

Assessing Sexual & Other HIV Risks

Keep in mind that gender identity is distinct from sexual orientation, and both may change over time. Some trans and non-binary persons may be reluctant to discuss specific sexual issues because of 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 nonjudgmental 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.
- Determine if they have ever had an HIV test and if they know their HIV status. If HIV-negative, consider if Pre-Exposure Prophylaxis (PrEP) is appropriate to recommend, based on their sexual history and individual risks.
- 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. Have information on hand about local resources for social support, such as support groups or LGBTQ community centers.



Resources

Center of Excellence for Transgender Health

<http://transhealth.ucsf.edu/>

The National LGBTQ+ Health Education Center

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

Philadelphia Trans-Wellness Conference

<http://transphl.org/>

Callen Lorde Transgender Health Program Protocols

<https://callen-lorde.org/transhealth/>

World Professional Association for Transgender Health

<http://www.wpath.org/>

Virginia Transgender Resource & Referral List

<https://www.vdh.virginia.gov/disease-prevention/disease-prevention/transgender-health-services-support/>



Division of Disease Prevention

www.facebook.com/diseasepreventionhotline



Information in this brochure is developed for general audiences.



GENDER DIVERSE PATIENTS

Health Risk Assessment: A Clinician's Guide



Why Focus on Transgender Health?

The transgender and non-binary community is medically underserved, vulnerable and, often marginalized.

Quality health care for transgender and non-binary patients can include a wide variety of health and other care disciplines such as voice therapists/ voice trainers, surgeons, dermatologists, social workers, primary care providers, endocrinologists, gynecologists, school nurses, and psychologists/psychiatrists. It requires knowledge of issues related to the care of trans persons as well as a welcoming environment.

Inclusive gender-affirming education and training positively impacts health care outcomes for trans and non-binary persons and allows providers to deliver care that is both knowledgeable and sensitive.

As a provider:

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

Explore your feelings to identify those associated with stigma and bias around gender non-conformity, and determine how you can make improvements.

Consider obtaining information and training specific to transgender health. Resources on the back of this brochure can connect you to relevant training and further information.



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 different from their birth sex; those who have or want to physically modify their bodies to align with bodies typical to another gender; and sometimes those who express their gender (e.g., via clothing and hairstyle) in alignment with a different affirmed gender. Transgender is a term that generally refers to trans men, trans women, and non-binary people. Other identities that might be considered to fall under the transgender umbrella include crossdresser, drag queen/drag king, genderqueer, third gender, transsexual, and many others.

Gender Non-Binary (“GNB”) or simply “non-binary” is an umbrella term for gender identities that are neither male nor female — identities that are outside the gender binary. GNB identities are generally considered a subset of trans identities. There are many related terms that non-binary people use to describe themselves, such as genderqueer, agender, or bigender.

Transsexual is an older term used to describe people who have medically transitioned, which may still be used by older adults in the trans community. However, as some may now consider it pejorative, it should not be used as a general term.

Crossdresser is term used to identify a person who dresses and acts in a style or manner traditionally associated with the “opposite” sex. Historically, crossdressers were called “transvestites.” The term transvestite is now considered antiquated and stigmatized and should not be used.

AMAB/AFAB: AMAB or Assigned Male at Birth, is used in trans communities to refer to individuals who were born male but whose gender identity is something other than male. An AMAB person might identify with a range of different labels, including but not limited to transfeminine, trans woman, woman, or GNB. Similarly, AFAB, or Assigned Female at Birth, refers to individuals who were born female, but whose gender identity is something other than female. An AFAB person might identify with a range of different labels, including but not limited to transmasculine, trans man, man, or GNB.

Transition refers to the process of physically, mentally, socially, and otherwise changing to a gender different from that assigned at birth. Transitioning may include living full-time in the new gender role, hormone therapy, surgery, and/ or other medical procedures.

Psychosocial Issues

- Transphobia** is the social stigmatization of trans and non-binary people. This contributes to factors that place transgender people at high risk for health problems, including:
- Barriers to health care and social services (domestic violence shelters, drug treatment facilities, housing, employment);
 - Alienation from support structures (families, faith communities, schools);
 - 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 transgender and non-binary 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 avoiding routine health exams, such as breast self-exams and gynecological exams for AFAB persons and testicular and prostate exams for AMAB individuals.
 - 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 Provide Quality Healthcare

Ask patients what name and pronouns they use. Make sure that you and your staff use the correct name and/or pronouns throughout the exam or visit.

Ask “What does ‘transition’ mean to you?” and what their goals are regarding transitioning. Ask if they feel that they have adequate information to make informed choices about all the options. Determine what steps they might be considering. If they do intend to transition, determine where they are in the process.

Ask whether they are currently undergoing hormone therapy. If so, 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 their 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?

Using a trauma-informed and patient-centered approach, 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. For best practices around how to have these conversations, consider accessing free online trainings available through The National LGBTQ+ Health Education Center (see website at the end of this brochure).

Determine what physical exams and health maintenance screenings are necessary for the patient – e.g., depending on surgical status, many trans men still need mammograms and cervical pap tests, and many trans women still need testicular exams and PSA screenings. Also, trans women taking estrogen will need breast cancer screenings and mammograms.

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 transgender person.

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 (thromboembolism) 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 transgender people, 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. Some mental health issues may be present due to discrimination or other adverse experiences. 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 and non-binary persons stay engaged in the health care system and reduce their risks for HIV and adverse outcomes related to their health decisions.