

Working with TGD clients in sexual health testing services

Application	For all staff working with trans and gender diverse clients at THH STI testing and medical services (The Centre Clinic, Equinox, PRONTO!)
Other Associated policies and procedures ¹	Trans And Gender Diverse People – Work Instruction https://trudy.org.au/resources/policies_procedures/client_care/affirmative_care_and_service_for_trans_and_gender_diverse_people_work_instruction

1. Purpose and Scope

Trans and Gender Diverse (TGD) clients are increasingly attending THH medical and testing services including The Centre Clinic, Equinox and PRONTO! for STI testing. The purpose of this document is to ensure that the services provided are comprehensive, culturally sensitive, and client centered.

This is a guide with key recommendations on how to work with the TGD community in an inclusive, respectful manner that will help build a trusting relationship between the services, practitioners and TGD identifying clients. When these trusting relationships are formed and regular routine sexual health screening is undertaken, the sexual health needs of TGD population can be effectively addressed.

We strongly encourage medical practitioners, nurses and peer testers to consider the language they use and the assumptions they make around gender, sexuality and sexual acts. Although this document focuses on working with the TGD community, this process of adapting language and learning to work outside of our own gender/sexuality experiences can be applied to working with all people attending for STI testing services.

It is important to acknowledge that many of the concepts of gender and sexuality in this document are largely western social constructs and TGD people from different cultures will experience gender and sexuality in other ways. If you sense that the person before you isn't relating to the language and concepts that you are using, understand that their culture may view gender diversity and sexuality differently. You may need to reframe your risk assessment questions and health promotion messages to work within their cultural context. If the person you are working with self identifies using language that is new to you, or you do not understand, simply reflect that language back to them and make a note to educate yourself after the appointment. It is best practice to try and avoid a situation where the TGD client is educating their medical provider or practitioner.

It should be noted that the testing information in this document is primarily focused on working with asymptomatic clients, at risk of STIs. There are medical guidelines available on the medical testing and treatment of STI symptomatic clients and they should be referred to in that instance for treatment advice.

<http://www.mshc.org.au/HealthProfessional/MSHCTreatmentGuidelines/tabid/116/Default.aspx#.WR4unP21uM8>

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2. Definitions

TGD – Trans and Gender Diverse, an umbrella term for all transgender people

Trans man, Trans masculine – Assigned female at birth and identifies as a man/masculine

Trans woman, Trans feminine –Assigned male at birth and identifies as a woman/feminine

Non-Binary / Gender Queer – Identifies as neither male nor female or are fluid in their gender identity and expression

Cis/Cisgender – A person who identifies with their birth assigned sex (not transgender)

Intersex – A person born with genetic, hormonal or physical features that are not wholly male or female or a combination of both.

Gender Dysphoria - the condition of feeling one's emotional and psychological identity as male or female to be opposite to one's biological sex. This can cause extreme anxiety and distress in some people

STI – Sexually Transmitted Infection

HPV – Human Papillomavirus

HIV – Human Immunodeficiency Virus

UTI – Urinary Tract Infections

FPU – First Pass Urine

PrEP – Pre-Exposure Prophylaxis

PEP – Post Exposure Prophylaxis

Front hole – Vagina

Back Hole – Anus

Junk – General term for genitals

PIV – Penis in vagina

3. Guidance

- THH patient registration forms all document the following client details and the information is recorded clearly so that staff with access to the client records can see the information readily:
 - Patient's preferred name
 - Patient's pronoun
 - Patient's gender identity
 - Patient's assigned sex at birth
 - Intersex status

If you or your support staff make an error and accidentally misgender a client or use the person's birth name, we would recommend an immediate apology for the error and an assurance that there was no intent to be disrespectful.

Please ensure that you discretely inform any treating practitioner or health professional with advance notice of the correct name and pronoun to use, to avoid other people misgendering or misnaming the client. For further learning support on managing these situations, refer to THH's Trans And Gender Diverse People – Working Instruction

