

# Promoting trans inclusive HIV testing and sexual health services

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# Introduction

Partnership between CliniQ, Clinic T, LGBT Foundation, Yorkshire MESMAC and the Terrence Higgins Trust

Aim is to put a spotlight HIV testing and sexual health services for trans people as part of the *National HIV Testing Week* campaign

What will be covered

- An overview of trans health and HIV issues
- Real life experiences of trans people
- Clinical perspectives on providing trans inclusive services
- Practical information on how to promote a trans inclusive service
- Tools, further information and referral options

cliniQ



LGBT  
foundation

Yorkshire  
MESMAC



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# Overview of trans health and HIV issues

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# Sexual Health and HIV Inclusive services for Trans and non binary people.

National HIV Testing Week  
18-24 November 2017  
#TransHealthMatters 💜



- Michelle Ross
- Co-Founder cliniQ
- Director Holistic Wellbeing Services - Training & Developments Lead
- [www.cliniq.org.uk](http://www.cliniq.org.uk)
- Member of IRGT a Global Network of Trans Women responding to HIV



“I am not a ‘high-risk’ person;  
I am a member of a community  
that is put at high risk.”

**Marcella Romero –**  
Coordinator of RedLacTrans

**19.1%**  
**Estimated**  
**Global**  
**Prevalence**

Meta-analysis of studies in both the USA & Asia-Pacific  
regions have generated a **49% higher** likelihood of HIV  
acquisition in trans women

# HIV Vulnerability

**I am a transgender woman.  
I face these issues.**



# Trans Inclusive Services

- **Sexual Health**
- **PrEP Impact Trial**
- STI & HIV testing
- HIV care
- Lower surgery
- Liver Function Testing
- Cervical smears for anyone with a cervix
- Hormone injections
- Hormone monitoring
- **Holistic Services:**
- Counselling & psychosexual therapy
- Peer / Support mentoring
- Case Work
- Acupuncture
- Trans inclusive yoga classes
- Housing, benefits & employment support

# Inclusive history taking

- **Pronouns** (How does the client describe themselves)
- **Partners** (What gender are your partners?)
- **Parts** (Surgical history, language used?)
- **Practices** (Trans women as insertive partners/trans men as receptive partners etc)
- **Past history of STIs**
- **Protection strategies** (Informed by the above)
- **Pregnancy prevention** (Asked to non-trans women)

# Trans inclusive data

**cliniQ uses a 2-part method of data collection on our 'Hello' forms, which helps with history taking:**

**Please tell us how you see your gender**

- Male (including trans male)
- Female (including trans female)
- GenderQueer/Non-binary
- Prefer not to say

