

The background of the cover features several stylized, overlapping leaf patterns. These leaves are rendered in a light gray or blue tone against a white background. The leaves have a feathery, segmented appearance, similar to ferns or certain types of grasses. They are scattered across the page, with some larger and more prominent than others, creating a decorative and organic feel.

# **Gender-Affirming Care for the Transgender & Gender-Diverse Population**

A Toolkit for Healthcare  
Providers

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## Background: The Transgender Population & Healthcare

Historically, the United States transgender and gender diverse (TGD) population has experienced high rates of discrimination, victimization, and violence in a wide variety of settings.<sup>7</sup> Unfortunately, this has also been true within the healthcare setting, resulting in marginalization, inequality, and health disparities when compared to the general population.<sup>9</sup>

Some of these findings include:

- Lower self-ratings of overall health (fair or poor)<sup>5</sup>
- Much higher rates of mental health problems<sup>9</sup>
- Higher rates of certain physical health conditions<sup>5</sup>
- Worse overall health<sup>5</sup>

Specifically, the mistreatment that TGD people experience in the healthcare setting is significantly associated with increased risk for depression, suicide, and human immunodeficiency virus (HIV).<sup>7</sup> These health disparities and more contribute to the suffering of the TGD population, the inability to receive quality healthcare, and, in the long term, potentially higher rates of mortality.

Some of these findings are likely related to the immense societal pressure for everyone to conform to the gender they were assigned at birth, which creates significant internal and external conflict for those who do not identify with that gender.<sup>7</sup> Like many health disparities, societal stigmatization has been shown to be the root of the problem, preventing this marginalized population from obtaining access to the safe and affirming care that many cisgendered individuals experience.<sup>7</sup>

Some of the forms of TGD mistreatment in the healthcare setting include:

- Verbal harassment or abuse<sup>7</sup>
- Denial of services or refusal of treatment<sup>7</sup>
- Substandard care<sup>7</sup>
- Having to educate the provider in order to receive adequate care<sup>7</sup>

Out of fear of mistreatment, many TGD individuals avoid seeing a healthcare provider for preventative services, and even when medical care is needed.<sup>7</sup> An association has been found between perceived provider level of knowledge about TGD people and the health and psychological distress ratings of TGD patients.<sup>10</sup> TGD individuals were found to be four times more likely to avoid medical care if they previously had to educate their provider on the TGD population.<sup>7</sup>

**Let's Watch a Video!**

Here are some links to videos about this topic:

[Why is it so hard for trans people to get healthcare?](#) (TEDx Talk)<sup>17</sup>

- Speaker: Enea Venegoni, 2023
- Policy researcher/writer with background in psychology & neuroscience
- Length: 8:56

[Trans Man at the Doctor's](#) (TEDx Talk)<sup>16</sup>

- Speaker: Toby Walker (trans man), 2016
- About obstacles faced by transgender community when accessing medical care
- Length: 5:30

## What Can We Do?

Healthcare students and healthcare providers urgently need more education, resources, and cultural competency training.<sup>7</sup> These findings solidify the need for improved access to safe, quality healthcare for TGD people, from providers who are well-trained and competent in caring for this population through a gender-affirming approach. Gender-affirming practice enables TGD individuals to develop positive self-concept and to escape internal and external stigmatization.<sup>9</sup>

Benefits found from implementing gender-affirming care:

- Reduction in depressive symptoms and psychological distress<sup>4</sup>
- Improvements in anxiety, depression, and suicidality<sup>8</sup>
- Better quality of life<sup>9</sup>

This web page aims to serve as an easily accessible resource to educate healthcare providers on the TGD population and the current evidence regarding the provision of gender-affirming care. Please refer to it at your own pace, as frequently as you like, and if you find it helpful, feel free to share it with others. Know that by educating yourself on this topic, you are contributing to the progress of increasing access to safe, quality, and affirming healthcare for the TGD population.

## Let's Start With Some Terminology

### GENDER IDENTITY VS. SEXUAL ORIENTATION

<b>GENDER IDENTITY</b>	refers to a person's deeply felt, internal, intrinsic sense of their own gender. <sup>3</sup>
<b>SEXUAL ORIENTATION</b>	refers to a person's sexual identity, attractions, and behaviors in relation to people on the basis of their gender(s) and or sex characteristics and those of their partners. <sup>3</sup> <ul style="list-style-type: none"> <li>Sexual orientation and gender identity are distinct terms.<sup>3</sup></li> </ul>

### SEXUAL ORIENTATION EXAMPLES

<b>ASEXUAL</b>	a sexual orientation that describes a person who experiences little or no sexual attraction to others, and/or little or no interest in having sexual relationships. <sup>13</sup> Asexual people may still engage in sexual activities. <sup>13</sup>
<b>BISEXUAL</b>	a sexual orientation that describes a person who is emotionally and/or physically attracted to more than one gender. <sup>1</sup>
<b>GAY</b>	a sexual orientation describing people who are primarily emotionally and/or physically attracted to people of the same gender identity as themselves. <sup>1</sup> <ul style="list-style-type: none"> <li>Can refer specifically to men who are attracted to men but is commonly used as an umbrella term for "not straight."<sup>1</sup></li> </ul>
<b>HETEROSEXUAL or "HETERO"</b>	A sexual orientation that describes women who are primarily emotionally and/or physically attracted to men, and men who are primarily emotionally and/or physically attracted to women. <sup>1</sup>
<b>LESBIAN</b>	A sexual orientation describing a woman or non-binary person who is primarily emotionally and/or physically attracted to women. <sup>1</sup>
<b>PANSEXUAL</b>	A sexual orientation describing a person who can be emotionally and/or physically attracted to any gender identity or gender expression. <sup>1</sup>
<b>QUESTIONING</b>	Describes uncertainty about, or the process of exploring, one's sexual orientation and/or gender identity. <sup>1</sup>

