



Providing  
Transgender-Inclusive  
Healthcare Services

The logo for CLAGS (Center for Lesbian, Gay, Bisexual, and Transgender Studies) features the letters 'CLAGS' in a bold, sans-serif font. The 'C' and 'L' are blue, while the 'A', 'G', and 'S' are black. The letters are slightly overlapping, with the 'A' and 'G' appearing to be layered behind the 'C' and 'S' respectively.

**“Providing Transgender Inclusive Healthcare”**  
Is the proud recipient of the  
**2006 *Sylvia Rivera Award***  
From The Center for Lesbian and Gay Studies



# Providing Transgender-Inclusive Healthcare Services

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## Providing Transgender- Inclusive Healthcare Services

*All people, regardless of gender or sexual orientation, have rights that need to be respected and responsibilities that need to be exercised.*

-Planned Parenthood Federation of America, Values Statement

**U**nderstanding, teaching about and promoting healthy sexuality is at the core of our work, passion and commitment as members of the Planned Parenthood community. We believe that sexuality is a lifelong aspect of being human to be celebrated with respect, openness and mutuality.

We have learned so much over the years as medical providers, educators and activists about diversity, cultural competence, and serving underserved people and communities. It is no surprise that our commitment grows and our understanding deepens about human sexuality as we continue to improve our services.

One of the most exciting aspects of being a Planned Parenthood and operating as a learning organization is that we are continually improving, changing, assessing and evaluating our services to assure that we are meeting the needs of the people in the communities we serve. This is one of our greatest challenges and greatest assets. It's a challenge because simply put, it's hard. It's hard to grapple with new language, emerging community needs, staff training, and providing respectful, competent and informed care. It's an asset because we provide services, education and activism that sees whole people and honors all of the layers of identity that they bring forth as rich and diverse human beings.

In rural upstate New York, some emerging community needs are sexuality education, medical services, and advocacy for transgender people. For many of our staff, understanding new language, the use of pronouns, unique medical needs and discrimination faced by transgender people posed a steep learning curve that required training, information and resources. This packet of information comes from our own process of learning and wanting to serve an emerging underserved population with care and respect.

This document is a work in progress, and will continually be updated as we learn more about improving our services for and outreach to transgender people. Your ideas, questions, suggestions, and stories of your successes and challenges are invited! Email [lgbt@ppsfl.org](mailto:lgbt@ppsfl.org).

*...we provide  
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beings*

## Barriers Transgender Clients Face When Seeking Healthcare

*And while each of us may not know trans people who are directly impacted by all of these public health concerns, transgender communities are very broad and varied, and collectively we are impacted greatly by each of these.*

-National Center for Transgender Equality

In addition to the barriers that many people face when seeking healthcare, transgender clients have some unique barriers that arise. From filling out forms, to the language used in a medical office, to insurance coverage, transgender clients may find any number of obstacles that make obtaining healthcare more difficult, or even impossible.

Everyone's gender identity is a personal and unique construct, and because of that, you can't know if someone is transgender unless they tell you themselves. Gender presentation (how someone looks, dresses, acts in relation to gender roles and expectations) is also not necessarily indicative of any specific gender identity. The point of being a transgender-inclusive health center is not to figure out who is transgender and who isn't. The point is to provide healthcare services that are inclusive to all people of all gender identities, even if you don't know their gender identity. Keeping that in mind, here is a list of some concrete barriers that transgender clients in particular may face while in a health center:

*The point of being a transgender-inclusive health center is not to figure out who is transgender and who isn't. The point is to provide health care services that are inclusive to all people of all gender identities, even if you don't know their gender identity.*

- **Forms** – Some health centers have separate male & female health history and intake forms, which can cause confusion for both staff and transgender clients. Staff may not know (and should not assume) the gender of a client, and may be uncomfortable asking their gender to figure out what form they need. Clients may have health concerns that are not included on the form they are given. Combining male & female forms for health history into one form will allow a transgender client to fill out all portions that are appropriate for them, and ease the pressure on staff to guess gender identity.
- **Preferred Name vs. Legal Name** – For insurance and billing purposes health centers may need a clients legal name, even though clients may not use their legal name. Being called by their legal name, rather than their preferred name, can be distressing to any client, particularly if the client associates their legal name with a gender they don't identify with.

Providers should have a space for ‘preferred name’ on all forms, and use this name when talking to or about any client.

- **Bathroom** – In any setting where bathrooms are separated by sex, transgender people may feel uncomfortable and/or unwelcome in both bathrooms. Unisex bathrooms are much easier to navigate.
- **Medical/Anatomical Language** – For a transgender individual, it may be difficult to acknowledge or come to terms with biological body parts that are in conflict with their gender. Some transgender clients may be uncomfortable using ‘anatomically correct’ terms to describe their body parts, and may be uncomfortable hearing medical providers talk about their body parts. For instance, someone who identifies as a man may not want to acknowledge or talk about having a vagina. Healthcare providers should be sensitive to this possibility, and if necessary ask the client how they would prefer to talk about medical issues (through different language, slang, pictures, anatomical models or other methods).
- **Pronouns** – It may be unclear to staff which pronouns (he/she, him/her) to use when speaking to or about a transgender client. The only way for staff to know which pronouns to use is to politely ask the client what their ‘preferred pronoun’ is, and to have a space for preferred pronoun on forms.
- **Having to educate their providers** – Transgender clients may feel pressured to educate their health care providers about an array of transgender issues and health concerns. The pressure to explain oneself, or the frustration of encountering medical professionals who don’t know about transgender issues may keep transgender people from visiting the doctor when they need care. It can be very tiring to constantly have to explain one’s identity, especially if it is not directly related to the medical issue at hand. It is not fair to expect that clients educate staff, nor is it fair to expect any one transgender client to speak for all transgender people.
- **Discriminatory providers** – Sadly, there are providers who are outrightly hostile or discriminatory towards transgender clients. Refusing to provide medical services based on someone’s gender identity is inappropriate, and should not be tolerated in any health agency or office. Discriminatory or disparaging remarks are also inappropriate, as is providing inferior or delayed care to someone based on their gender. Discrimination in any form should not be tolerated by any health agency or practice.
- **Drug interactions** – Some transgender clients may be on hormones. Many providers (and transgender clients themselves) don’t know how hormones will interact with other drugs or medical procedures. Providers should have a general understanding of how drugs and medical procedures may

interact with hormones, or be willing to research this information. Providers should also be aware of potential side-effects associated with taking hormones so they can properly assess medical conditions.