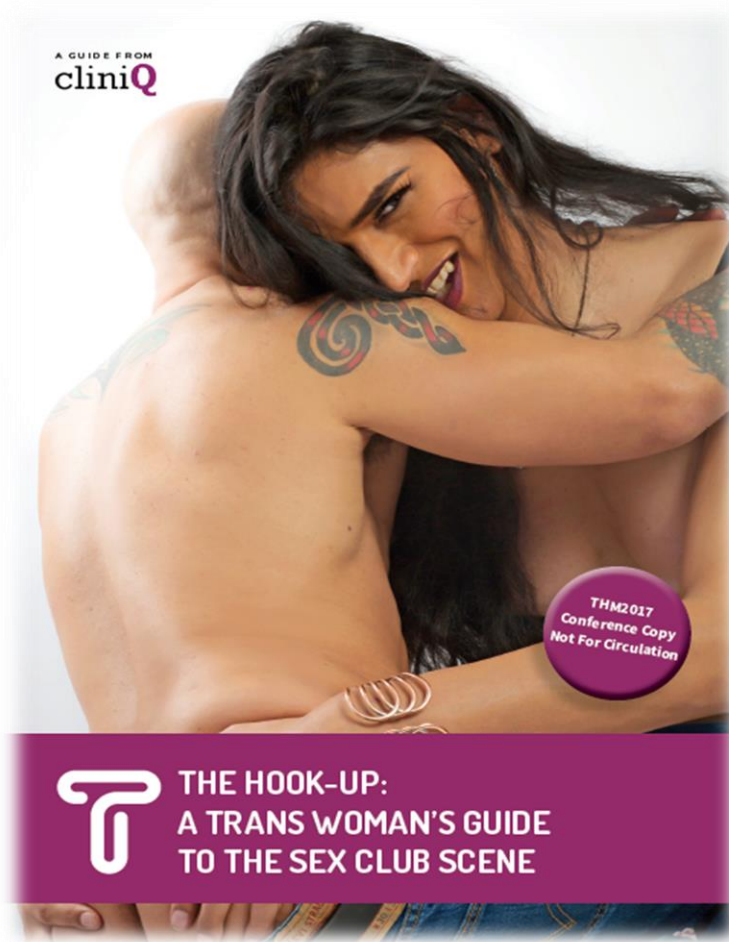
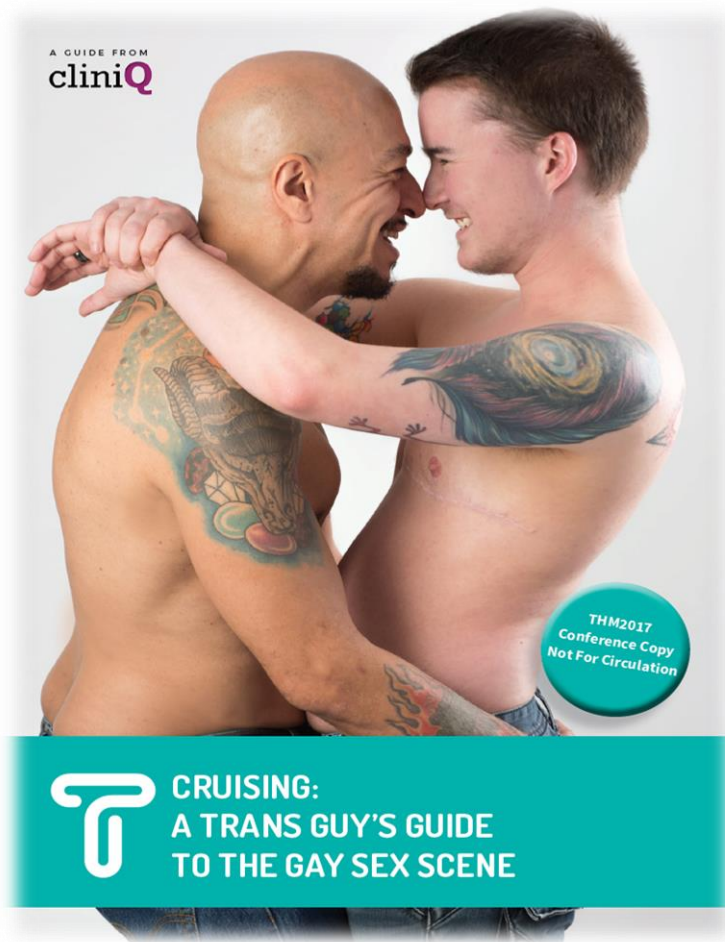
**Is that the same gender given at birth?**

- Yes
- No
- Prefer not to say

We also ask our services users which pronouns they use, to help reduce opportunities for misgendering

# Sex & Trans People New Booklets

by [cliniQ.org.uk](http://cliniQ.org.uk) (available late November)



# Real life experiences of trans people

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# Real life experiences of trans people

One of the main issues Trans people face when accessing health services is being misgendered.

This is extremely upsetting for Trans people and can cause deep feeling of anxiety when accessing health services and will often stop Trans people from accessing health services.

A lack of understanding of Trans health issues can also be a huge barrier for Trans people to get the services they need, with Trans people often being referred back to Gender Clinics when there is no actual need for this.

# Real life experiences of trans people

The worst for me was been called out as my deadname while I was sat in a cubicle in nothing but a gown waiting to be x-rayed.

All the usual administration excuses were used going back & forth from my Medical practise to the National Spline etc. And of course at the same time I was misgendered as Mr & outed in front of a bunch of strangers.

I was in tears

\* Trans Woman.

# Real life experiences of trans people

- Post op complications- developed a water infection while catheterised and unable to get to my surgeon's clinic.  
Tried to access treatment locally and were willing to send out district nurses until they found out what the surgery was for.  
They gave the excuse that they weren't trained, in spite of direct advice from the surgeon they didn't need specialist training and that a catheter flush/replacement would be safe.  
Subsequently my urethra healed over and needed further surgery.
- Plus usual misgendering- on a patient matrix in my GP waiting room: MR used instead of Miss. Also recently after changing GPs I spotted at the top of my file was a notice in capitals that I had gender identity disorder.
- As a general note, many GPs I have met are OK but very reluctant or lack knowledge around hormone prescribing, usually try to refer you back to GIC long after discharge

\*Trans Woman

# Real life experiences of trans people

I had a skin specialist that treated me for acne that gave me a terrible experience.