## GENDER IDENTITY EXAMPLES

<b>GENDER DIVERSE</b>	is a term used to describe people with gender identities and/or expressions that are different from social and cultural expectations attributed to their sex assigned at birth. <sup>3</sup> <ul style="list-style-type: none"> <li>This may include people who identify as nonbinary, gender expansive, gender nonconforming, and others who do not identify as cisgender.<sup>3</sup></li> </ul>
<b>GENDER FLUID</b>	describes a person whose gender identity is not fixed. A person who is gender fluid may always feel like a mix of more than one gender but may feel more aligned with a certain gender some of the time, another gender at other times, both genders sometimes, and sometimes no gender at all. <sup>1</sup>
<b>GENDERQUEER</b>	Describes people whose gender identity goes beyond the gender binary <sup>1</sup>
<b>NONBINARY</b>	refers to those with gender identities outside the gender binary. <sup>3</sup> People with nonbinary gender identities may identify as partially a man and partially a woman or identify as sometimes a man and sometimes a woman or identify as a gender other than a man or a woman, or as not having a gender at all. <sup>3</sup> <ul style="list-style-type: none"> <li>Examples of nonbinary gender identities are genderqueer, gender diverse, genderfluid, demigender, bigender, and agender.<sup>3</sup></li> </ul>
<b>TRANSGENDER or "TRANS"</b>	are umbrella terms used to describe people whose gender identities and/or gender expressions are not what is typically expected for the sex to which they were assigned at birth. <sup>3</sup>
<b>TRANSGENDER MEN</b>	<b>(or TRANS MEN or MEN OF TRANS EXPERIENCE)</b> are people who have gender identities as men and who were assigned female at birth. <sup>3</sup>
<b>TRANSGENDER WOMEN</b>	<b>(or TRANS WOMEN or WOMEN OF TRANS EXPERIENCE)</b> are people who have gender identities as women and who were assigned male at birth. <sup>3</sup>
<b>TWO-SPIRIT or "2S"</b>	Describes a person who embodies both a masculine and a feminine spirit. This is a culture-specific term used among some Native American, American Indian, and First Nations people. <sup>1</sup>



[What Does Being Transgender Mean Anyway?](#) (TEDx Talk)<sup>18</sup>  
 Speaker: Jay Simmons (transgender), 2023

- Engaging & humorous with simplified gender-identity basics including metaphors to aid understanding
- Length: 10:16

## Gender-Affirming Care: What is it?

Gender-affirmation involves recognizing an individual as their preferred gender identity and being considerate of their preferences, in all relevant areas of life (social, psychological, medical, etc.).<sup>3</sup> The language and terminology used in conversation with patients is a key component of providing gender-affirming care, especially to the transgender and gender diverse (TGD) population.<sup>3</sup>

This includes things like:

- asking how they would like to be addressed (name and pronouns)<sup>3</sup>
- discussing gender identity and asking how they identify<sup>3</sup>
- asking about the language that they prefer to describe their body parts<sup>3</sup>
- addressing them/referring to them in line with their preferences<sup>3</sup>

Part of providing gender-affirming care includes creating a welcoming and inclusive environment for people of all different identities.

Healthcare sites should always gather all pieces of information:

- Sex assigned at birth<sup>3</sup>
- Current gender identity<sup>3</sup>
- Current sexual orientation<sup>3</sup>
- Preferred pronouns<sup>3</sup>



Gender-affirming care should be provided to patients of all genders and identities but is especially important for the transgender population, as they are vulnerable to discrimination and misgendering. They may be considering transitioning, have transitioned, or be in the process of transitioning, which can be a sensitive and difficult process.

**Transitioning** is the process in which people change from the gender expression associated with their assigned sex at birth to another gender expression that better matches their gender identity.<sup>3</sup> Gender-affirming care supports and affirms a person's preferred gender, no matter what stage of transitioning they are in or whether they want to transition at all.

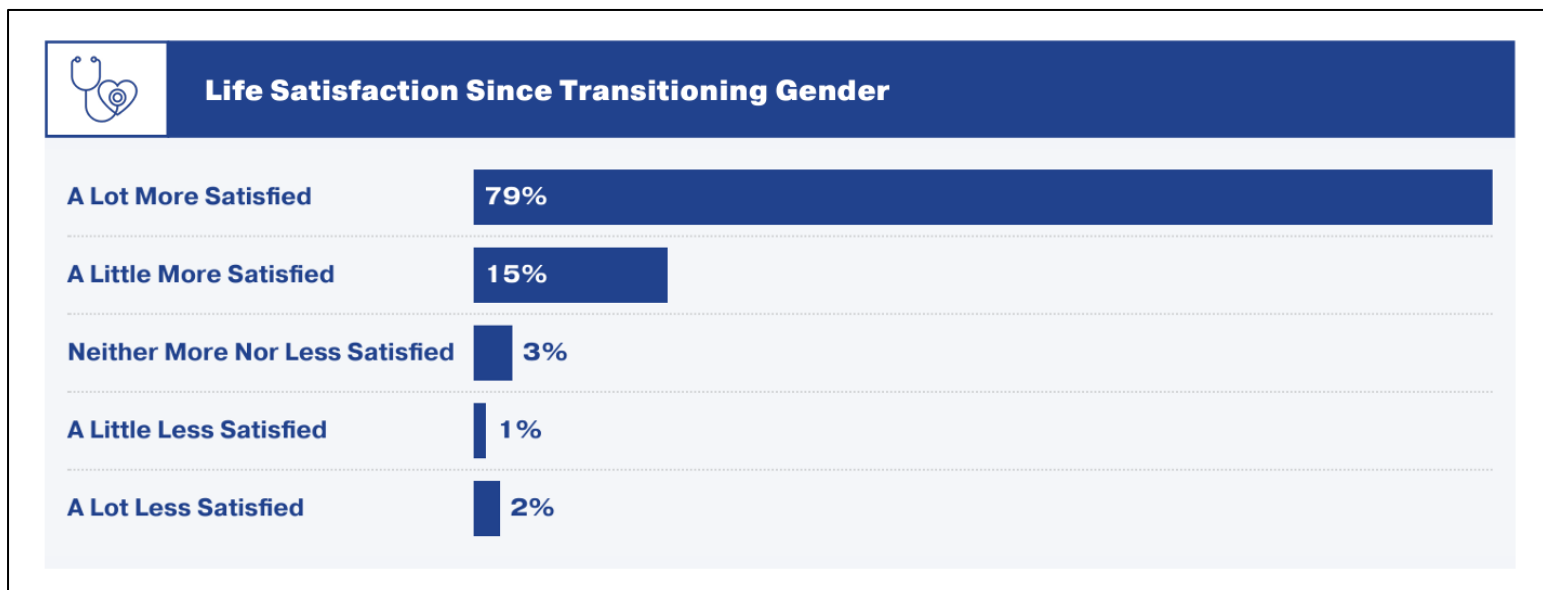
Some forms of transitioning include:

Socially:

- Changing their name<sup>3</sup>
- Changing pronouns<sup>3</sup>
- Changing hairstyles<sup>3</sup>
- Changing how they move and speak<sup>3</sup>

Physically:

- Hormone therapy<sup>3</sup>
  - Estrogen, androgen blockers, testosterone<sup>3</sup>
- Cosmetic procedures<sup>3</sup>
- Surgery<sup>3</sup>



(James et al., 2024)

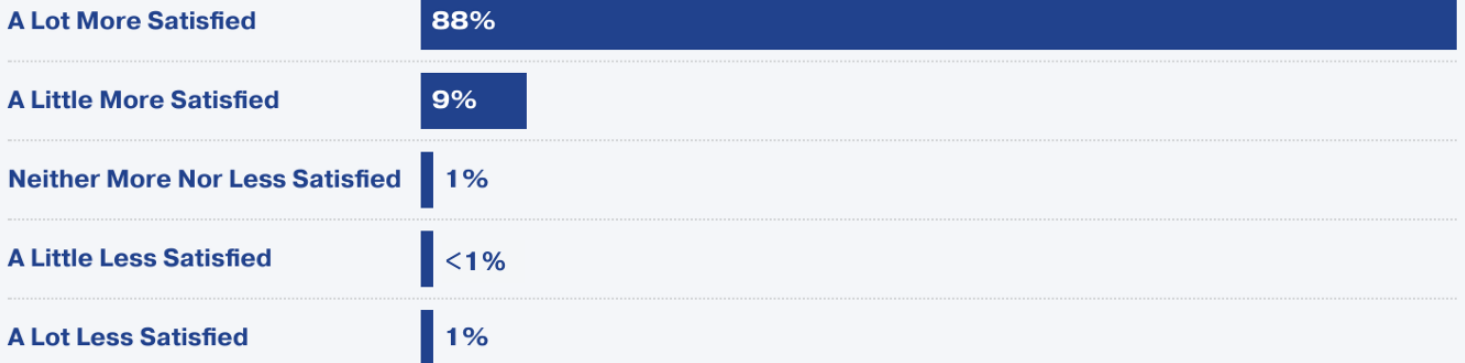
Some of the types of gender-affirming surgeries patients may have had or may consider:

Chest or “Top” Surgeries	Genital or “Bottom” Surgeries
Breast augmentation	Clitoroplasty (creation of a clitoris)
Breast construction	Hysterectomy (removal of the uterus)
Mammoplasty	Labiaplasty (creation of inner and outer labia)
Chest contouring	Metoidioplasty (creation of a masculine phallus using testosterone-enlarged clitoral tissue)
	Oophorectomy (removal of ovaries)
	Orchiectomy (removal of testicles)
	Penectomy (removal of penis)
	Phalloplasty (creation of a phallus)
	Scrotoplasty (creation of a scrotum, often paired with testicular implants)
	Urethral lengthening (to allow voiding while standing)
	Vaginectomy (removal of the vagina)
	Vaginoplasty (creation of a neo-vagina)
	Vulvoplasty (creation of a vulva)

(National LGBTQIA+ Health Education Center, 2024)



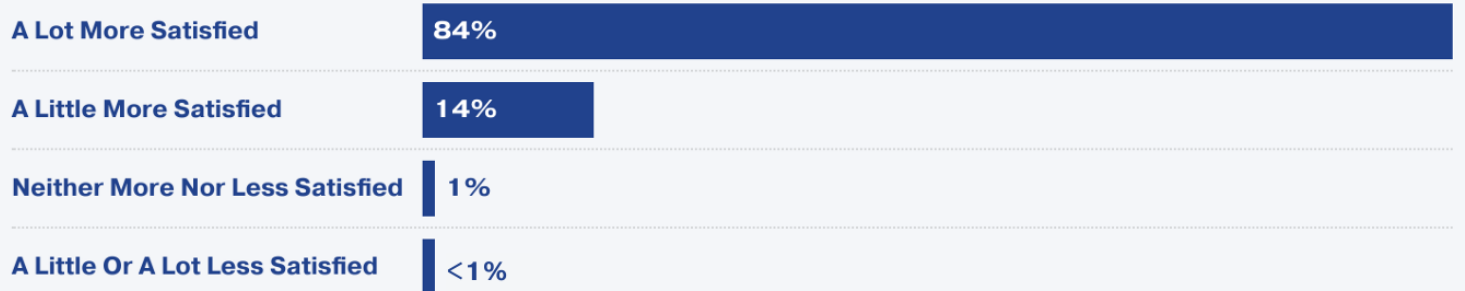
## Life Satisfaction After Gender-Affirming Surgery



(James et al., 2024)



## Life Satisfaction With Receiving Hormone Treatment



(James et al., 2024)

Let's Watch a  
Video!