There are also many societal factors larger than the logistics of your health center that play into transgender people's lack of access to quality healthcare. Although you will not be able to solve the bigger societal problems with the information in this document, it is important to be aware of them, as they play very important roles in the lives and healthcare of transgender people.

The National Coalition for LGBT Health has reported on several health priorities for transgender people in the United States. The report identified the following public health and health care concerns as the most pressing health issues for the transgender community at present:

1. **Violence and Murder Prevention** – Several studies show an epidemic of violence against transgender individuals in the U.S., as well as significant underreporting of violent crimes against transgender individuals.
2. **HIV/AIDS and Other STD Prevention & Treatment** – Transgender women, in particular sex workers in cities, have shockingly high HIV-infection rates, and other transgender individuals may also be at elevated risk of HIV-infection.
3. **Substance Abuse Prevention and Treatment** – Studies have found significant substance abuse among transgender populations, and also found that accessing treatment is particularly difficult because many treatment programs are separated by sex, or simply unwelcoming and discriminatory.
4. **Depression, Suicide Ideation, and Suicide Prevention** – In major U.S. cities, anywhere from 16-37% of transgender people have made suicide attempts. Mental health care for this group is lacking because of discrimination, not having insurance, or not having enough mental health professionals familiar with transgender clients' needs.
5. **Lack of Health Insurance and Underinsurance** – High rates of joblessness and poverty among transgender populations often results in no insurance coverage.
6. **Lack of Health Insurance Coverage for Trans Health Services** – Hormone therapy and sex reassignment surgery are excluded by nearly all U.S. health insurers.
7. **'Gender Identity Disorder' and access to Trans Health Services** – Admitting to having 'Gender Identity Disorder' – a stigmatizing mental



disorder – is often a pre-requisite to obtaining Trans Health Services (such as hormone therapy or sex reassignment surgery).

8. **No FDA Approval for Transgender Hormone Therapy** – The FDA has never approved Transgender Hormone Therapy and considers the use of testosterone and estrogen for this purpose as ‘off-label’.
9. **Widespread Injection Silicone Use** – Injecting silicone can often give transgender women ‘curves’ and allow them to ‘pass’ without hormone therapy. However, silicone is often injected under unsanitary conditions and can lead to HIV and Hepatitis infections.
10. **Classifying Sex Reassignment Surgery as “Experimental”** – Because it is classified as “experimental”, sex reassignment surgery is not covered by health insurers. However this surgery is done on a daily basis in the U.S. and does not need to be classified as experimental any longer.
11. **Lack of Training in Medical Schools on Trans Health Service Delivery** Traditionally viewed as a mental health issue, transgenderism is not typically covered in medical schools, and as a result physicians are unprepared to serve transgender clients.
12. **Health Care Provider Insensitivity and Hostility Towards Transgender People** – Many transgender individuals perceive intense insensitivity and/or hostility from health care providers, and therefore are unwilling to disclose their gender identity, which in itself is a significant barrier to care.
13. **Tobacco Use** – No studies have been done to assess tobacco use in the transgender community. However, smoking may pose a greater risk to transgender individuals who are taking hormones or who are HIV-positive. Transgender people have also reported difficulty accessing smoking-cessation treatment programs, including programs run by lesbian and gay organizations.

*To view the entire report from The National Coalition for LGBT Health visit: <http://www.nctequality.org/HealthPriorities.pdf>*

With such severe public health problems facing the transgender community, it is crucial that health care agencies do all they can to make accessing health care a respectful and helpful process for transgender individuals. There are many practical steps that Planned Parenthood affiliates and related health care agencies can take to be more welcoming and inclusive of their transgender clients. For any client, when they feel respected, listened to, and receive appropriate treatment, they will have a more positive experience and be more likely to access health care in the future. The following checklist will allow your agency to assess how transgender-friendly your services are.

## Checklist: Is Your Health Center Transgender-Inclusive?

**T**he acronym LGBT is often used to describe the lesbian, gay, bisexual, and transgender communities. These four groups share some similar challenges and barriers, such as coming out, self-esteem, harassment and accessing non-judgmental health care. However, these identities are each very different and have their own specific concerns. It is crucial to recognize that building and maintaining an agency that is specifically inclusive of transgender clients is in many ways different than maintaining one that is inclusive of lesbian, gay, and bisexual clients – and both are vital!

What does ‘inclusive’ mean in regards to transgender or gender non-conforming individuals?

- Not making assumptions about clients’ gender,
- Being willing to accept gender fluidity and non-traditional gender presentation, and
- Treating all clients with compassion, understanding, and respect.

To get an idea of where your agency falls in the spectrum of being transgender-inclusive, fill out this checklist. You will be able to identify what your agency is already doing well and what areas your agency can work on to be more transgender-inclusive.

### *More Resources*

Even if you rate your agency as ‘excellent’, you are probably still interested in finding all of the resources you can to continue to provide excellent, inclusive services to all of your clients. After completing the checklist, check out the resource list of books, manuals and websites that have already done a lot of the work for you on page 25.

