

Questions Asked During Live Webinar Broadcast on 08/07/2014



Q: We had an issue at our hospital where a patient identified themselves as transgender but our staff was not prepared to address this in our computer system. How would you recommend this be done? Our admissions staff appeared to change the patient's gender daily in the system. Pharmacist pointed out that gender from birth is important to know regarding a particular lab value.

A: This is defiantly and issues that many facilities are facing especially with electronic records. Changing the coding system of a computer form can be complicated however it should not be impossible. Allowing a form to have a space for other info to be inserted would help. Also an I choose not to answer option. The important issue is that clients confidentiality be maintain along with using clients preferred name and pronouns. I suggest a review of the issue with you IT dept. If there is an option to make a notation in the clients file, stating preferred name and pronoun for those who need to know that information could be helpful. In some facilities when lab work is ordered patient ID number is used with last name. The key issue is not to be disrespectful to a trans* person gender expression. i.e. call a female identified client Sir or Mister or refusing to use prefer name and pronouns when addressing someone. Identifiers of a person's birth gender or birth name do not need to be displayed on the clients door, ID, charts, sign-in sheets etc. for other clients and even staff to see. I am curious as to why it was changed back daily - was this a personal vendetta from someone who refused to accept the trans* persons identity? All staff receiving training needs to be done prior to the identified client being admitted. Nor does the person need to identify as Trans* with every person they come into contact with.

More info about the need for *trans inclusive policy can be found at http://transequality.org/Resources/NCTE_Blueprint_for_Equality2012_Health_Care.pdf

Q: In terms of transgender, how does that work if someone is arrested and placed in jail? How does the law enforcement view this?

A: This is a wonderful question, and the answer may surprise some. I am including information on just four of several regulations that protect *trans individuals as established by The Prison Rape Elimination Act. (PREA) Standards are a comprehensive set of federal rules that address all aspects of a facility's operations as they relate to preventing, detecting, and responding to abuse. The PREA rules apply to:

- Prisons and jails;
- Short-term police lock-ups (such as police stations);
- Juvenile detention centers; and
- Community confinement facilities (**including halfway houses, rehabilitation centers and other community residential facilities** for those completing a criminal sentence, fulfilling a condition of pre-trial release, or post-release supervision).

Full info is available http://transequality.org/Resources/PREA_July2012.pdf

Among the most important protections are the following:

Screening and classification

- Facilities must screen all individuals at admission and upon transfer to assess their risk of experiencing or perpetrating abuse, including identifying those who may be at risk because of their transgender

status, gender nonconformity, sexual orientation, or intersex condition. The individual's own perception of their vulnerability must also be considered.

- Individuals may not be disciplined for any refusal or nondisclosure during screening regarding gender identity, sexual orientation, intersex condition, disability status, or prior sexual victimization.
- Facilities must use this information to make appropriate, individualized decisions about an individual's security classification and housing placement.

Housing transgender people

- Decisions about where a transgender person, or a person with an intersex condition, is housed must be made on a case-by-case basis; they cannot be made solely on the basis of a person's anatomy or gender assigned at birth. This means that, for example, every transgender woman must be assessed individually to determine whether she would be best housed with other women instead of in a men's facility. An individual's views regarding their personal safety must be seriously considered.
- These decisions must be reassessed at least twice per year to consider changed circumstances such as incidents of abuse or changes in an individual's appearance or medical treatment.
- All transgender people and people with intersex conditions must be given the opportunity to shower separately from other inmates if they wish, regardless of where they are housed.

Searches

- The Standards prohibit all cross-gender strip searches and cavity searches except in emergencies, or those conducted by a medical professional. Cross-gender pat searches of female inmates by male staff are also generally prohibited. Any cross-gender searches that occur must be documented.
- The Standards do not specifically state how these requirements apply to transgender people. Many agencies permit transgender individuals to make a choice at admission as to whether they will be searched by male or female officers for purposes of these requirements, and NCTE recommends this as a best practice that conforms to the standards.
- All searches must be conducted in the least intrusive manner possible, and staff must be trained on how to be professional and respectful in conducting searches of transgender people. No search or physical exam may be conducted when the only purpose is to determine the inmate's genital status.

Q: If you have a LGBT poster up it could also offend other clients who are not culturally affirmative. How do you reconcile that, helping one group but offending another group? Why not stay neutral for all inclusiveness?

A: I believe it is better to create an environment that reinforces all individuals receiving treatment are guaranteed to be treated with respect. I didn't advocate to have a LGBT poster at the exclusion of others. My point was to have LGBT inclusion and not to assume that there are not LGBT clients and families of LGBT individuals receiving services. Agencies can employ a welcoming statement that is visible and applied to all. The other issue is it can be a teachable moment to help others to respect diversity.

Sample policies would be

- It is the policy of _____ to treat all patients and not to discriminate with regard to race, color, religion, national origin, age, sex, **sexual orientation, gender identity or expression**, or disability.

