

Supporting transgender and sistergirl clients

Providing respectful and inclusive services
to transgender and sistergirl clients

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This resource has been developed by the Queensland Association for Healthy Communities Inc (QAHC) in conjunction with the Australian Transgender Support Association Queensland, Changeling Aspects Brisbane, Transbridge Townsville, FTM Queensland and members of the QAHC staff and board.



Introduction

This resource is designed to support service providers building rapport with transgender (trans) clients. Tips on client consultations, preventative health care and sexual health are provided to assist services working with trans clients.

Supporting the health and wellbeing of trans clients can be daunting if you don't know anything about trans people. Nearly all trans people experience gender identity disorder (GID). GID is recognized in the Diagnostic and Statistical Manual of Mental Disorders IV (DSM IV) as a psychiatric condition that affects people whose gender identity is opposite, or different, to their birth sex. However some trans people, and medical researchers, believe that GID is a biological variation people are born with, rather than a psychiatric condition. The leading clinical guidelines for the care and treatment of people with GID are provided by the World Professional Association for Transgender Health Standards of Care (also known as the Harry Benjamin Standards of Care). However these standards of care are also considered by some trans people as too proscriptive and narrow.

This resource emphasizes the importance of creating change, respecting diversity and maintaining confidentiality within services to support trans clients.

This resource will support services to create an inclusive and supportive environment for trans clients. To find out more information on hormone therapy, surgery and the treatment of GID, refer to the trans contacts at the back of this resource.

Who are trans people?

The term trans is used in this resource to represent people whose gender identity is outside or crosses the social norms of 'man' or 'woman', including people who identify as transsexual and transgender. We all have a gender identity. It is an individual's sense of being male or female. However a trans person's gender identity is different to their biological sex (the categories of male and female defined by an individual's reproductive organs or sex chromosomes).

Definitions of five different trans identities are provided in this resource. However there is a much larger diversity of identities and terminology within trans communities, including many who do not identify as trans but simply as male or female.

Transsexual is a medical and psychiatric term referring to individuals who have a profound identification and desire to live, and be accepted, on a full time basis, as the gender opposite or different to their sex at birth. The intense desire, and resulting psychological distress it gives rise to, is often called Gender Identity Disorder (GID). Sex Reassignment Surgery (SRS) and hormone therapy can be undertaken to enhance the alignment of a transsexual's biological body with their true gender identity. Some transsexual people are unable to have SRS due to medical or personal reasons such as family, religion or loss of income, while others may choose not to undergo the procedure.

Transgender is a term for people whose gender identity is outside or crosses the social norms of the categories male and female. This includes people who do not strictly identify as a 'man' or a 'woman'. Some people will create their own terminology to define their sense of gender identity. Transgender people may alter their physical characteristics and/or biological sex traits to align with their gender identity to varying degrees. Some transgender people won't change all of their biological sex traits, while others may undergo complete SRS.

The term transgender is generally used as an umbrella term for people who identify as transsexual, crossdressers, intersex, genderqueer, drag queens and drag kings.

**Innate, biological variation.
A mismatch between brain-sex and genital-sex.**

I feel like a boy.

But I look like a girl.

I may grow up to be a trans man.

I feel like a girl.

But I look like a boy.

I may grow up to be a trans woman.

In Queensland Aboriginal and Torres Strait Islander communities some **Sistergirls** and **Brotherboys** are also trans people, but they may not identify with that terminology or undergo SRS. A Sistergirl's birth sex is male. Sistergirls are often extremely feminine, and may live as women. Sistergirls often perform the roles of women, have heterosexual relationships with straight men, and are often accepted as women within their own community. Whereas a brotherboy's birth sex is female. Brotherboys are masculine and undertake a male role in their intimate relationships. Brotherboys have heterosexual relationships with straight women. Brotherboys do not have relationships with each other, and nor do sistergirls, as these relationships would be considered homosexual, and are less likely to be accepted in the community.

Intersex is the term for a biological condition, in which a person is born with reproductive organs and/or sex chromosomes that are not exclusively male or female. Intersex conditions take a variety of forms. Some differences in genitalia can be identified at birth, others will not manifest until later in life and some are never physically visible. Surgical intervention is generally not needed. However sex assignment surgery may take place, generally at an early age, to biologically align an individual's sex as closely as possible to male or female. If sex assignment surgery has assigned the incorrect gender to an intersex person, SRS may take place later in life to reassign the correct gender.

Crossdresser is a term referring to individuals who have an overwhelming desire to change their presenting gender, on an occasional basis, to that which is opposite to their birth sex. Crossdressers do not consider they have been born into the wrong sex, do not desire to permanently change their birth sex or undergo SRS. Most crossdressers dress in private, rarely go out in public while crossdressing and identify as heterosexual. A male crossdresser refers to a man who occasionally dresses as a woman. A female crossdresser refers to a woman who occasionally dresses as a man.