# Checklist: How Transgender-Inclusive is Our Agency?

Excellent
OK
Needs Work

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There is an agency wide commitment to providing transgender friendly services.

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This commitment is reflected in mission statements and work plans.

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There is an understanding of the connections between discrimination based on gender identity and other social injustices.

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Written personnel policies, including non-discrimination, diversity and non-harassment policies explicitly include gender identity and expression.

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These policies are clearly posted in all of the agency's facilities.

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Process for electing or appointing members of the Board of Directors and other institutional bodies includes outreach to and inclusion of transgender candidates.

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Written policies explicitly state that the agency does not discriminate on the basis of gender identity or expression in provision of services.

## Education Department

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Education materials are inclusive to people of all genders, including transgender people.

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During programming, educators use language that is inclusive and examples that could also apply to transgender individuals.

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Education materials include resources for transgender individuals.

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Transgender issues and discussions of gender are distinguished from discussions about sexual orientation. Educators can clearly define the difference between gender identity and sexual orientation.

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Educators maintain relationships with other agencies and providers with expertise in transgender health concerns.

## Patient Services

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Waiting rooms, intake areas, check out areas, and other physical spaces in the clinic are welcoming to all gender identities.

Excellent	OK	Needs Work
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

PROVIDING TRANSGENDER-FRIENDLY  
HEALTH SERVICES

All agency staff are trained about basic transgender issues and how to use culturally appropriate language.

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Intake and health history forms have space for optional self-identification in the following categories: gender identity, sexual orientation, marital partnership, family status; and provide space for written explanation.

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Reception, intake and medical staff recognize the importance of using clients preferred name and pronoun in all situations, including the waiting room, and include space for preferred name to be noted on all forms and charts.

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Staff are familiar with providers within the agency who have expertise in and sensitivity to transgender issues, and refer clients to them when appropriate.

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
--------------------------	--------------------------	--------------------------

Staff are trained to provide medically and culturally appropriate referrals to organizations and professionals serving transgender clients and their families.

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
--------------------------	--------------------------	--------------------------

Agency maintains a resource list and relationships with appropriate referrals, agencies and other healthcare providers for transgender clients.

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
--------------------------	--------------------------	--------------------------

Staff are trained in finding creative ways to discuss anatomy, sexual health and medical issues using language (or pictures, or anatomy models) that are comfortable for the client.

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Written confidentiality policies explicitly include gender identity and indicate that such information is to be considered highly sensitive and treated accordingly.

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
--------------------------	--------------------------	--------------------------

There is a system in place to address discordance of gender, legal name, and preferred name on insurance documents (i.e. insurance card doesn't match client's preferred name).

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Clinicians have knowledge of common medical issues affecting people going through physical transition and how that may affect their sexual and reproductive health.

If you checked mostly **Excellent**, you are an amazing resource for the transgender community and other health centers. Make yourself known as a resource, put yourself out there, give yourself a pat on the back and keep up the good work!

If you checked mostly **OK**, you are on the right track. Refer to some of the references listed. Choose a few areas you know your agency can work on, and focus on them.

If you checked mostly **Needs Work**, knowing what needs to be done is the first step to improving services. Choose several areas that you feel confident your agency can change. Check out the following resources, build these areas into your work plan, brainstorm steps your agency can take over the next couple of years. You've already completed the first step towards becoming a transgender-inclusive health center!

## Action Plan: Providing Transgender-Inclusive Services

### Notes on Names & Pronoun Uses

We encourage you to use a transgender person's chosen name. Often transgender people cannot afford a legal name change or are not yet old enough to change their name legally. 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 transgender 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 appropriate for that gender.

If it is not possible to ask the person which pronoun he or she prefers, use the pronoun that is consistent with the person's appearance and gender expression. For example, if the person wears a dress and uses the name "Susan", feminine pronouns are appropriate.

**NOTE:** It is never appropriate to put quotation marks around a transgender person's chosen name or the pronoun used to reflect their gender identity.

*Excerpted from GLAAD's  
Transgender Glossary of Terms,  
www.glaad.org*

Most agencies will not score 'excellent' for all items on the Transgender Inclusive Checklist. The transgender population is only recently becoming more visible in our society and emerging as a recognized group with its own unique needs. By assessing where your agency is, you can more clearly see where your agency needs to go. Use this checklist as a guide when creating your long term work plan.

**Here are some concrete suggestions that any healthcare agency can use to make their services more transgender-inclusive:**

- **Get to know the community.** Plan a meeting between your agency and a local LGBT organization. Share resources, information, and ideas. Agree to meet periodically, and commit to continuing this relationship.
- **Update your forms.** Create a small committee to update intake forms and other paperwork so that they are transgender-inclusive. Make sure to include a space for 'preferred name' and 'preferred pronoun'. 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.
- **Schedule an in-service training for staff.** Start with what you think would be most useful to your co-workers. Do they need an LGBT overview? Are they ready to focus providing excellent service to LGBT clients? Do they have enough 'LGB' background to concentrate solely on providing transgender-inclusive services? If you're comfortable you can provide the training yourself, or bring in an educator. Many transgender organizations have educators that specifically provide training to medical staff.
- **Make pictures and anatomical models available to clinicians.** Coming to terms with having body parts that are divergent from one's gender identity may be difficult for some transgender 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.