[Transgender Kids Are Just Kids After All](#) (TEDx Talk)<sup>15</sup>

- Speaker: Amber Briggie (mother of transgender child), 2016
- Shares personal experience of being a parent to a transgender child
- Length: 16:25

# Myths About Gender-Affirming Care

MYTH	FACT
Gender-affirming care is unsafe.	<b>FALSE.</b> Gender-affirming care is often lifesaving and has been supported by <u>every</u> major medical and mental health association.
People are becoming transgender all of a sudden because it is trendy.	<b>FALSE.</b> Being transgender is not new. Due to a variety of reasons, young people feel more safe and comfortable living as their true selves than previous generations.
Liberal parents are forcing their children to be transgender.	<b>FALSE.</b> Gender identity is innate—no one can make someone else “be transgender.” Parents who affirm their transgender children in their desire to transition are helping them access the care they need, to live full, happy, and authentic lives.
Children that receive gender-affirming care are subjected to medical procedures that will permanently alter their lives.	<b>FALSE.</b> Prior to puberty, transitioning is entirely social and includes changing names, pronouns, clothing, and hairstyle.
Puberty blockers cause permanent and irreversible side effects including infertility.	<b>FALSE.</b> Puberty blockers are temporary and fully reversible. They cause minimal long-term effects if any at all. If puberty blockers are stopped, normal puberty will resume—with no impact on fertility.
Gender-affirming hormones, or hormone replacement therapy (HRT), are given to children and are detrimental to long-term health.	<b>FALSE.</b> Hormone therapy is typically only given to people aged 18 and older. It has also been proven to be safe with provider supervision and clinical management.
Children who receive gender-affirming care are given “mutilating” surgeries by their doctors.	<b>FALSE.</b> Except for very rare exceptions, transgender people are not able to have gender-affirming surgeries until they are 18 and older.
The wave of anti-transgender state legislative bills is all about protecting kids.	<b>FALSE.</b> When legislation attempts to regulate who can access gender-affirming care, politicians are inserting partisan battles into private conversations, and are attempting to enshrine discrimination into law, rather than science, medicine, and evidence.

(National Association of Social Workers, n.d.)

# How to Create a More Gender-Affirming Clinical Space

1. Include a section on patient health data forms for patient name, pronouns, gender identity, and sexual orientation (See below for recommendations) & document it in the health record
2. Change signage, artwork, and medical information displays in reception area and exam rooms to include male, female, and gender-diverse individuals; consider “trans-friendly” signage
3. Provide education to all, medical, nursing, and clerical staff about ways to affirm a patient’s gender identity and approaches to make all patients feel welcome
4. Provide restrooms that are unisex as an option for care recipients
5. Ask all patients which pronouns they prefer

## For Care Providers:

1. Include your pronouns when you introduce yourself
2. Be prepared to provide relevant education as it relates to patients’ anatomy, gender identity, and sexual orientation
3. Be considerate of patients’ preferences when assessing and treating
4. Consider and discuss potential impacts the treatment plan may have on patients’ gender identity
5. Be mindful and respectful when discussing potentially sensitive topics
6. Stay up to date on best practices for treating gender diverse patients in your clinical area
7. Apologize for mistakes! Be open-minded and non-judgmental.

## Options to provide on patient health data forms

Sex assigned at birth	Current gender identity	Current sexual orientation	Preferred pronouns
<input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Intersex <input type="checkbox"/> Prefer not to disclose	<input type="checkbox"/> Agender <input type="checkbox"/> Cisgender <input type="checkbox"/> Genderqueer or genderfluid <input type="checkbox"/> Intersex <input type="checkbox"/> Man <input type="checkbox"/> Nonbinary or gender diverse <input type="checkbox"/> Questioning or unsure <input type="checkbox"/> Transgender <input type="checkbox"/> Two-spirit <input type="checkbox"/> Woman <input type="checkbox"/> Prefer not to disclose <input type="checkbox"/> Other (please specify)	<input type="checkbox"/> Asexual <input type="checkbox"/> Bisexual <input type="checkbox"/> Gay <input type="checkbox"/> Heterosexual <input type="checkbox"/> Lesbian <input type="checkbox"/> Pansexual <input type="checkbox"/> Queer <input type="checkbox"/> Questioning or unsure <input type="checkbox"/> Prefer not to disclose <input type="checkbox"/> Other (please specify)	<input type="checkbox"/> Ask me my pronouns <input type="checkbox"/> He, him, his <input type="checkbox"/> No pronouns, use my name <input type="checkbox"/> Prefer not to disclose <input type="checkbox"/> She, her, hers <input type="checkbox"/> They, them, theirs <input type="checkbox"/> Ze, zir, zirs <input type="checkbox"/> Ze, hir, hers <input type="checkbox"/> Any/all <input type="checkbox"/> Prefer not to disclose <input type="checkbox"/> Other (please specify)

(University of Nebraska-Lincoln, n.d.)

