

## Resources

Center of Excellence for Transgender Health  
(<http://transhealth.ucsf.edu/>)

Medical Therapy and Health Maintenance for  
Transgender Men: A Guide For Health Care Providers  
(<http://www.nickgorton.org/>)

Philadelphia Trans-Health Conference  
(<http://www.trans-health.org/>)

Request for the Callen Lorde Transgender Health  
Program Protocols  
(<http://callen-lorde.org/our-services/sexual-health-clinic/transgender-health-services/>)

Tom Waddell Health Center, Protocols for Hormonal  
Reassignment of Gender, 2013  
(<http://www.sfdph.org/dph/comupg/oservices/medSvs/hlthCtrs/TransGendprotocols122006.pdf>)

Transgender Awareness Training and Advocacy (<http://www.tgtrain.org>)

World Professional Association for Transgender Health  
(<http://www.wpath.org/>)



Division of Disease Prevention

[facebook.com/diseasepreventionhotline](https://facebook.com/diseasepreventionhotline)

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# TRANSGENDER

## Health Risk Assessment: A Clinician's Guide

## Transgender Health Risk Assessment: A Clinicians Guide

### Why Focus on Transgender Health?

The transgender community is medically underserved, vulnerable and, often, disenfranchised.

Quality health care for transgender patients is complex and can include hormonal therapy and/or pre- and post-surgical care. It requires knowledge of issues related to the care of trans persons as well as a welcoming environment.

A lack of training and understanding about trans health issues decreases providers' ability to provide comprehensive and quality care that is both knowledgeable and sensitive.

### As a provider:

Assess your own readiness as well as your staff's readiness to provide quality care for transgender people.

Explore your own feelings of fear, discomfort, and judgment and have the courage to work on changing those feelings.

Consider obtaining information and training specific to transgender health.

**Transgender** ("trans") refers to those whose gender identities, expressions or behaviors differ from that of their birth sex – including those who live or seek to live in genders opposite of their birth sex; those have or want to physically modify their bodies to appear that of the opposite sex; and those who cross dress in attempts to fulfill their desired gender identity. Transgender is a category of identities that may include such terms as cross-dressers, drag queens & drag kings, gender-queers, transsexuals, and others.

**Transsexual** refers to those who identify as the gender and sex opposite of their birth sex. Transsexuals may or may not desire to take steps toward physically altering their bodies, such as hormone therapy or surgery.

A **transvestite** is an antiquated term used to identify a person who dresses and acts in a style or manner traditionally associated with the opposite sex. The term cross-dresser is more commonly used.

**MTF**, or Male-to-Female, refers to individuals who are born male but whose gender identity is female. **FTM**, or Female-to-Male, refers to individuals who are born female, but whose gender identity is male.

**Transition** refers to the process of physically, mentally, socially, and otherwise changing to the gender opposite of that assigned at birth. Transitioning may include living full-time as the preferred gender, hormone therapy, or surgery.

## Psychosocial Issues

**Transphobia** is the social stigmatization toward transsexuals and transgender people. This contributes to factors that place transgender people at high risk for health problems, including:

- Barriers to health care and other services (domestic violence shelters, drug treatment facilities);
- Alienation from support structures (families, churches, schools);
- Discriminatory barriers to housing and employment;
- Poor self-image and lowered self-esteem;
- Increased probability of survival sex work; and
- Increase in sharing needles for hormonal and non-hormonal use.

**Gender dysphoria** is the psychological state of discomfort felt by transsexuals and transgender people due to the lack of congruence between one's physical sex and their gender identity, which may lead individuals to disassociate from their bodies.

- May lead to an individual ignoring routine health exams, such as breast self-exams and gynecological exams for FTMs and testicular exams for MTFs.
- May lead to unsafe means of physically transforming their bodies, especially among those who lack access to medical care and/or support services.

## General Questions to Assess Health Issues

Ask patients what name and pronoun they prefer to be referred by. Make sure that you and your staff use the preferred name and/or pronoun throughout the exam or visit.

Ask what their goals are regarding transitioning, surgery, and other options. Determine if they intend to transition. If so, determine where they are in the transition process—whether they have gender-transitioned or are in the process of transitioning.

Ask whether they are currently undergoing hormone therapy. If so, then determine:

- 1) Where they are receiving hormone therapy;
  - 2) How long they have been on hormones;
  - 3) The dose they are taking; and
  - 4) How hormones are administered.
- 5) Are they being monitored regularly for hormone therapy related conditions? If so, when was the last appointment and when is the next scheduled appointment?

Determine if they have undergone any surgeries. If so, get 1) detailed information on what types of surgeries and when performed; 2) who performed the surgery; and 3) any complications. Ask if they are satisfied with the results and if they have any plans for future surgery. It may be difficult for the trans person to discuss this, so be respectful in trying to gather this information.

Determine what physical exams and health maintenance screenings are necessary for the patient – i.e. many FTM transsexuals still need mammograms and cervical pap tests and many MTF transsexuals still need testicular exams and PSA screenings.

Primary health care and regular health maintenance screenings are often lacking due to a history of experience of stigmatization and discrimination in previous health care settings. A comprehensive health history and provision of a complete physical exam and scheduled screening tests as indicated is essential when caring for the transgendered individual.

Make sure to explain why certain information is needed and explain medical terminology to the patient in terms that are easily understood. Ask the patient about terms or slang they use.

Ask about smoking and tobacco use as well as the use of drugs and alcohol. If they smoke, remind them of additional risks of smoking and taking estrogen (thromboembolisms) or testosterone (heart risks). Encourage them to quit.

Ask about experiences with violence from discrimination, hate crimes, sexual and/or domestic abuse, or other forms of victimization to assess any possible post-traumatic stress. Refer them to a mental health consultation if necessary. Recognize that for many transgendered individuals, mental health conditions improve and even resolve once they begin transitioning.

Conduct depression/mental health screening to identify any signs of depression, stress, and/or anxiety. Refer them to a mental health consultation if necessary.

Even if you are not an expert in transgender health issues, a caring provider can ensure that trans persons stay engaged in the health care system and reduce their risks for HIV and adverse outcomes related to their health decisions.

## Assessing Sexual & Other HIV Risks

Keep in mind that gender identity is distinct from sexual orientation and both may change over time.

Some trans persons may be reluctant to discuss specific sexual issues because of the discomfort with their current body. Ask for clarification and use gender neutral terms when possible.

Be sure to get a complete sexual history in a non-judgmental way.

- Determine who their sex partners are.
- Determine their current partner status – single, married, etc.
- Determine how many partners they have had in the past year.
- Determine any high risk sexual behaviors while avoiding reference to specific anatomical terms. Use generic terms like genital-to-genital, genital-to-anal, etc.
- Determine what kinds of protection they may be using during sex.
- Determine if they have ever been tested or treated for STDs.
- Have they ever had a HIV test?
- Do they know their HIV status?

Ask about needle use of any kind – whether being used for hormones, insulin, drug use, silicon, etc.

Ask about needle sharing and needle cleaning. Remind patients that needles being shared for hormone injections cannot be safely cleaned due to the viscosity of the hormones.

Determine the level of social support the patient has and the level to which they are “out” to employers, family, and friends as well as their level of participation in the community. This level of support may affect their risk for STDs and HIV as well as mental health.