- **Make agency bathrooms unisex.** If at all possible, make public and staff bathrooms unisex, allowing transgender clients and staff to comfortably access the bathroom.
- **Provide written materials for staff.** There are pamphlets available about both sexual orientation and gender identity. Gather some pamphlets you think would be useful to your co-workers. For a pamphlet that provides some general information and resources about transgender issues check out Planned Parenthood of the Southern Finger Lakes' pamphlet *Transgender, What's Up With That?* (see end of this document for a copy).
- **Add gender identity to your agency non-discrimination policy.** Why not start at the top? Including gender identity in your non-discrimination policy sends a message that your agency is serious about providing services that are accessible and friendly to the transgender community.
- **Create a resource sheet.** Included in this packet is an example of a local resource and referral list and tips for how to create one for your community. Make sure that staff are aware of the list and know when and how to use it.
- **Educate yourself.** Become an in-house resource and an advocate for transgender clients. Providing transgender-inclusive services can't happen with just one person, but you only need one person to get things started.
- **Make realistic plans.** Looking at a list of things that need to be done can be overwhelming. It's important to remember that creating real change does not happen quickly and to give yourself a realistic timeline for your plans.
- **Build on what you are already do** to ensure that your services are accessible, comprehensive and useful to your clients. Planning ways to provide more transgender-friendly services will be a part of what you already do every day as your agency works to serve all populations in need of your services.
- **Recognize that working to provide transgender-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 you health centers and agency as a whole.

## Creating a Local Resource List for Transgender Clients

**P**lanned Parenthood is a vital community resource for accurate, non-judgmental, and accessible sexuality and sexual health information and services. Our visibility as a welcoming and safe space means that people can turn to us when they have nowhere else to go. We are in an ideal position to provide resources and information for transgender clients, a population that is often overlooked.

Below are some tips for how to go about creating your own transgender resource list. Highlighting local resources provides information for clients who don't have internet access and provides an opportunity for community dialogue. Creating a resource list also gives your agency a chance to connect with other transgender-inclusive organizations and let them know that your agency is a safe place for their clients and members to go for services.

### *Ask*

The best way to find resources that are transgender-inclusive is to ask people in the community who identify as transgender. Talk to several different transgender groups or communities. They may already have a similar list available that you could build on. When you speak with local representatives of the transgender community you can also find out what information people want to know more about.

Acknowledge that you're not going to meet everyone's needs and that this is just a starting point. No one transgender person's experience is the same. Be clear that you're not asking anyone to speak for all transgender people and not assuming that the resources listed are going to be useful to all transgender people. Putting together a resource sheet is simply a way to provide clients with more choices.

### *Research*

Talk with providers you trust as well as clients. Who do they know in town that is transgender-inclusive? You may want to include clinics, physicians, therapists, and other medical providers, as well as community and support groups focusing on transgender issues. Look online to see what information you can find. For instance, some counties list all registered therapists and their specialties. Contact your local mental health association and other professional organizations to find practitioners in your area. **NOTE:** Including therapists in the list is not meant to suggest that all transgender people need therapy, but to aid those who are looking for services. Make sure this is clear when including therapists in the resource list.

## *Verify*

### **A note about the Harry Benjamin Standards:**

The Harry Benjamin Standards (Appendix) were originally written in 1979 to provide doctors and patients guidelines for the process of physically transitioning from one sex to another.

Today there is some controversy over the Harry Benjamin Standards. While they serve a very important role, they strongly adhere to a binary gender system. Some transgender people don't want to switch from "one gender to the other", but instead see transitioning and gender itself as more fluid.

The Health Law Standards for Transsexualism (Appendix) were created as an alternative to the Harry Benjamin Standards.

The resources that you list are a reflection of your agency. Make sure that they're competent and meet a certain standard of experience, knowledge, and friendliness. Call each of the potential referrals to talk about their experience and ask their permission to be included on your resource list.

Here are some suggested questions to ask when talking with a potential provider:

- Please tell me a little bit about your practice.
- Have you worked with transgender clients before?
- What are your thoughts about the Harry Benjamin Standards?
- Would you be interested in being on a resource list for transgender clients?

Providers' answers to these questions are of course important, but *how* they answer them is also important. Do they seem confident and comfortable discussing transgender issues? Are they knowledgeable? Do they sound friendly and interested in the project?

Some offices choose not to participate because they don't want to be known as only a "transgender provider". Be prepared to explore other options such as keeping a separate list of providers that you can refer people to, but not publishing them on the public list.

## *Feedback*

Your resource list can only grow and improve through feedback. Include contact information and encourage clients to share their experiences with you, both positive and negative. Consider creating a transgender advisory group who can provide feedback on a continuing basis. Maintain a flexible approach. The resource list isn't a definitive hard standing document, rather it's an ever changing and fluid resource base that has potential to grow and fit the wants and needs of individuals and communities.

The following is a sample two-page resource list for transgender clients.





## Transgender Resources in the Southern Finger Lakes

### Organizations and Resource Centers:

#### Expressing Our Nature

eonsyr@yahoo.com  
<http://www.nytga.org/eon/>

EON is a non-profit community service organization for the transgendered community in upstate New York offering advocacy, support, friendship and personal growth for FTMs, MTFs, crossdressers, transsexuals, their friends and families

#### Iota Nu Tau, Tri-Ess International

PO Box 791  
Trumansburg, NY 14821  
victoriacctvny@hotmail.com  
<http://www.geocities.com/WestHollywood/Village/2295/triess/>

Tri-Ess was established in 1973 for the purpose of support for heterosexual crossdressers and their families.

#### Cornell Lesbian, Gay, Bisexual and Transgender Resource Center

282 Caldwell Hall  
Cornell University  
Ithaca, NY 14853  
(607)254-4987  
lgbtrc@cornell.edu  
lgbtrc.cornell.edu

The resource center provides information, advising and counseling, referrals, social events, and educational programs to Cornell students, faculty, and staff; and community members.

#### Ithaca College Center for LGBT Education, Outreach, & Services

150 J. David Hammond Center  
Ithaca, NY 14850  
(607)274-7394  
Imaurer@ithaca.edu  
[www.ithaca.edu/lgbt](http://www.ithaca.edu/lgbt)

The Center for LGBT Education, Outreach, & Services actively fosters the academic success and personal growth of LGBT students and offers college wide services to enhance the campus community's awareness, understanding and appreciation of LGBT students, staff and faculty.