Appropriate terms

There are a variety of terms that trans people use to describe their gender. The examples below do not provide an exhaustive list. Some trans people may have their own terminology to describe their gender identity or may simply refer to themselves as a man or a woman, with no reference to their trans history.

Male to female trans people may identify as a:

- trans woman
- transgender woman
- transsexual woman
- sistergirl
- MTF
- woman

Female to male trans people may identify as a:

- trans man
- transgender man
- transsexual man
- FTM
- brotherboy
- man

It is not appropriate to use the term *transvestite* for trans or crossdressing people. Most people will take offence to the use of this term.

If service providers are not sure what terminology to use to refer to a client's gender identity, simply ask or use the terminology your client uses!

Appearances and names

All staff should refer to trans people in terms appropriate to their presenting gender, regardless of their surgical status or bodily state.

It is extremely offensive to use pronouns that refer to the birth sex of a trans person.

For example, never use:

- He or his for trans women; always use she or her
- She or her for trans men; always use he or his

It is important that all staff and all client records refer to trans clients by their preferred name.

Notes on the client's file should instruct staff on the appropriate name to address trans clients, regardless of whether the client's name has been legally changed, or if their original name is still present on various documentation.

If you are not sure how to address a trans person, simply ask, for example; "Please excuse me, how would you like me to address you?"

Never assume that someone who appears to be crossdressing is a crossdresser. Someone who appears to be crossdressing may or may not be living on a full time basis in their presenting gender, or they may intend to do so in the future.

Tips on client consultations

Trans people often delay accessing services due to concerns about client confidentiality, discrimination and the lack of knowledge service providers have regarding trans health.

Reassuring trans clients that confidentiality will be maintained by all staff within the service is important.

Confidentiality is a high priority for trans clients.

The high levels of discrimination, violence, workplace harassment, social isolation and rejection from family and friends, increase trans client's concerns for confidentiality within services.

Disclosing the trans status of a client or non-client, without express permission, is an invasion of privacy and may breach client confidentiality. This could cause a serious threat to the personal safety or harm to the professional life of your client.

Many trans people have had negative experiences accessing services, so building a rapport with clients may take longer than usual and require added sensitivity.

Trans clients often experience intrusive and unnecessary questioning about their gender identity, sexuality, sexual practices and surgical status. This can cause offence and will make it difficult to build rapport with your client.

To avoid the perception of asking intrusive questions it is useful to explain why you need specific information.

“To help assess your health risks, can you tell me about any history you have had with hormone use?”

Stick to questions that are relevant to assess the issue at hand.

For example, do not question clients about their surgical status or hormone therapy when a client is simply seeking medical advice for a sprained ankle...

Surgical status

Surgical status, whether pre-operative, post-operative or non-operative, can be a sensitive issue. Unnecessary questioning about surgical status or a client's bodily state is intrusive and may cause offence.

Questions regarding surgical status should be avoided if they are not relevant to the issue at hand.

Not all trans people will undergo surgery. Medical, financial or religious reasons may prevent some people undergoing sex reassignment surgery, while others may simply choose not to undertake the procedure.

Most trans men will not undergo phalloplasty (construction of the penis) as the procedure does not have a high success rate. This does not invalidate a trans man's gender identity, desire to live as a man or his sexuality.

Regardless of surgical status, trans people should always be referred to as the gender they are presenting as.

If questions regarding surgical status are medically necessary, ask these questions with sensitivity and treat this information as highly confidential.

Gender identity and sexuality are not the same

A person's sexual preference is independent of their gender identity. People often confuse gender identity and sexuality. Gender identity is an individual's sense of identity in relation to the categories of male and female. Sexuality, on the other hand, is an individual's sexual, emotional and physical attraction, and desire towards another person.

Trans people may identify as heterosexual, bisexual, gay, lesbian and asexual.

For example:

- Trans men attracted to women may identify as heterosexual
- Trans men attracted to men may identify as gay
- Trans women attracted to both men and women may identify as bisexual
- Trans women attracted to women may identify as a lesbian

A trans person's sexuality/sexual identity is not dictated by their surgical status or bodily state.

Unless it is relevant enquiries about a trans person's sexuality are not necessary, are invasive and can cause offence.

Safer sex counseling

Sensitivity is needed to establish ways that pre or non-operative clients can comfortably discuss parts of their anatomy that they are generally uncomfortable with.

For example:

“I know it feels strange to say my penis when it would be more natural to say my vagina. However we need to talk about your penis to ensure you stay healthy until you can have your body corrected.”