When she found out my trans status she started calling me “she” (I was about 3 years on T and post op chest) and each month she insisted I take a pregnancy test like other females must, even though at the time I wasn’t having sex with men and I had explained how distressing it was for me to do a test.

She would then, on my prescription slip that I took to boots write “not pregnant” in massive letters which was completely unnecessary as my name and gender marker had been changed by then and there would be no question of me being pregnant ever.

She also pushed me to stop testosterone as that apparently would rid me of acne as the extra testosterone would be causing it. I had to explain to her that my testosterone put me through male puberty, like a young man and that it would be something I’d have for the rest of my life. Acne runs in my family.

\*Trans Man

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# Clinical perspectives on providing a trans inclusive service

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# Think through the whole experience of being a patient



# Think through the whole experience of being a patient

- **Making the appointment**
  - phone vs. text / email / web / walk-in service
- **The clinic environment**
  - Waiting area / toilets / information leaflets / reception staff
- **Registration forms**
  - Are they inclusive?

# Think through the whole experience of being a patient

- The consultation
- The examination (if needed)
- Choosing the right investigations
- Notes / Electronic Patient Records
- Communication of results to patient
- Communication with GP / Other healthcare professionals

# Think about the consultation



# Think about the consultation

- **Ask about pronouns – its ok to do this!**
- **Be sensitive to your language**
  - particularly about genitals / other body parts
  - Ask if there are particular words someone would rather use

# Think about the consultation

- **Explain why you are asking about the information**
  - sexual history taking can feel intrusive
  - Important though to establish what tests to take and what risks your patient may have
- **Don't make assumptions about your patient's sexuality or sexual practices**

# Think about the consultation

- **Think beyond just the immediate presenting issue – think holistic**
  - Think about hormone treatment care – monitoring / side-effects / self-medicating?
  - Mental health, drugs / chems, alcohol use
  - Sexual violence / non-consensual sex
  - Psychosexual issues
    - Genital pain / loss of sensation / difficulty reaching orgasm etc.

**If you make a  
mistake, apologise  
and move on.**

# Think about the tests you need to do

HAVE YOU L...  
REMO...  
AND FO...  
SEALED

CHLAMYDIA SCREENING

Information on sexual partners  
to help plan future screening programs  
following information. All data is for  
purposes only. You do not have to

Have you had a new  
sex partner in the  
3 months?

01. Yes  
02. No  
03. Unkn

NAME Sarah Brown  
HOSPITAL NO. 70904  
ROOM NO. \_\_\_\_\_  
AGE / DOB \_\_\_\_\_  
SEX M / F \_\_\_\_\_

COLLECTED BY:  
**SELF**  
24 HOUR TEST

for the trans  
Chlamydia.

01. Yes  
02. No  
03. Unkn  
04. Decl

01. White  
02. Black British  
03. Other white backg  
04. Black British  
05. Other black background  
06. Asian British  
07. Other Asian background

Screening Office

*Screen for the anatomy*  
**NOT THE GENDER**

# STI screening

- **Screening for mucosal infections  
(Gonorrhoea / Chlamydia / Mycoplasma)**
  - Trans women (post vaginoplasty) – majority of cases, vagina is skin lined
    - Needs urine or urethral swab as well as vaginal one
  - Trans men (no genital surgery / hysterectomy only)
    - Swab vagina if having penetrative sex – don't rely just on urine sample

# STI screening

- **Screening for mucosal infections  
(Gonorrhoea / Chlamydia / Mycoplasma)**
  - Don't forget people have oral and anal sex too
    - Screen the throat / rectum if appropriate
- **Getting the right tests done may be an issue for self-testing kits**