#### Parents and Friends of Lesbians and Gays (PFLAG) Transgender Network

[www.youth-guard.org/pflag-tnet](http://www.youth-guard.org/pflag-tnet)

PFLAG Elmira/Corning  
(607)535-4053

PFLAG Ithaca  
(607)2734796

#### Southern Tier Gals

Janis, Outreach  
PO Box 4114  
Ithaca, NY 14852  
6072750563  
southerntiergals@aol.com

Meetings 2nd Wed of the month, contact Janis for screening and location. This is a closed meeting, with confidentiality and privacy protocols for closeted people's safety. Other public events are open, frequent and fun.

### Books available at the PPSFL Resource Center:

*As Nature Made Him*, John Colapinto  
*Body Alchemy*, Loren Cameron  
*Gender Outlaw*, Kate Bornstein  
*My Gender Workbook*, Kate Bornstein  
*Physician's Guide to Transgendered Medicine*,  
Sheila Kirk  
*Pomosexuals*, Queen and Schimmel eds  
*Read My Lips*, Riki Wilchins

*S/HE*, Mini Bruce Pratt  
*She's Not There: A Life in Two Genders*, Jennifer  
Finney Boylan  
*Stone Butch Blues*, Leslie Feinberg  
*Transforming Families*, Mary Boenke  
*Transgender Warrior*, Leslie Feinberg  
*TransLiberation*, Leslie Feinberg  
*Transmen & FTMs*, Jason Cromwell

**Counseling:**

**Kate Halliday, CSW**

122 W. Court St.  
Ithaca, NY 14850  
(607)279-5439  
Specializing in EMDR.

**David Mordovanec, MSW, CSW**

427 N. Tioga Street  
Ithaca, NY 14850  
(607)273-3520

**Linda Roessler, MS, MA, RN, CS**

Elmira, NY  
(607)734-7225  
LRR407@aol.com

**Karen Suskin, CSW**

309 N. Aurora Street  
Ithaca, NY 14850  
(607)275-0652

**Moonhawk River Stone, M.S.**

Connections Psychotherapy Associates  
50 Colvin Avenue  
Albany, NY 12206  
(518)446-1261  
HawkRStone@aol.com  
Specializing in transgender/gender variant related psychotherapy; consultation, education of transgender issues; provides consultation and supervision for people working with gender variant clients.

**Websites:**

Bodies Like Ours  
[www.bodieslikeours.org](http://www.bodieslikeours.org)

FTM Informational Network  
[www.ftminfo.net](http://www.ftminfo.net)

Gender Education and Advocacy Website  
[www.gender.org](http://www.gender.org)

International Foundation for Gender Education (IFGE)  
[ife@world.std.com](mailto:ife@world.std.com)  
[www.ifge.org](http://www.ifge.org)

Intersex Society of North America  
[www.isna.org](http://www.isna.org)

National Coalition for Transgender Equality (NCTE)  
[www.nctequality.org](http://www.nctequality.org)

The Network/La Red: Ending Abuse in Lesbian, Bisexual Women's, and Transgender Communities  
[info@thenetworklared.org](mailto:info@thenetworklared.org)  
[www.thenetworklared.org](http://www.thenetworklared.org)

Trans\*topia  
[www.youthresource.org](http://www.youthresource.org)

The Transitional Male  
[www.thetransitionalmale.com](http://www.thetransitionalmale.com)

Transsexual Women's Resources  
[www.annelawrence.com](http://www.annelawrence.com)

Transgender is an umbrella term that includes people with many diverse experiences, cultures, identities, and sexual orientations. There is not one right way to be transgender and there are a myriad of terms people may use to describe their gender identity. Not all people want to transition. However, for many transgender people the fear of coming out can be a barrier to health care, including mental health care. The therapists listed here are transgender friendly and are not meant to suggest that all transgender people need therapy, but to aid folks that are looking for these services.

This list of resources was researched and many suggestions came from local transgender community members and allies. However, this does not guarantee a positive experience. Suggestions and feedback are welcomed. For more information please contact the PPSFL Sexuality Education and Training Department Ithaca Office, (607)216-0021.

**Planned Parenthood of the Southern Finger Lakes  
Sexuality Education and Training Department  
[www.sextalk.org](http://www.sextalk.org)    [sexed@sextalk.org](mailto:sexed@sextalk.org)**

**Horseheads Office    Ithaca Office**  
**301 South Main Street    314 West State Street**  
**Horseheads, NY 14845    Ithaca, NY 14850**  
**(607)796-0220    (607)216-0021**

## Staff In-Service – Training for Staff in Your Agency

**C**onducting an in-service staff training is a great way to get your entire agency on the same page regarding your agency’s commitment to providing transgender-inclusive services. When talking about being transgender-inclusive at a healthcare agency, here are a few key points to be sure to cover:

- **Your agency’s official non-discrimination statements & policies**, if they include gender identity and expression,
- **Definitions** – See the following section for definitions of many words that come up when discussing gender identity,
- **Difference between gender identity & sexual orientation**,
- **Barriers to accessing health care that are specific to transgender clients**,
- **Discussion of potential barriers staff in your agency may face** in providing transgender-inclusive services, and what can be done to remove these barriers,
- **Practical tips for staff in providing inclusive services** – such as asking for a client’s preferred pronoun/name, not assuming gender identity, using pictures/models when explaining medical issues, and so on, and
- **Discussion of follow up work** – Who among staff would like to be involved in a work group to promote transgender-inclusive services in the agency? Would staff like another training on this subject or a related subject? Who on staff is willing and able to serve as a resource person on transgender issues?