If you are not sure about a trans person’s anatomy, use sensitive terminology that avoids specific anatomical references. It may be useful to use terms such as genital contact or bodily fluids when discussing sexual practices.

For example:

- Do you have unprotected genital-genital contact, exchanging bodily fluids (including semen, vaginal fluids and ejaculate or blood)?
- Do you have unprotected oral-genital contact (blow jobs or going down)?
- Do you have unprotected oral-anal contact (rimming)?
- Do you have unprotected genital-anal contact (anal sex)?

If clients are involved in risky sexual behaviours or illicit drug use, ensure information is provided on HIV prevention, post-exposure prophylaxis (PEP) and referrals to appropriate services.

It is also important to be aware that many trans people experience sexual violence, from both partners and strangers, as a result of the prejudice held against trans people.

Preventative health care

Preventative screening procedures will depend on what particular glands trans people have after undergoing sex reassignment surgery.

There is limited research on both the short and long term effects of hormone therapy. However below is a guide to addressing trans preventative health.

Trans men, who have not had these organs removed, should undertake preventative screenings for breast, uterine, ovarian and cervical cancer. Testosterone therapy may increase the risk of breast cancer, polycystic ovary syndrome and ovarian cancer.

Trans women should have regular breast checks as hormone therapy may increase the risk of breast cancer in trans women. If a trans woman has not had her prostate removed she will also require prostate cancer screening.

Health care providers should also be aware that hormone therapies may have complex interactions with the use of other drugs and alcohol.

Ensure to check when your client last undertook any preventative screening or sexual health check ups!

Many trans people delay accessing preventative health screening programs.

Health care providers need to consider the sensitivity of a client's surgical status and bodily state. This can make the process of vaginal, rectal or breast examinations a distressing experience for some trans clients.

Social support and mental health

Both national and international research indicates that significantly high levels of suicide, self harm, depression and anxiety exist in trans communities.

Addressing gender identity and trans related issues can be extremely isolating. Families, friends and the general community have little understanding or awareness of these issues. As a result many trans people experience rejection from their families and friends, leave their employment, encounter discrimination and verbal and physical abuse.

If a trans person is not able to pass as their presenting gender (ie other people can identify they are a trans person) experiences of social stigma, discrimination and abuse are likely to increase greatly, impacting negatively on their mental health and self image. This is especially relevant when a trans person first starts to transition.

Ensure clients can access resources to assist their loved ones understand what being trans is all about, as well as support from other trans peers!

Creating inclusive services

Creating inclusive service environments can increase trans clients' confidence in the quality of care that your service will provide. Small changes can make a big difference!

1. Display visible resources

Provide inclusive resources and media in waiting rooms (e.g. Gay press or trans newsletters). This indicates that the service is supportive of trans clients.

2. Provide visible diversity and confidentiality statements

Display visible anti-discrimination statements that include gender identity and sexuality as well as race, ethnicity and disability. This indicates that the service is accepting and supportive of trans clients.

3. Inclusive client consultation forms

Include an optional category for 'transgender/trans' or 'FTM and MTF', on client history forms, alongside the categories for male and female. This will allow clients to disclose their transgender histories when they first enter the service if they wish to.

4. Don't expect clients to educate you!

Trans health issues can be daunting. However it is not the responsibility of the client to educate you. Seek out information on mental health, physical wellbeing and hormonal therapy that you may need to support your client.

5. Contact local trans support services

Make links with trans support groups, trans phone counseling services and website resources. These contacts can provide support to staff addressing gender identity issues with clients, as well as clients seeking further support.

6. Staff training and organisational policies

Provide staff with sexuality and gender identity training on inclusive service provision and specific health needs. Ensure gender identity is included in relevant policy guidelines, and trans people are included in specific target populations. Ensure gender identity issues are included in staff induction training. Invite guest speakers from the trans community to talk to staff about trans health and wellbeing. Contact the Queensland Association for Healthy Communities Inc for more information on service provision training in Queensland.

Glossary of terms

Gender Identity: A person's sense of identity defined in relation to the categories of male and female.

Sex: The division of male and female on the basis of reproductive organs.

Gender Identity Disorder: A psychiatric term that refers to an individual's physical, mental and emotional discomfort with their body, caused by their strong gender identification, which is opposite to their biological sex. This can result in an individual suffering unusual anxiety, depression or unease. This term is also known as gender dysphoria.

Transitioning: The process of a trans individual recognising their true gender identity, and taking steps to adopt the life and/or physical characteristics of the gender that they identify with. This may involve undertaking hormone therapy and/or sex reassignment surgery. This process often takes some time and it is important that trans people receive support, acceptance and understanding while they are undertaking transition.

