient or dismissive, or acts like 'accommodating' me is some unreasonable effort, they're communicating a lot. They're saying 'Why are you taking up this space? You don't have a claim to this space. You don't deserve to take care of yourself. Your life is abnormal and I don't think it's worth sustaining.' But that's literally the opposite of healthcare... Telling people that taking care of themselves is inconvenient for their communities doesn't encourage a healthy life and it definitely isn't care."

Every interviewee

had experienced overt discrimination in a healthcare setting. Many trans clients will come to your clinic carrying the weight and distrust of negative past experiences.

All but two interviewees

believed that reproductive health clinics were not intended to serve them. The invisibility of transmasculine reproductive health means making a welcoming and respectful environment all the more important.

Any step you take

to improve care, however small, is important. Some of these suggestions may not be exactly right for your agency—take what you can and continue to explore and engage with your community to develop strategies of your own.

At the same time,

it is important to remember that a commitment to service provision for transgender clients is a baseline of quality care.



transmasculine folks will experience an unplanned pregnancy*

Consider the importance of trans-friendly care

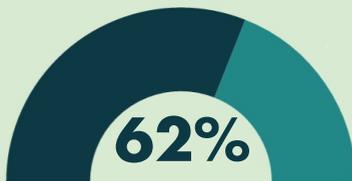
to your goals of client-centered counseling

"When some people complain about how much attention and special treatment trans people expect, they're missing this huge chunk of the story. I spend more time thinking about the people around me than about myself—if they're comfortable and how I can make them more comfortable, how I can take up as little space as possible... Obviously I can only speak for myself, but that's really bad in a healthcare environment. When a nurse or doctor is visibly uncomfortable or confused around me, then I'm thinking about how I can fix it and not about the birth control that I need."



of transgender men who have sex with men report a lack of adequate information about their sexual and reproductive health*

and yet...



of transgender men report needing to teach their providers in order to obtain necessary care*

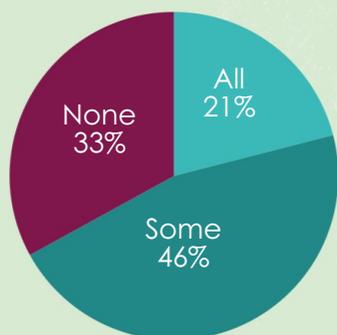
"It's literally so simple but the worst part of clinics for me is being misgendered and misnamed... Since everything is based on billing information and I haven't been able to fully legally affirm my gender, nobody at the clinic knows any better—but it just reinforces the power dynamic between medical people and me as a patient. Even though it's supposed to be about my health, I end up feeling like I'm trying to please or at least not upset my doctor. I don't have the power... Because I'm thinking about their needs instead of my needs, I'm probably not making my own health decisions in the right way."

The purpose of client-centered counseling is to ensure that clients receive guidance specific to their unique needs AND to ensure that guidance reinforces the autonomy and self-efficacy of the client:

- O:** Open questions—removing assumptions about bodies, sexual partners, sexual practices and reproductive intent—establish a safe, trusting and respectful environment, and gather the most comprehensive understanding of a client's world
- A:** Affirmations—of a client's gender, presentation and sexual experience, communicated through both verbal and body language—build rapport, affirm existing healthy behaviors, and celebrate a client's self-efficacy
- R:** Reflective listening—use of a client's preferred pronouns, preferred names (regardless of billing information), and language for body parts—ensures that you are both on the same page
- S:** Summarizing collectively reaffirms a client's ownership of their reproductive decisions

A Friendlier Clinic...

Successful modification of ID and records reported among transgender folks who have socially transitioned:*



"If communicating about preferred pronouns and names was just part of the structure of the visit, it would be awesome. Like if I just checked a box on a form and then everyone at the clinic just knew, I would be 400% more comfortable."

▶ Clinicians introduce themselves with pronouns:

"Hello, my name is Anne and I'll be working with you today. I use she/her pronouns."

This is perhaps the simplest and most effective step toward building trust with any client—it re-frames a client's introduction of their name and pronouns as a mutual exchange rather than self-advocacy; it communicates clearly that you are an ally; it can be a simpler alternative to asking questions; it has the potential to impact a client's decision to seek future care.

"I feel most comfortable in places where everyone defines their own gender—not just people who look like they don't conform to gender norms. Everyone—cis or trans—has a gender identity, and everyone has preferred pronouns. Ask everyone."

"You know what would be really cool? If I walked in and the nurse said..."

'Hey, I'm _____ and I use _____ pronouns.'

Like no big deal, just part of the process."

▶ Ask questions on your intake form

concerning gender, preferred name and pronouns. Many transgender clients have not been able to modify their ID and other records.

▶ Always use a client's preferred name and pronouns.

If you make a mistake, simply apologize directly, correct, and move on. We ALL make mistakes. Admit the mistake without being dismissive or defensive, and move on without an extended apology.