You may be providing an in-service training yourself, or you may be bringing in another educator. Whoever is providing the training needs to have a thorough understanding of transgender issues, as well as an ability to facilitate thoughtful discussion and learning among staff. If you would like more specific ideas and suggestions for what to include in a staff training on being transgender-inclusive, please email or call us at [SexEd@sextalk.org](mailto:SexEd@sextalk.org) or 607.216.0021 ext. 134.

# Definitions: Gender & Sexuality

**A**s we stated earlier, transgender is an umbrella term that encompasses many possible gender identities. There is not one single way to define transgender, nor many other words that we use frequently in discussing gender, sex and sexuality. As our understanding of gender and sexuality continues to deepen, the definitions of words we use to talk about gender also change. We have provided a list of definitions from the Gay & Lesbian Alliance Against Defamation (GLAAD), as well as a few additional words that commonly come up when discussing gender. Please be aware that the definitions GLAAD and others use may change at anytime. Check GLAAD's website ([www.glaad.org](http://www.glaad.org)) and other online sources regularly to find updated definitions and new uses of words.

## *Aren't sex and gender the same thing???*

Many people use the terms sex and gender interchangeably, but for our purposes we need to understand the difference between them. For an interesting discussion of 'sex' and how it relates to 'gender', visit Wikipedia, a free online encyclopedia at [en.wikipedia.org](http://en.wikipedia.org).

Type 'sex' into the search field, and read more about this fascinating subject!

## *General Terminology*

### **Sex**

The classification of people as male or female. At birth, infants are assigned a sex based on a combination of bodily characteristics including: hormones, internal reproductive organs, and genitals.

### **Gender Identity**

One's internal, personal sense of being a man or a woman (or a boy or girl). For transgender people, their birth-assigned sex and their own internal sense of gender identity do not match exactly.

### **Gender Expression**

External manifestation of one's gender identity, usually expressed through "masculine" or "feminine" behavior, clothing, haircut, voice or body characteristics. Typically, transgender people seek to make their gender expression match their gender identity, rather than their birth-assigned sex.

### **Sexual Orientation**

Describes a person's physical, emotional and/or spiritual attraction to another person. Gender identity and sexual orientation are **not** the same. Transgender people may be heterosexual, lesbian, gay, or bisexual. For example a male who becomes a woman – and is attracted to men – would be identified as a heterosexual woman.

## *Transgender-Specific Terminology*

### **Transgender**

An umbrella term for people whose gender identity and/or gender expression differs from the sex they were assigned at birth. Transgender may include but is not limited to: transsexuals, intersex people, cross-dressers, genderqueer and other gender-variant people. Use the descriptive term (transgender, transsexual, cross-dresser, FTM, MTF, genderqueer, etc) preferred by the transgender person. Transgender people may or may not choose to alter their bodies hormonally and/or surgically.

### **Transsexual**

An older term which originated in the medical and psychological communities. Just as many gay people prefer “gay” to the medical term “homosexual”, many transgender people prefer “transgender” to “transsexual”. However, some transsexual people still prefer to use the medical term to describe themselves. It is best to ask someone which term they prefer.

### **Transvestite**

DEROGATORY – See Cross-Dressing

### **Transition**

Altering one’s birth sex is not a one-step procedure – it is a complex process that takes place over a long period of time. Transition includes some or all of the following cultural, legal and medical adjustments: telling one’s family, friends, and/or co-workers; changing one’s name and/or sex on legal documents; hormone therapy; and/or possibly (though not always) some form of chest and/or genital alteration. Preferred over the term “sex change operation”.

### **Sex Reassignment Surgery (SRS)**

Refers to genital alteration, and is only one small part of transition (see transition above). Not all transgender people choose or can afford to have SRS. Preferred to the term “sex change operation”.

### **Cross-Dressing**

To occasionally wear clothes traditionally associated with people of the other sex. Cross-dressers are usually comfortable with the sex they were assigned at birth and do not wish to change it. (“Cross-dresser” should **not** be used to describe someone who has transitioned to life full-time as the other sex, or who intends to do so in the future.) Cross-dressing is a form of gender expression. It is not necessarily tied to sexual orientation or erotic activity. Most cross-dressers are heterosexual men. Very few women identify as cross-dressers.

### **Gender Identity-Disorder**

A controversial medical/psychiatric diagnosis given to transgender and other

gender-variant people. Because it labels people as “disordered”, Gender Identity Disorder is often considered offensive. The diagnosis is frequently given to children who don’t conform to expected gender norms in terms of dress, play or behavior. Such children are often subjected to intense psychotherapy, behavior modification and/or institutionalization. Replaces the outdated term “gender dysphoria”.

**FTM (Female-to-Male)**

Someone who has transitioned from female to male and lives full-time as a man.

**MTF (Male-to-Female)**

Someone who has transitioned from male to female and lives full-time as a woman.

**Intersex**

Describing a person whose biological sex is ambiguous. There are many genetic, hormonal or anatomical variations which make a person’s sex ambiguous (e.g. Klinefelter Syndrome, Adrenal Hyperplasia). Parents and medical professionals usually assign intersex infants a sex and perform surgical operations to conform the infant’s body to that assignment. This practice has become increasingly controversial as intersex adults are speaking out against the practice, accusing doctors of genital mutilation. Replaces the outdated term “hermaphrodite”.

*Yellow Flag Language (some people choose to use this language, while some people regard it as offensive)*

**Queer**

Blurs both gender and sexual orientation and is regarded by some as more inclusive than the terms gay or lesbian, because it encompasses both sexual orientation and gender identity. Some people also regard the word queer as offensive and derogatory because of its history of being used as a slur.

**Genderqueer**

A term often used by people whose gender identity is fluid and does not neatly fit into ‘man’ or ‘woman’, or by people who reject our society’s binary gender system. People who identify as genderqueer typically do not identify as a man or a woman, because neither gender accurately describes them.