- The clinician conducting the STI screen should respectfully ask what language the patient uses to describe their genitals and body. Some clients will prefer non-traditional language such as “junk” or “front hole” and the tester should use this language whilst engaging with the client. Many TGD clients have gender dysphoria and using terms such as vagina/ penis may exacerbate this and impact their ability to relate openly and comfortably with the person testing them.
- The TGD community, like the broader community consists of people whose sexual activity ranges from abstinent or infrequent sex, to frequent sex. The types of sexual activities that TGD people engage in is also diverse and a good approach is to ask the client about the type of sexual activities they engage in so that the clinician can provide good quality sexual health education and conduct a thorough risk assessment.
- During risk assessment and health promotion discussions, the following issues should be considered and raised if appropriate:
 - Testosterone is not considered an effective form of contraception, trans people having vaginal (front hole) sex may need to have a discussion about contraception options;
 - As faecal contamination may predispose to UTI's, trans people with vaginas should be advised not to have back hole sex, followed by front hole sex without careful hygiene and cleaning;
 - All TGD patients who are at risk of HIV should be made aware of PrEP, condom use and PEP and provided information on how and where to access these treatments.
- Many TGD people have fluid sexual and gender identities, it is often preferable to describe sexual activity / body parts as opposed to identities. For example “Have you been having sex with people with a penis or vagina or both since your last visit?” as opposed to “Are you gay, straight or bisexual?” or “Are you having sex with men?”

Trans men and non-binary, trans masculine people may be having sex with other trans masculine people, be gay, and not have PIV or anal sex. Asking questions based on activities undertaken as opposed to identities allows for a more comprehensive risk assessment.

It can also be helpful to frame penetrative sex in terms of the physical act of penetration and to ascertain the client's level of risk by clarifying if they receive penetrative sex and/or are an active insertive sexual partner. This language and type of questioning removes terms related to genitalia and also avoids using stereotypical language about ‘topping’ or ‘bottoming’. It can also be all inclusive of all genders and acknowledge that some people with a trans experience may be engaging in sexual activity with a range of people.

- The use of hormones and other medications will have no impact on the sensitivity or specificity of the STI tests or affect the results. However taking testosterone may cause dryness of the inner walls of the vagina, creating a higher risk for tearing and bleeding and thus increasing HIV risk in TGD people taking testosterone and having vaginal sex.

- Medical practitioners / peer testers should avoid asking personal questions relating to the person's transition unless they are directly relevant to the medical needs of the patient. Questions about their family's response to their transition, future surgical intentions and the top ten things you have always wondered about trans people are not relevant and should not be asked. The person attending the service is there for an STI screen, not to educate or satisfy your curiosity.
- Under no circumstances is it appropriate to offer advice or suggestions to a TGD person based on their appearance. Every TGD person makes personal decisions on what they are willing and able to do medically, surgically and socially to feel comfortable in their bodies. Many TGD people identify as non binary and many choose not to take hormone therapies. Avoid making assumptions.

These decisions are well considered and based on factors including gender identity, cultural background, income, health, family support and employment circumstances. Unsolicited advice should be avoided as it is highly likely to offend. Similarly, unsolicited, comparative commentary on the person's appearance before, after and during transition is not appropriate.

- Avoid using the word "normal" to describe non-transgender people or heterosexual sex acts. The word "cis" or "cis-gender" can be applied to anyone who is not identified as trans or gender diverse.
- Intersex people may or may not identify as transgender, and like any other population, the intersex population consists of people that identify across the spectrum of gender and sexual identities. Focus on actual sexual behaviors when risk assessing and offering sexual health education. Avoid making assumptions.
- Many intersex people experience multiple medical and surgical interventions in early childhood and their anatomy may reflect this. Be sensitive to the potential trauma intersex people may have experienced with the medical profession and the impact that this may have on their testing experience. Remain client centred throughout the testing and consider self collection and non-invasive testing techniques where available and appropriate.
- For asymptomatic clients attending PRONTO! for an STI screen, we offer the following tests:
 - HIV serology and / or Rapid HIV Test
 - Syphilis serology
 - Self collected anal swab for Anal Chlamydia and Gonorrhoea PCR
 - Oral swab for Oral Chlamydia and Gonorrhoea PCR
 - First Pass Urine for Urethral Chlamydia and Gonorrhoea PCR
- Patients with a cervix who have never had, or are >5 years overdue for a PAP smear, will be able to self collect an HPV swab under new guidelines as of December 2017. Clients ineligible for Medicare funded HPV swabs can pay approx \$60 for the HPV swab test. There is no need to pressure these clients into having a PAP smear if it is likely to upset or traumatize them. However they should understand that in the event that high risk HPV is detected then further investigation including examination by a gynaecologist would be recommended; pap smear / cervical screening and similar procedures are simply screens and are not diagnostic.

4. Communication

This document will be placed on the THH intranet, Trudy and made available on the Equinox and PRONTO! websites www.equinox.org.au www.pronto.org.au for other health services and practitioners to access.

5. Review

This procedure will be reviewed in accordance with the VAC policy and procedure review schedule.

6. Acknowledgements

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