# STI screening

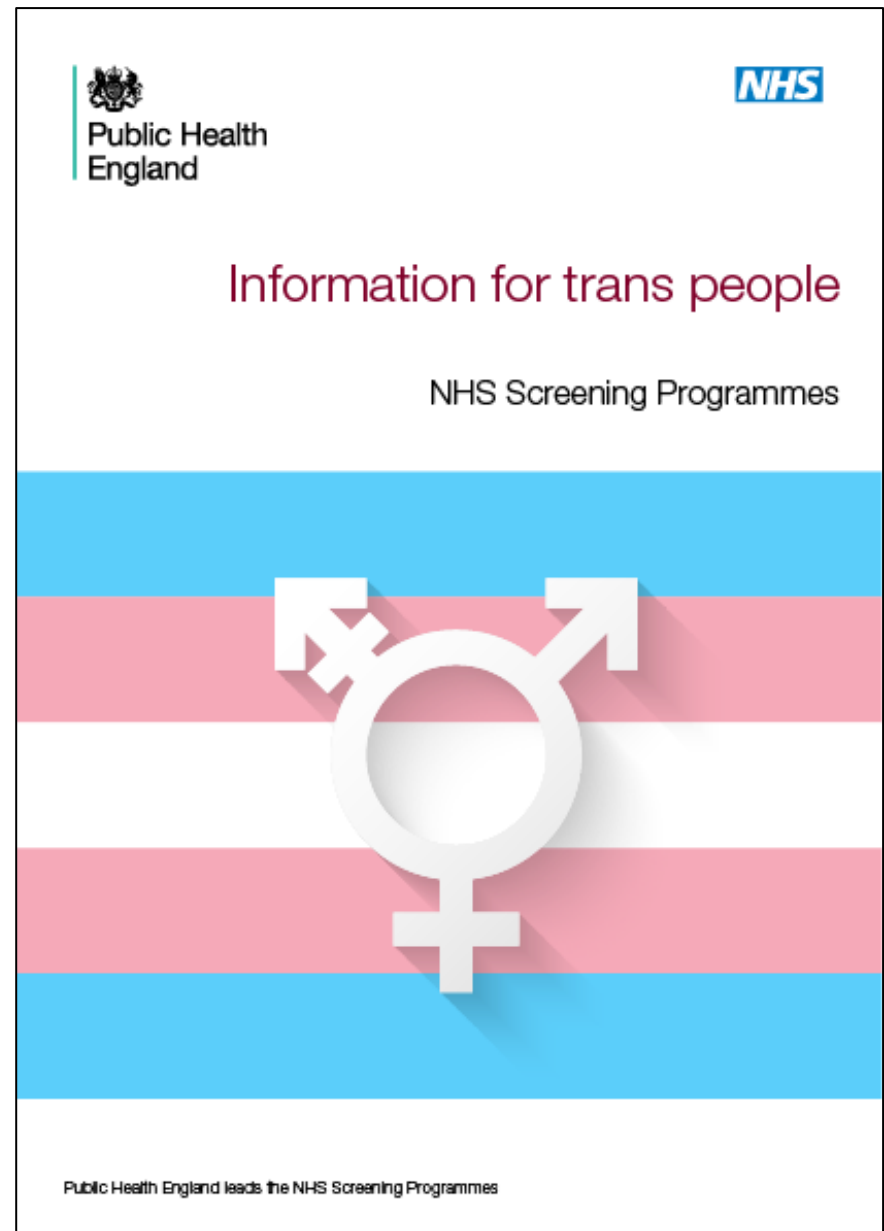
- **Don't forget other non-STIs as causes for genital symptoms**
  - Overgranulation tissue
  - Intravaginal hair regrowth / folliculitis (trans women)
  - Genital skin conditions – dermatitis / eczema etc
  - PV bleeding (trans men) – think of endometrial hyperplasia, hormonal interruption / interactions
  - Vaginitis (trans men) – associated with testosterone treatment
  - Post surgical complications – introital stenosis, fistulae, prolapse etc.

# STI screening

- **Always remember to offer HIV, Syphilis and Hepatitis B and C testing**
- **Don't forget to discuss PEP and PrEP in patients that may be at high risk**

# Cervical Screening

- Patients in England and Wales
  - no longer called for cervical screening (registered male gender)
- **If you still have a cervix you will need screening**



# Confidentiality and the law



# Gender Recognition Act (2004)

- Allows for change of legal gender
- Currently under review – reforms needed
- “It is an offence for a person who has acquired protected information in an official capacity to disclose the information to any other person.” Section 22

# Gender Recognition Act (2004)

- Disclosure exemptions for medical purposes  
(Section 5 of Statutory Instrument 2005 No.635)
  - The disclosure is made to a health professional
  - The disclosure is made for medical purposes
  - The person making the disclosure reasonably believes that the subject has given consent to the disclosure

# Gender Recognition Act (2004)

- **Implications for clinical practice**
  - Importance of good communication with your patient about what you are documenting
  - Ensure you have consent to disclose any information if it is needed
    - eg. GP letters, hospital referrals, blood test forms

# Practical information on promoting a trans inclusive service

Louie Stafford- Trans Programme Coordinator at LGBT Foundation

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# 1. Make sure your services ARE trans inclusive

- Don't promote your services as trans friendly if you haven't done the work!
- Working to provide trans friendly care will improve the quality of care for all of your clients, because you will actively be creating a welcoming and inclusive atmosphere in your service as a whole.