## Tips for a Trauma-Informed Approach

<b>Create a transparent, non-judgmental, patient-centered environment</b>	Use open-ended questions, explain why you are asking a question, discuss the patient's priorities, and collaborate ("Can I ask...?")
<b>Consider health disparities relevant to the population</b>	Higher rates of trauma, sexual violence, STIs, mental health issues, gender and body dysphoria
<b>Listen</b>	Focus on what the patient is saying, do not be distracted or looking at a screen
<b>Communicate belief of trauma</b>	"That must have been frightening for you."
<b>Validate the decision to disclose trauma</b>	"I understand it could be very difficult for you to talk about this."
<b>Emphasize the unacceptability of violence Acknowledge injustice</b>	"Violence is unacceptable. I'm sorry that happened, that should not have happened."
<b>Be clear that the patient is not to blame</b>	"What happened is not your fault."
<b>Make a safety plan/Provide Resources</b>	Preferably an accessible, on-site referral

(Thompson, 2020)

## GENDER-AFFIRMING CARE DOs AND DON'Ts

DO	DON'T
<p>Ask patients how they would like to be addressed                      Document it in the chart                      Address them in this way moving forward                      (even when they are not present)</p>	<p>Don't use gender terms or pronouns with new patients <u>until this information is known</u></p> <ul style="list-style-type: none"> <li>• Don't say "he" or "she" (use "the patient")</li> <li>• Avoid saying sir or ma'am</li> </ul>
<p style="text-align: center;">Apologize for mistakes!</p>	<p style="text-align: center;">Don't make assumptions                      Don't get defensive if corrected</p>
<p>Stay relaxed and make eye contact; treat TGD patients the same way you would all patients</p>	<p>Don't ask unnecessary questions out of curiosity; consider if the question is necessary for their care</p>
<p>Only discuss a patient's TGD status in a private setting and only with those who need to know</p>	<p>Don't gossip or joke about TGD people and don't tolerate it from others</p>
<p style="text-align: center;">Encourage accountability and respect in the workplace</p> <ul style="list-style-type: none"> <li>• Point out when comments could be considered insensitive</li> <li>• Remind others of appropriate pronouns</li> </ul>	<p style="text-align: center;">Don't use the following terms                      (considered offensive or outdated):                      Transgendered, he-she, she-male, it, transvestite, transsexual, tranny</p>
<p>Normalize asking these questions by asking them to everyone (pronouns, preferences, etc.)</p>	<p>Don't act in a way that could be perceived as judgmental</p> <ul style="list-style-type: none"> <li>• Most patients prefer that you ask and have a respectful discussion rather than seem uncomfortable with them</li> </ul>

(National LGBT Health Education Center, 2020)



## Taking a Sexual History

Some patients might not feel comfortable talking about their sexual history, sex partners, or sexual practices. Some patients may have experienced abuse or trauma in life or even while in a medical setting.

Disclosing sexual history may be particularly sensitive for transgender people because of prior experiences of discrimination in healthcare. Clinicians should apply a sensitive, patient-centered, gender-affirming, and trauma-informed approach to all interactions. Try to put patients at ease and be prepared to connect patients to needed resources.<sup>19</sup>

Ask the patient how they would like to be addressed (name, pronouns) and address them in this way moving forward. Providers can also ask what terms they use for their bodies or specific body parts. Assure transgender patients that the questions being asked are important for their medical care and well-being. Remind them that the answers will be kept confidential.<sup>2</sup> Avoid making any assumptions and avoid any body language or cues that may be perceived as judgmental.<sup>2</sup>

### **Gender identity is independent of sexual orientation!**

Transgender people may be of any sexual orientation, and their partners may be cisgender men or women, nonbinary, or other transgender people.<sup>2</sup> Some people are sexually attracted to all or none of the genders, and some people don't identify as a certain gender at all. These are just examples, but they highlight why **you should never assume someone's sexual orientation based on their gender identity.** Additionally, gender identity and sexual orientation can change over time, so it should not be assumed that the patient identifies in the same way that they did at their initial visit.<sup>19</sup>

**Sexual Activity:** It is also important to avoid assumptions about the types of sexual activity that a transgender patient engages in (oral, anal, vaginal, or none).<sup>2</sup> Ask open-ended questions that are focused on the information you need to know based on what you have already learned about the patient.<sup>2</sup>

**Sex Work:** Some transgender people engage in sex work, often because employment discrimination limits other avenues for making a living.<sup>19</sup> Consider asking sexually active patients if they have ever exchanged sex for money or other goods (food, drugs, shelter).

**STIs:** Do not assume that a patient is at high risk for HIV and other sexually transmitted infections (STIs) based on their gender identity or sexual orientation.<sup>2</sup> Like cisgender people, TGD people may not be sexually active or may be in a long-term, monogamous relationship, lowering their risk for STIs.<sup>2</sup> A risk assessment should be conducted based on each individual's sexual history.<sup>2</sup>

**Sexual function and satisfaction:** In addition to asking about risk behaviors, a complete sexual history can also focus on and address any concerns about sexual function and satisfaction.<sup>19</sup> Hormonal therapies tend to improve the quality of sexual experience among TGD people.<sup>19</sup> Open discussions about therapy options can reinforce the provider's commitment to supporting all aspects of TGD people's health and facilitate both the health care process and the patient-provider relationship.<sup>19</sup>

**Abuse/trauma:** Ask your patient about a history of trauma, sexual abuse, or violence, as these are common, and patients may benefit from additional care, resources, or referrals.<sup>19</sup> Approach these discussions slowly and at a time when support can be offered.<sup>19</sup>

**Transition:** TGD people may be at any stage of the transition process when seeking care.<sup>2</sup> When taking a sexual history, providers may consider asking about current anatomy and what, if any, hormonal or surgical interventions have been undertaken.<sup>2</sup>

# The Eight “P”s

- 1. Preferences**
- 2. Partners**
- 3. Practices**
- 4. Protection from STIs**
- 5. Past History of STIs**
- 6. Pregnancy Intention**
- 7. Pleasure**
- 8. Partner Abuse**

The 8 “P”s are a way to remember the main aspects of a sexual history that should be openly discussed with your patients. Never make assumptions about the sexual orientation or gender identity of the patient or partners. Periodically check in to make sure that you both have the same understanding of terminology used. Clinicians should determine the appropriate level of risk-reduction counseling for each patient.<sup>2</sup> Below is a list of example questions for each portion of the sexual history interview.