**Tranny; Trannie**

Slang; some transgender people choose to refer to themselves as a tranny or trannie. Some transgender people find these terms offensive and dehumanizing. Your best bet is to refer to people as they refer to themselves, or use the widely accepted term transgender, unless someone asks you to use another term.

## *Transgender Terminology to Avoid*

**Problematic:** “transgendered”

**Preferred:** “transgender”

The word transgender never needs the extraneous ‘ed’ at the end of the word.

**Problematic:** “sex change”, “pre-operative”, “post-operative”

**Preferred:** “transition”

Referring to a sex change operation, or using terms such as pre- or post-operative inaccurately suggests that one must have surgery in order to truly change one’s sex. The term “transition” is more universal and encompasses many other steps that transgender people may take to change their sex.

**Problematic:** “hermaphrodite”

**Preferred:** “intersex person”

The word “hermaphrodite” is a stigmatizing and misleading word, usually used to sensationalize intersex people. “Intersex” is a more accurate and less incendiary term.

**Defamatory:** “deceptive”, “fooling”, “pretending”, “posing” or “masquerading”

Gender identity is an integral part of a person’s identity. Please do not characterize transgender people in this way, such descriptions are extremely insulting.

**Defamatory:** “she-male”, “he-she”

These words only serve to dehumanize transgender people and should not be used.

## Putting It All Together

**M**aking your agency's services more transgender inclusive is part of a larger effort your agency makes to improve services to all marginalized and underserved groups. Compared to the severity of public health concerns that face the greater transgender community, actions such as making bathrooms unisex or asking for 'preferred name' on forms could start to seem somewhat trivial. They are not.

Successfully promoting public health at community and national levels is deeply linked to and dependant on providing inclusive services at the individual level. Making your agency a supportive and inclusive environment is invaluable for each of your clients, including your transgender clients. Your health center may be one of the few public spaces transgender individuals visit where their gender identity is acknowledged, respected and even understood.

Educating staff about transgender issues will certainly help your agency provide more inclusive services to transgender clients. More globally, it will help to broaden the pool of health care professionals in your community and in our field who are sensitive to transgender issues. These small, tractable steps are parts of a larger movement, and they are essential.

As health care providers, educators and advocates, we want to serve all people in our communities with care and respect. We can do this by allowing people to be who they are, and providing them with a supportive, inclusive and non-judgemental array of services. Part of valuing sexuality as a lifelong aspect of being human is acknowledging and respecting the diversity of individual sexualities, including individual gender identities. As our society becomes increasingly aware of the challenges transgender individuals face in seeking healthcare and education, we will be working to serve their emerging needs.



## Appendix:

# The Harry Benjamin Standards of Care for Gender Identity Disorders and the Health Law Standards of Care for Transsexualism

The major purpose of the **Harry Benjamin Standards of Care (SOC)** is to articulate this international organization's professional consensus about the psychiatric, psychological, medical, and surgical management of gender identity disorders. Professionals may use this document to understand the parameters within which they may offer assistance to those with these conditions. Persons with gender identity disorders, their families, and social institutions may use the SOC to understand the current thinking of professionals. All readers should be aware of the limitations of knowledge in this area and of the hope that some of the clinical uncertainties will be resolved in the future through scientific investigation.

Read the Harry Benjamin Standards of Care in full at <http://www.hbigda.org/soc.htm>.

The **Health Law Standards of Care** were developed in the wake of widespread dissatisfaction by many in the transgender community with the Harry Benjamin Standards of Care. Also relevant is the pending de-listing of transsexualism per se as a mental disorder from the DSM-IV. Many, if not most, of the patients doctors see for transgender medical services (hormones or sex reassignment surgery) do not require any psychological services.

Read the Health Law Standards of Care in full at [http://www.transgencare.com/guidance/resources/ictlep\\_soc.htm](http://www.transgencare.com/guidance/resources/ictlep_soc.htm).

PROVIDING TRANSGENDER-INCLUSIVE  
HEALTH SERVICES

## Some words defined...

**Transgender** is becoming more understood & talked about. As that happens, definitions change & become more clear. The following are intended as a guide, knowing that they will change over time.

### Crossdresser

Someone who sometimes wears clothing not traditionally associated with their gender. A crossdresser can be male or female.



### Intersexed

Someone who is born with primary or secondary sex characteristics that do not fit neatly into society's definition of male and female.

### Transgender

Someone whose gender identity is different from the one society associates with them. This can include people with fluid gender identities, people who do not wish to change their genital sex but feel it offers an incomplete definition of their gender identity, transsexual people and crossdressers.

### Transsexual

Someone who wishes to change their sex, sometimes through sex reassignment surgery or hormones.

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For more information on gender and sexuality issues, to order copies of this pamphlet, or to find out about other resources available from Planned Parenthood of the Southern Finger Lakes write, call or e-mail:

PSSFL Education & Training  
314 W. State Street  
Ithaca, NY 14850  
607.216.0021 ext. 135  
SexEd@sextalk.org

What's Up With That: Talking About Transgender was written by Lis Maurer, MS, OFLE for Planned Parenthood of the Southern Finger Lakes.

## Want to know more?

### Books

- ① Genderqueer: Voices from Beyond the Sexual Binary, J. Nestle, R. Wilchins & C. Howell, Alyson Publications, 2002.
- ① Lessons from the Intersexed, S. Kessler, Rutgers University Press, 1998.
- ① My Gender Workbook: How to Become a Real Man, a Real Woman, the Real You, or Something Else Entirely, K. Bornstein, Routledge, 1998.
- ① TransForming Families: Real Stories About Transgender-Loved Ones, M. Boenke, Trook Publishing, 1999.
- ① Transgender Warriors: Making History from Joan of Arc to RuPaul, L. Feinberg, Beacon Press, 1996.
- ① Two-Spirit People: Native American Gender Identity, Sexuality, and Spirituality, S. Jacobs, editor, University of Illinois Press, 1997.
- ① Vested Interests: Crossdressing and Cultural Anxiety, M. Garber, Routledge, 1991.