## 2. Get to know the community & involve them

- Include trans people at every step- 'nothing for us, without us!'
- Plan a meeting between your service and a local trans organisation.
- Share resources, information, and ideas.
- Agree to meet periodically, and commit to continuing this relationship.

### **Note on working with trans people...**

- Trans people are consulted with a lot and funding is extremely limited for organisations doing trans work.
- Consider your resources and where possible you should pay trans people for their time.
- where this isn't possible you should be able to demonstrate value of your work to trans people. AKA How will this benefit you?

### 3. First Impressions count!

- Update your forms
- Use best practice guidelines ([www.lgbt.foundation/SOM](http://www.lgbt.foundation/SOM))
- Make sure to include a space for 'known as name' and 'pronouns'.

## 4. Consider barriers to accessing your service

- Perceived transphobia (ref Transforming outcomes)
- Segregated waiting areas make trans people anxious.
- Having one health history form (instead of separate male and female forms) makes checking-in more comfortable for transgender clients and for intake staff.
- Staff does not need to guess a person's gender to give them the correct form at check-in, and transgender clients can fill out all sections that apply to them.

## 5. Train your staff

- Schedule training for staff.
- Start with what you think would be most useful to your co-workers.
- Ask the following questions:
  - What level of understanding do your colleagues have?
  - Do they need an LGBT overview?
  - Do they have enough 'LGB' background to concentrate solely on providing trans inclusive services?
  - Do we need external trainers? (Many trans organisations have educators that specifically provide training to medical staff.)
  - Educate yourself. Become an in-house resource and an advocate for trans service users and staff. Providing transgender-inclusive services can't happen with just one person, but you only need one person to get things started.

## 6. Mirror language individuals use when referring to their body

- Make pictures and anatomical models available to clinicians.
- Coming to terms with having body parts that are divergent from your gender identity may be difficult for some trans clients.
- Clinicians can use models and/or pictures (rather than 'anatomically correct' language) to describe medical procedures or issues, which may allow some transgender clients to more comfortably address their sexual & reproductive health concerns.
- Providers should also make themselves comfortable hearing and using slang, if that is how the client initiates discussing their body.

## 7. “SAY MY NAME” – Notes on pronouns...

- Always use a transgender person’s chosen name.
- Trans people experience barriers to legal name change BUT they should be afforded the same respect for their chosen name as anyone else who lives by a name other than their legal name.
- We also encourage you to ask trans people what pronoun they would like you to use.
- A person who identifies as a certain gender, whether or not they have taken hormones or had surgery, should be referred to using the pronouns they request at all times, including in written form.

## 8. Make facilities unisex

- Make agency bathrooms unisex.
- If at all possible, make public and staff bathrooms unisex, allowing transgender clients and staff to comfortably access the bathroom.
- Avoid gender segregated waiting rooms and a filing system that visibly separates people by gender.

## 9. Do your research

- There are good written resources available about both sexual orientation and gender identity. Make relevant information written materials available for all staff.
- Gather information you think would be useful to your co-workers.
- Build links with organisations in the local area.
- Build/strengthen referral pathways.

## 10. Update your policies

- Add gender identity to your inclusion policies for staff and services users.
- Why not start at the top? Including gender identity in your non-discrimination policy sends a message that your services is serious about providing services that are accessible and friendly to trans people.

# 11. Make a plan

- Make realistic plans. Looking at a list of things that need to be done can be overwhelming.
- REMEMBER that creating real change does not happen quickly and to give yourself a realistic timeline for your plans.

## 12. Get the word out!

- Shout about the work you have done
- Consider a dedicated times for trans clients
- Promote that your service welcomes trans people...
- Posters in waiting rooms
- Visit local trans community groups & LGBT centres
- Outreach online & social media

# Tools and more information

- Transforming Outcomes- LGBT Foundation  
[www.lgbt.foundation/transformingoutcomes](http://www.lgbt.foundation/transformingoutcomes)
- [www.cliniQ.org.uk](http://www.cliniQ.org.uk)
- [www.i-base.info](http://www.i-base.info)  
PrEP for trans people
- Providing Trans Inclusive Healthcare Handbook – Planned Parenthood  
[https://www.plannedparenthood.org/files/4414/0606/9716/PPSFL\\_Providing\\_Transgender\\_Inclusive\\_Healthcare\\_Handbook.pdf](https://www.plannedparenthood.org/files/4414/0606/9716/PPSFL_Providing_Transgender_Inclusive_Healthcare_Handbook.pdf)
- [www.gires.org.uk/](http://www.gires.org.uk/)

# Thank You

## Any questions?

Contact [hpe@tht.org.uk](mailto:hpe@tht.org.uk)

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