▶ Include diverse images on posters and pamphlets in your clinic.

Consider including the poster provided here, or something similar, to explicitly communicate your commitment to serving trans men or other transmasculine folks.

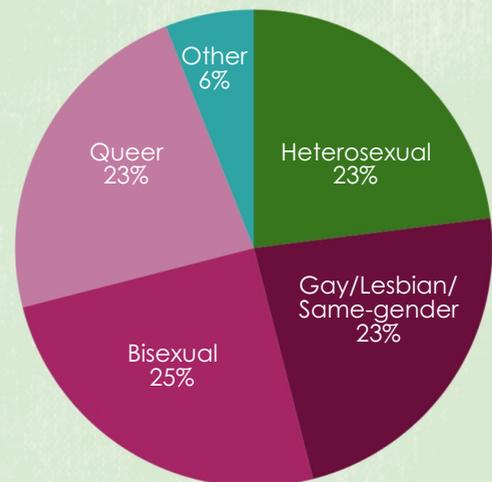
▶ Provide gender-neutral bathrooms

whenever possible. This is particularly simple if you have single-stall bathrooms!

"I always assume that cis people have the best intentions, but it's usually easier when they communicate right off the bat, in some tiny way, that they see me. Then I want to keep talking with them, no matter how we both might stumble later on... If it's an institution, then anything on the wall that's meant to communicate directly with me—feeling seen makes such a difference."

... and Better Quality Care

Sexual orientation among transgender folks reported in the National Transgender Discrimination Survey*



"I probably don't tell doctors or nurses everything they should know about my health because if they don't ask then all of the awkwardness involved in interrupting their assumptions is on me. Just ask. Fishing for personal information is uncomfortable for everybody, and trans people deal with invasive questions all the time so I really appreciate that a doctor might want to be polite and spare us that. But this isn't a stranger at the bus stop, this is a person I am trusting with my medical care. I want you to know, and it's almost always going to be easier if you ask."

Ask open-ended questions.

It will be easier for both of you to communicate about sensitive subjects if the client believes that you want to know, and want to know on their terms. A client's gender identity can't tell you anything about their sexual partners or practices, or their interest in pregnancy—give space for them to provide that information without needing to correct any preexisting assumptions.

Leave room for clients

to set the terms of your counseling discussion. Mirror the terms clients use to describe themselves and their bodies. Remember that every client's relationship with their reproductive health is unique. Some trans clients may wish to avoid pregnancy at all costs while others will actively seek it.

Be prepared

to discuss trans-specific reproductive health needs, particularly birth control options in the context of testosterone therapy and options for transgender folks who would like to have genetically related children in the future, either in vivo or in vitro. Explore the attached references for information on these topics.

Keep in mind

many cisgender clients may have transgender partners. Consider including questions about partners' gender identity and sex assigned at birth when taking any client's sexual history, and remember that open-ended sexual history questions are ideal for all clients.

"My friend is a cis woman dating a trans woman, and she gets pretty wiggled out about sexual histories at the doctor. It's not just trans people who might withhold relevant information if their healthcare providers haven't let them know that they're trans-positive—it's also the cis people who love us."

"I would never, ever choose to carry a baby. I love kids, and I want to raise a kid and have a family later on, but pregnancy? It's the loudest denial of my gender I can imagine. Pregnancy is this breathtaking human experience, and it's something I want to witness and support and love, but I can't do it. It literally terrifies me."

"I really want to have kids who are genetically related to me, so I would absolutely get pregnant if IVF is too expensive. No question. Being a dad is one of the most important and amazing things I can imagine doing, so I'll use what I can."

Further Resources

▶ [The 2011 National Transgender Discrimination Survey](#)

conducted by the National Center for Transgender Equality and the National Gay and Lesbian Task Force

▶ [Taking Routine Histories of Sexual Health](#)

from the Fenway Institute

▶ [How to Gather Data on Sexual Orientation and Gender Identity in Clinical Settings](#)

from the Fenway Institute

▶ [The Center of Excellence for Transgender Health](#)

Healthcare Provider Learning Center

▶ [The National LGBT Health Education Center at the Fenway Institute](#)

▶ [Webinars](#)

▶ [Suggested Resources and Readings](#)

▶ [OHSU Transgender Health Program](#)

▶ [Basic Rights Oregon](#)

▶ [TransActive Gender Center](#)

▶ [PFLAG's Guide to Being a Trans Ally](#)

Many thanks to the interviewees who took the time to share their experiences with us.

Suggested Intake Questions

Preferred name: _____

What gender pronouns do you use (i.e. she/her, he/him, they/them)?

What is your gender?

Female
Male
Non-binary or agender
Other: _____

What sex were you assigned at birth?

Female
Male
Intersex
Decline to answer

Reproductive Health Program
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Oregon
Health
Authority

This Clinic is an

LGBOQ

and

Trans

Friendly Space