## General Questions

- “It’s important for me to understand your medical history in detail to provide you the best health care possible.”<sup>2</sup>
- “Do you now or have you ever used hormonal therapy, including hormonal therapy not prescribed by a health care provider?”<sup>2</sup>
- “Have you ever had any surgeries or other procedures? Tell me about the surgeries you have had.”<sup>2</sup>

## Preferences

- “Do you have preferred language that you use to refer to your body (i.e. genitals)?”<sup>19</sup>
- “I typically use medical terms, but if there is language or words you prefer, please let me know.”<sup>19</sup>
- “Are you currently sexually active?” “What kinds of sex do you engage in?”<sup>19</sup>

## Partners

- “Can I ask you a few questions about your sexual partner(s)?”<sup>2</sup>
- If not sexually active, “Have you ever had sex of any kind with another person?”<sup>19</sup>
- “In recent months, how many sex partners have you had?”<sup>19</sup>
- “How would your partner(s) identify themselves in terms of gender?”<sup>19</sup>
- “Do you or your other partner(s) currently have other sex partners?”<sup>19</sup>

## Practices

- “I need to ask some more specific questions about the kinds of sex you have had over the last 12 months to better understand if you are at risk for STIs. We have different tests that are used for the different body parts people use to have sex. Would that be okay?”<sup>19</sup>
- “What kind of sexual contact do you have, or have you had? What parts of your body are involved when you have sex? ”“Which body parts of yours touch which body parts of your partner(s)?”<sup>19</sup>
  - Do you have genital sex (penis in the vagina)?
  - Anal sex (penis in the anus)?
  - Oral sex (mouth on penis, vagina, or anus)?
  - For you, was the sex receptive, insertive, or both?
- “Have you exchanged sex for your needs (money, housing, drugs, etc.)?”<sup>19</sup>

## Protection from STIs

- “Do you and your partner(s) discuss STI prevention?”<sup>19</sup>
- “If you use prevention tools, what methods do you use?”<sup>19</sup>
- “How often do you use this/these method(s)?”<sup>19</sup>
- “Are there some kinds of sex where you do not use barriers? Why?”<sup>19</sup>
- “What do you think about using condoms?” instead of “Do you use condoms?”<sup>2</sup>
- “Have you ever received HPV, hepatitis A, and/or hepatitis B shots?”<sup>19</sup>
- “Are you aware of PrEP, a medicine that can prevent HIV? Have you ever used it or considered using it?”<sup>19</sup>

## Past History of STIs

- “Have you ever been tested for STIs and HIV? Would you like to be tested?”<sup>19</sup>
- “Have you been diagnosed with an STI in the past? When? Do you remember the site? Did you get treatment?”<sup>19</sup>
- “Has your current partner or any former partners ever been diagnosed or treated for an STI? Were you tested for the same STI(s)? Do you know your partner(s)’ HIV status?”<sup>19</sup>
- “Some of my patients find it difficult to talk to a potential sexual partner about HIV. What do you find to be the best way to disclose your HIV status?”<sup>2</sup>

## **Pregnancy Intention**

- "Have you thought about having your own biological children, or carrying a pregnancy?"<sup>19</sup>
- "Have you considered fertility preservation/banking gametes?"<sup>19</sup>
- "When you are having sex, is there any exposure to sperm or chance of pregnancy?"<sup>19</sup>
- "Have you considered contraceptive options?"<sup>19</sup>

## **Pleasure**

- "Do you feel you are able to become physically aroused during sex?"<sup>19</sup>
- "How satisfied are you with your ability to achieve orgasm?"<sup>19</sup>
- "Do you have any pain or discomfort during or after orgasm?"<sup>19</sup>
- "Is sex fun?"<sup>19</sup>
- "Are you having sex for pleasure or are there other reasons (transactional sex)?"<sup>19</sup>

## **Partner Abuse**

- "Has anyone ever forced or compelled you to do anything sexually that you did not want to do?"<sup>19</sup>
- "Is there any violence in any of your relationships? Do you feel safe at home?"<sup>19</sup>

## **Finishing the Session**

- "What other things about your sexual health and sexual practices should we discuss to help ensure your good health?"<sup>2</sup>
- "What other concerns or questions regarding your sexual health or sexual practices would you like to discuss?"<sup>2</sup>