Sex Reassignment Surgery: A medical procedure that aligns a transsexual/transgender's biological body to the gender they identify with. Reassignment surgery is not always an option for all transsexual/transgender people, often due to medical reasons.

Pre-operative trans: A trans person who intends to but has not undertaken sex reassignment surgery.

Post-operative trans: A trans person who has undertaken sex reassignment surgery.

Non-operative trans: A trans person who does not intend to undergo sex reassignment surgery.

Transphobia: This is the common term for the fear and hatred of people who are, or who are perceived to be, trans.

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Internalised Transphobia: This is the term for negative attitudes and feelings towards transsexualism/transgenderism held by some trans people. These attitudes are reinforced by the negative social and cultural beliefs, values and representations of trans people in our society. These attitudes may have formed before the individual accepts their own trans identity.

Trans contacts

All service providers should refer clients who are questioning their gender identity to further trans resources and support groups.

Queensland Trans Support Groups

Australian Transgender Support Association QLD (ATSAQ) provides counseling, social events, resources and information to trans people, their families and medical practitioners.

p: (07) 3843-5024

e: trans.atsa@bigpond.com

w: atsaq.com

FTM QLD Support Network is an online support network for trans men in Queensland.

w: <http://groups.yahoo.com/group/ftmqld>

Changeling Aspects Brisbane provides social events, resources and information to trans people and their families.

p: 3286 9155

e: knoble@iinet.au

w: changelingaspects.com

Transbridge Townsville is a social support group for trans people in North Queensland.

p: (07) 4779-9229

e: transbridge@mail.com

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Seahorse Society of Queensland is a social support group in South East Queensland for crossdressers.

e: seahorseqld@gmail.com

w: <http://seahorseqld.atSPACE.org>

Australian Transsexual Support Network is an email-based discussion group for trans people across Australia.

e: <http://au.groups.yahoo.com/group/atsn>

Open Doors Youth Service Inc provides support for trans, lesbian, gay and bisexual young people 12 – 18 years in the greater Brisbane area.

p: (07) 3257 7660

e: info@opendoors.net.au

w: opendoors.net.au

Information for Trans People

GQ Gender Questioning is a resource for young people questioning their gender or for those who know someone who is.

w: glhv.org.au/files/GQv2.pdf

Trans-health is an online health and fitness magazine for and by trans people.

w: trans-health.com

FTM Australian Support Network provides resources, referrals and information to trans men and their families.

p: 0403 876 393

e: mail@ftmaustralia.org

w: ftmaustralia.org

Australian Transsexual Support Network provides support, information and resources for trans people and their families.

w: atsnaustralia.org

Queensland Association for Healthy Communities Inc (QAHC) provides information, resources, and links to social groups for trans people as well as lesbian, gay and bisexuals in Queensland.

p: 07) 3017 1793

w: qahc.org.au/transgender

Queensland Health provides general sexual health information.

w: health.qld.gov.au/sexhealth

Anti-Discrimination Commission QLD provides information and assistance in making a discrimination claim in QLD.

p: 1300 130 670

w: adcq.qld.gov.au

Health care providers should obtain further information regarding hormone therapy and sex reassignment surgery if working with trans clients.

Information for Health Practitioners

Brisbane Gender Clinic can provide referrals to psychiatrists, support for clients transitioning or questioning their gender and information to health practitioners.

p: (07) 3837 5645 (Wed 1:30pm – 4:45pm)
or (07) 3837 5611 (Mondays only)

e: bshc@health.qld.gov.au

w: health.qld.gov.au/sexhealth

Gender Identity Research and Education Society (GIRES) provides information to trans people, their families and health practitioners on gender identity and transsexualism.

w: gires.org.uk

Transgender Care provides information on both medical and aesthetic aspects of transitioning.

w: transgendercare.com

World Professional Association for Transgender Health provides information on the treatment and care for trans people, including the Harry Benjamin Standards of Care Version 6

w: wpath.org

Queensland Association for Healthy Communities Inc provides information on the health, care and inclusion of trans clients in health and related services.

w: qahc.org.au/transgender

Gender Identity Awareness Training

Queensland Association for Healthy Communities Inc provides sexuality and gender identity awareness training to health and health related services in QLD.

p: 07) 30171777

e: info@qahc.org.au

w: qahc.org.au/training

References

Gender Education & Advocacy Inc., (2001) *Basic tips for health care and social service providers*, www.gender.org

Ministerial Advisory Committee on Gay and Lesbian Health Victoria, (2002) *What's the Difference? Health Issues of Major Concern to GLBTI Victorians*, Department of Human Services Victoria