A more extensive policy could state

- It is the policy of _____ not to engage in discrimination against, or harassment of, any person employed or seeking employment or patient care with _____ on the basis of race, color, national origin, religion, sex, **gender identity**, pregnancy, physical, mental or other disability, medical condition (cancer-related or genetic characteristics), ancestry, marital status, age, **sexual orientation**, citizenship, or status as a covered veteran (special disabled veteran, Vietnam-era veteran, or any other veteran

who served on active duty during a war or in a campaign or expedition for which a campaign badge has been authorized). Non-discrimination information is available in an alternate form of communication to meet the needs of people with sensory impairments.

- Discrimination or harassment against any member of the _____ Center community (i.e., employee, faculty, house staff, student, or patient) because of age, ancestry, color, disability as defined by Section 504 of the Rehabilitation Act of 1973 and the Americans with Disabilities Act, gender, **gender identity and/or expression**, marital or parental status, national origin, pregnancy, race, religion, **sexual orientation**, veteran's status or any other categories protected by federal or state law is prohibited and will not be tolerated, nor will any person for those reasons be excluded from the participation in or denied the benefits of any program or activity within _____ Center or affiliated programs .

Q: I have been experimenting with using the acronym "TBLG" in order to put Trans first because it causes people to question what it means and I feel it acknowledges some very unique and difficult health disparities and cultural isolation by Trans persons. I am not Trans and do not attempt to represent that population. What do you think of this idea? Thus far it has opened up some good opportunities for dialogue.

A: I applaud your efforts for an increase in Trans* visibility however I would like to see more definitive terms actually being used such as Gender Expression, Gender Identity of Gender Non-Conforming that simply rearranging the acronym.

Q: What are your thoughts on the phrase "Sex Addiction" and are there other ways to be sex-positive while also address issues around Sexual Health such as hypersexuality, compulsive sexual behaviors, high risk for HIV or other STI transmission, etc.?

A: I do believe that Sexual Addiction exists. My concern is many gay, bisexual and especially closeted men are labeled as Sex Addicts for "acting out" with other men. This behavior while it may be secretive doesn't always fit a model of addiction. For some, the fear of discovery which compounds the secret behavior, is about being discovered as being other than heterosexual. I prefer the terms Problematic Sexual Behavior or Compulsive Sexual Behavior and I consider them also to be different. One can have a problem with sex and it not be compulsive. I applaud others who help to create a sex positive approach while helping others. The biggest concern I have is how shame is utilized to address a behavior without fully understand what the core of the behavior is. Education for all clients on reducing risks is important, while we also need to understand that the traditional monogamous pairing might not be for everyone, including heterosexuals. Unfortunately with same sex marriage equality some individuals are challenged by a lack of desire to not be married, this can actually create more shame base for some who internalize the heteronormative messages we often receive.

Q: I am still confused about differences between MSM, WSW, and gay individuals? Are MSM and WSW not gay individuals?

A: MSM, WSW is used only to represent same sex behavior. Sex orientation is not limited to be defined by sexual behavior it also included romantic attachment, sexual fantasy, emotional attraction, connection to a community, social interaction and self-identification. MSM-WSW was a term developed by researchers to only measure behavior pertaining to sex partners. A man having sex with another man MSM may not consider himself to be gay, nor does the behavior indicate his orientation. The same applies to WSW. The sex can be for exchange of drugs, money, a meal, or a place to stay. An opportunity for sex, to experiment, curiosity, or to give or receive pleasure or satisfaction can be why some engage in sex, but again that doesn't tell us the person's sexual orientation.

Q: What about people with Klinefelter syndrome?

A: I believe I mentioned very briefly about Disorders of Sexual Development and also Intersex Condition. Klinefelter chromosome constitution (karyotype) exists in 1:500 to 1:1000 male live births. Many of these people may not show symptoms. If the physical traits associated with the syndrome become apparent, they normally appear after the onset of puberty. They may have less muscle control and coordination than other boys of their age. Due to the physical presentation from lower levels of testosterone some are seen as being more feminine and that mistakenly been seen as gay. This assuming one's orientation based on one's physical appearance is erroneous on so many levels. It is to counter this assumption that some individuals who are Intersex ally themselves with the lesbian, gay bisexual and transgender communities. Someone can be Intersex and LGBT or heterosexual.

Q: Any resources/ ideas about assisting parents in accepting their LGBT teens/young adults?

A: This is a very important area of concern. <http://advocatesforyouth.org> and <http://familyproject.sfsu.edu/home> are the two resources I highly recommend.

So many young people are thrown out of their homes by parents who cannot accept them, or they live in very oppressive home conditions. We can defiantly help families to remain intact and also to help youth have better outcomes in life. The LGBTQ youth need our support. And we need to allow the voices and needs of Queer youth to be acknowledged and heard.

Please visit www.nalgap.org for addition resources.

Thank you,
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