### Web Sites, Organizations & Groups

- Intersex Society of North America  
PO Box 301, Petaluma CA 94955  
<http://www.isna.org>
- The American Boyz  
<http://www.amboyz.org>
- International Foundation for Gender Education  
P.O.Box 540229, Waltham, MA 02454-0229  
(781) 899-2212  
<http://www.ifge.org>



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of the Southern Finger Lakes, Inc.

What's Up  
With That?  
Talking About  
Transgender

## What is transgender?

Transgender describes a person whose internal sense of gender doesn't match the gender identity that society expects of them based on their genitals.

Transgender is also used as a general term to describe the many different gender identities that exist, like: transsexuals, & people who feel conflict or fluidity between internal gender identity and physical sex. Other words like: drag king, drag queen, crossdresser, genderqueer, shapeshifter, bigendered, & androgyne are also used by some people to define themselves.

## Isn't transgender just like being gay?

No. Transgender describes a person's internal sense of their own gender identity & sexual orientation describes a person's attraction to other people.

Transgender people have many issues in common with lesbian, gay & bisexual communities like: coming out, access to non-judgmental health care, self-esteem, & violence, to name a few. But, gender identity is not the same as sexual orientation.

## Where can I find out more about transgender?

You can learn more about transgender by checking out the resources listed on the back of this pamphlet. Some lesbian, gay & bisexual centers or groups may also have useful information for people dealing with transgender issues.

## How will I know when I meet a transgender person?

You won't know until someone decides to tell you! There isn't a formula or test to determine gender identity. A person's sexual experiences don't define their gender identity. Neither does a child's personality, just because a boy likes to play with dolls or a girl likes to climb trees doesn't make them transgender.

Remember, transgender is about a person's inside feelings about their gender identity, not what they wear or what they liked to play with when they were kids.

## What can I do if someone comes out to me?

When someone shares personal information with you, it helps to listen first, to hear the person out & see what they may want or need from you before you offer advice or help. If someone does come out to you as transgender & is looking for information you may want to suggest checking out the resources listed on the back of this pamphlet.

It's also important for you to educate yourself! Take advantage of the listed resources to build your understanding of gender diversity & look for opportunities to be an advocate or an ally to transpeople.

## What's transphobia?

Transphobia is the fear of and discrimination against transgender people (and people thought to be transgender, regardless of their actual gender identity). Transphobia can lead to violence and bias that can make coming out as transgender even harder.

Current studies say that more than 80% of transgender people have been physically assaulted based on their actual or perceived gender identity. Some transgender people report losing their job, being ignored by their families & losing friends when they share their gender identity. Transphobia hurts everyone, the transpeople who do not feel like they can share an important part of themselves & anyone who feels restricted by traditional sex role stereotypes.



## Transpeople are people too...

Transpeople are people with hopes, dreams, careers, goals, partners, families & children. As society builds an awareness & acceptance of the diversity of gender identities, transgender will become far less confusing & feared. Many societies throughout history have recognized and celebrated gender diversity. With increased understanding & education, this society can be a more inviting & comfortable place to express all the parts of an individual's sense of self.

## More Information & Resources

*This packet is produced by:*

**Planned Parenthood of the Southern Finger Lakes**

Sexuality Education & Training Center

607.216.0021 ext. 134

[lgbt@ppsfl.org](mailto:lgbt@ppsfl.org)

[www.outforhealth.org](http://www.outforhealth.org)

[www.ppsfl.org](http://www.ppsfl.org)

***Books and Reports:***

*Community Standards of Practice for Provision of Quality Healthcare Services for Gay, Lesbian, Bisexual and Transgender Clients*, **GLBT Health Access Project**

*Enhancing Cultural Competence: Welcoming the Lesbian, Gay, Bisexual and Transgender Community*, **Planned Parenthood Federation of America**

*Healthcare Without Shame*, **Charles Mosher**

*Overview of U.S. Trans Health Priorities: A Report by the Limiting Disparities Working Group*, **National Coalition for LGBT Health**

*Physician's Guide to Transgender Medicine*, **Sheila Kirk**

*Transgender Care*, **Gianna Isreal and Donald Tarver**

***Websites and Organizations:***

**The Gay & Lesbian Medical Association**

[www.glma.org](http://www.glma.org)

**Gay, Lesbian, Bisexual & Transgender Health Access Project**

[www.glbthealth.org](http://www.glbthealth.org)

**Gay & Lesbian Alliance Against Defamation (GLAAD)**

[www.glaad.org/media/guide/index.php](http://www.glaad.org/media/guide/index.php)

**Gender Education and Advocacy (GEA)**

[www.gender.org](http://www.gender.org)

**Gender Public Advocacy Coalition (GPAC)**

[www.gpac.org](http://www.gpac.org)

**Harry Benjamin International Gender Dysphoria Association**

[www.hbigda.org](http://www.hbigda.org)

**International Foundation for Gender Education**

[www.ifge.org](http://www.ifge.org)

**The American Boyz**

[www.amboyz.org](http://www.amboyz.org)

**The National Coalition for LGBT Health**

[www.lgbthealth.net](http://www.lgbthealth.net)

**Trans-Health.com**

[www.trans-health.com](http://www.trans-health.com)

**TransGenderCare (medical practice website)**

[www.transgendercare.com](http://www.transgendercare.com)

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[www.ppsfl.org](http://www.ppsfl.org)  
[www.outforhealth.org](http://www.outforhealth.org)  
[lgbt@ppsfl.org](mailto:lgbt@ppsfl.org)

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