## GLOSSARY OF TERMS

<b>ASEXUAL</b>	a sexual orientation that describes a person who experiences little or no sexual attraction to others, and/or little or no interest in having sexual relationships. <sup>13</sup> Asexual people may still engage in sexual activities. <sup>13</sup>
<b>BISEXUAL</b>	a sexual orientation that describes a person who is emotionally and/or physically attracted to more than one gender. <sup>1</sup>
<b>“BOTTOM”</b>	a slang term for genitals and buttocks. Bottom also refers to the receptive partner in anal sex. <sup>1</sup>
<b>“BOTTOM SURGERY”</b>	a slang term for gender-affirming genital surgery. <sup>1</sup>
<b>CISGENDER or “CIS”</b>	refers to people whose current gender identity corresponds to the sex they were assigned at birth. <sup>3</sup>
<b>COMING OUT</b>	the process of discovering and accepting one’s sexual orientation or gender identity and sharing it with others (coming out to friends, family, etc.) <sup>1</sup>
<b>DEADNAME</b>	the harmful practice of calling a transgender or gender diverse person by their name assigned at birth, instead of the name they use and want to be called. <sup>1</sup> <ul style="list-style-type: none"> <li>• Deadnaming is a form of misgendering.<sup>1</sup></li> </ul>
<b>GAY</b>	a sexual orientation describing people who are primarily emotionally and/or physically attracted to people of the same gender identity as themselves. <sup>1</sup> <ul style="list-style-type: none"> <li>• Can refer specifically to men who are attracted to men but is commonly used as an umbrella term for “not straight.”<sup>1</sup></li> </ul>
<b>GENDER</b>	depending on the context, gender may reference gender identity, gender expression, and/or social gender role, including understandings and expectations culturally tied to people who were assigned male or female at birth. <sup>3</sup>
<b>GENDER-AFFIRMATION</b>	refers to being recognized or affirmed in a person’s gender identity. <sup>3</sup> Gender affirmation can be used as a term in lieu of transition (as in medical gender-affirmation) or can be used as an adjective (as in gender-affirming care). <sup>3</sup>

	<ul style="list-style-type: none"> <li>Gender identities other than those of men and women (who can be either cisgender or transgender) include transgender, nonbinary, genderqueer, gender neutral, agender, gender fluid, and “third” gender, among others; many other genders are recognized around the world.<sup>3</sup></li> </ul>
<b>GENDER-AFFIRMING CARE</b>	the provision of health services to support a person’s process of living in alignment with their gender identity. <sup>1</sup>
<b>GENDER-AFFIRMING CHEST SURGERY or “TOP SURGERY”</b>	Surgeries to reduce, construct, and/or reconstruct the chest to be more aligned with a person’s gender identity. <sup>1</sup>
<b>GENDER-AFFIRMING GENITAL SURGERY or “BOTTOM SURGERY”</b>	Surgeries to remove and/or construct genitals and/or internal reproductive organs to be more aligned with a person’s gender identity. <sup>1</sup>
<b>GENDER-AFFIRMING HORMONE THERAPY</b>	the clinical provision of estrogen, androgen blockers, or testosterone to promote changes in the body that align with a person’s gender identity. <sup>1</sup>
<b>GENDER-AFFIRMATION SURGERY (GAS)</b>	<p>is used to describe surgery to change primary and/or secondary sex characteristics to affirm a person’s gender identity.<sup>3</sup></p> <ul style="list-style-type: none"> <li>Types of surgeries include chest surgeries, genital surgeries, facial surgeries, body sculpting, and hair removal.<sup>3</sup></li> </ul>
<b>GENDER BINARY</b>	refers to the idea there are two and only two genders, men and women; the expectation that everyone must be one or the other; and that all men are males, and all women are females. <sup>3</sup>
<b>GENDER DIVERSE</b>	<p>is a term used to describe people with gender identities and/or expressions that are different from social and cultural expectations attributed to their sex assigned at birth.<sup>3</sup></p> <ul style="list-style-type: none"> <li>This may include, among many other culturally diverse identities, people who identify as nonbinary, gender expansive, gender nonconforming, and others who do not identify as cisgender.<sup>3</sup></li> </ul>
<b>GENDER DYSPHORIA</b>	<p>describes a state of distress or discomfort that may be experienced because a person’s gender identity differs from that which is physically and/or socially attributed to their sex assigned at birth.<sup>3</sup></p> <ul style="list-style-type: none"> <li>Gender Dysphoria is also a diagnostic term in the DSM-5 denoting an incongruence between the sex assigned at birth and experienced gender accompanied by distress.<sup>3</sup></li> </ul>

	<ul style="list-style-type: none"> <li>Not all transgender and gender diverse people experience gender dysphoria.<sup>3</sup></li> </ul>
<b>GENDER EXPRESSION</b>	<p>refers to how a person enacts or expresses their gender in everyday life and within the context of their culture and society.<sup>3</sup></p> <ul style="list-style-type: none"> <li>Expression of gender through physical appearance may include dress, hairstyle, accessories, cosmetics, hormonal and surgical interventions as well as mannerisms, speech, behavioral patterns, and names.<sup>3</sup></li> <li>A person’s gender expression may or may not conform to a person’s gender identity.<sup>3</sup></li> </ul>
<b>GENDER FLUID</b>	<p>describes a person whose gender identity is not fixed.<sup>1</sup> A person who is gender fluid may always feel like a mix of more than one gender, but may feel more aligned with a certain gender some of the time, another gender at other times, both genders sometimes, and sometimes no gender at all.<sup>1</sup></p>
<b>GENDER IDENTITY</b>	<p>refers to a person’s deeply felt, internal, intrinsic sense of their own gender.<sup>3</sup></p>
<b>GENDERQUEER</b>	<p>Describes people whose gender identity goes beyond the gender binary.<sup>1</sup></p>
<b>HETERONORMATIVITY</b>	<p>the assumption that everyone is heterosexual, or that being heterosexual is the only “normal” sexual orientation.<sup>1</sup></p> <ul style="list-style-type: none"> <li>Heteronormative social systems incentivize conforming to the behavior and appearance of heterosexuality.<sup>1</sup></li> <li>Individuals, communities, policies, and institutions can perpetuate heteronormativity and thus marginalize queer people and communities.<sup>1</sup></li> </ul>
<b>HETEROSEXUAL or “HETERO”</b>	<p>A sexual orientation that describes women who are primarily emotionally and/or physically attracted to men, and men who are primarily emotionally and/or physically attracted to women.<sup>1</sup></p>
<b>INTERSEX</b>	<p>refers to people born with sex or reproductive characteristics that do not fit binary definitions of female or male.<sup>1</sup></p>
<b>LESBIAN</b>	<p>A sexual orientation describing a woman or non-binary person who is primarily emotionally and/or physically attracted to women.<sup>1</sup></p>
<b>LGBTQIA+</b>	<p>An acronym for lesbian, gay, bisexual, transgender, queer, intersex, asexual, and all sexually and gender diverse people.<sup>1</sup></p>



	<ul style="list-style-type: none"> <li>Examples of terms represented by the “+” include pansexual, omnisexual, gender fluid, non-binary, two-spirit, and many more.<sup>1</sup></li> </ul>
<b>MISGENDER/ MISGENDERING</b>	refers to when language is used that does not correctly reflect the gender with which a person identifies. <sup>3</sup> This may be a pronoun (he/him/his, she/her/hers, they/them/theirs) or a form of address (sir, Mr.). <sup>3</sup>
<b>NONBINARY</b>	<p>refers to those with gender identities outside the gender binary.<sup>3</sup> People with nonbinary gender identities may identify as partially a man and partially a woman or identify as sometimes a man and sometimes a woman or identify as a gender other than a man or a woman, or as not having a gender at all.<sup>3</sup></p> <ul style="list-style-type: none"> <li>Nonbinary people may use the pronouns they/them/theirs instead of he/him/his or she/ her/hers.<sup>3</sup></li> <li>Examples of nonbinary gender identities are genderqueer, gender diverse, genderfluid, demigender, bigender, and agender.<sup>3</sup></li> </ul>
<b>NB or “enby”</b>	shorthand sometimes used as a descriptor for nonbinary. <sup>3</sup>
<b>“OUTING”</b>	Involuntary or unwanted disclosure of another person’s orientation or gender identity. <sup>1</sup>
<b>PANSEXUAL</b>	A sexual orientation describing a person who can be emotionally and/or physically attracted to any gender identity or gender expression. <sup>1</sup>
<b>QUEER</b>	<p>An umbrella term describing sexual orientations and gender identities that go beyond heterosexual/straight and cisgender.<sup>1</sup></p> <ul style="list-style-type: none"> <li>Any LGBTQIA+ person may identify as queer.<sup>1</sup></li> <li>The term was historically used to slander LGBTQIA+ people but has been reclaimed by many as a term of pride.<sup>1</sup></li> </ul>
<b>QUESTIONING</b>	Describes uncertainty about, or the process of exploring, one’s sexual orientation and/or gender identity. <sup>1</sup>
<b>SEX ASSIGNED AT BIRTH</b>	<p>refers to a person’s status as male, female, or intersex based on physical characteristics.<sup>3</sup></p> <ul style="list-style-type: none"> <li>Sex is usually assigned at birth based on appearance of the external genitalia.<sup>3</sup></li> </ul>

<p><b>SEXUAL ORIENTATION</b></p>	<p>refers to a person’s sexual identity, attractions, and behaviors in relation to people on the basis of their gender(s) and or sex characteristics and those of their partners.<sup>3</sup></p> <ul style="list-style-type: none"> <li>• Sexual orientation and gender identity are distinct terms.<sup>3</sup></li> </ul>
<p><b>“TOP”</b></p>	<p>A slang term for the chest. Also refers to the insertive partner in anal sex.<sup>1</sup></p>
<p><b>TRANSGENDER or “TRANS”</b></p>	<p>are umbrella terms used to describe people whose gender identities and/or gender expressions are not what is typically expected for the sex to which they were assigned at birth.<sup>3</sup></p> <ul style="list-style-type: none"> <li>• These words should always be used as adjectives (as in “trans people”) and never as nouns (as in “transgenders”) and never as verbs (as in “transgendered”).<sup>3</sup></li> </ul>
<p><b>TRANSGENDER MEN</b></p>	<p><b>(or TRANS MEN or MEN OF TRANS EXPERIENCE)</b> are people who have gender identities as men and who were assigned female at birth.<sup>3</sup> They may or may not have undergone any transition.<sup>3</sup></p>
<p><b>TRANSGENDER WOMEN</b></p>	<p><b>(or TRANS WOMEN or WOMEN OF TRANS EXPERIENCE)</b> are people who have gender identities as women and who were assigned male at birth.<sup>3</sup> They may or may not have undergone any transition.<sup>3</sup></p>
<p><b>TRANSITION</b></p>	<p>refers to the process whereby people usually change from the gender expression associated with their assigned sex at birth to another gender expression that better matches their gender identity.<sup>3</sup> Transition can be used to describe the process of changing one’s gender expression from any gender to a different gender.<sup>3</sup></p> <ul style="list-style-type: none"> <li>• People may transition socially by using methods such as changing their name, pronoun, clothing, hair styles, and/or the ways that they move and speak.<sup>3</sup></li> <li>• Transitioning may or may not involve hormones and/or surgeries to alter the physical body.<sup>3</sup></li> </ul>
<p><b>TRANSPHOBIA</b></p>	<p>refers to negative attitudes, beliefs, and actions concerning transgender and gender diverse people as a group. Transphobia may be enacted in discriminatory policies and practices on a structural level or in very specific and personal ways.<sup>3</sup></p> <ul style="list-style-type: none"> <li>• Some people use the term anti-transgender bias in place of transphobia.<sup>3</sup></li> </ul>

- While transphobia sometimes may be a result of unintentional ignorance rather than direct hostility, its effects are never benign.<sup>3</sup>

**TWO-SPIRIT or "2S"**

Describes a person who embodies both a masculine and a feminine spirit. This is a culture-specific term used among some Native American, American Indian, and First Nations people.<sup>1</sup>

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