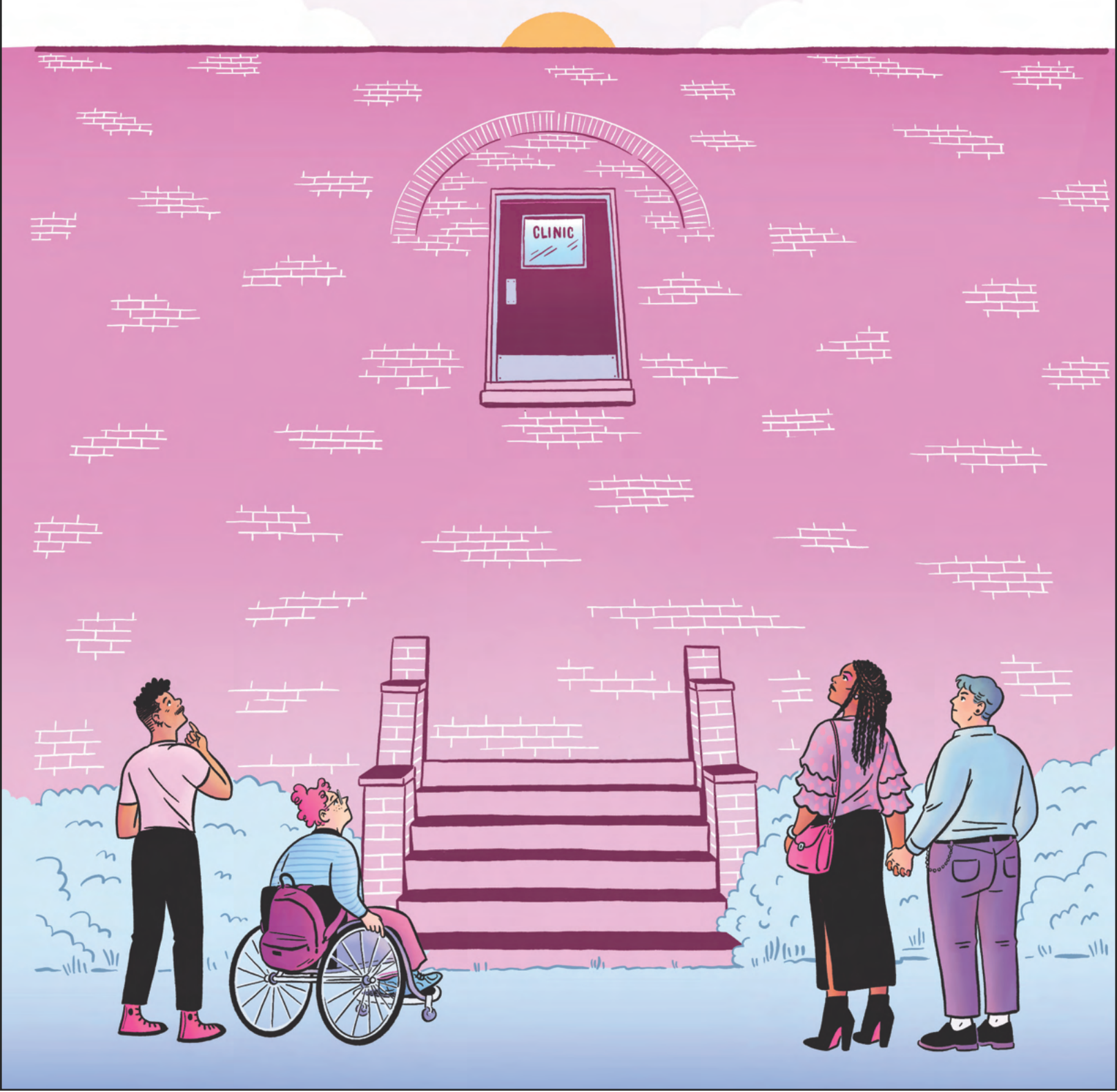
TRANS-INCLUSIVE SEXUAL HEALTH:

A SERVICE-USER INFORMED WORKBOOK

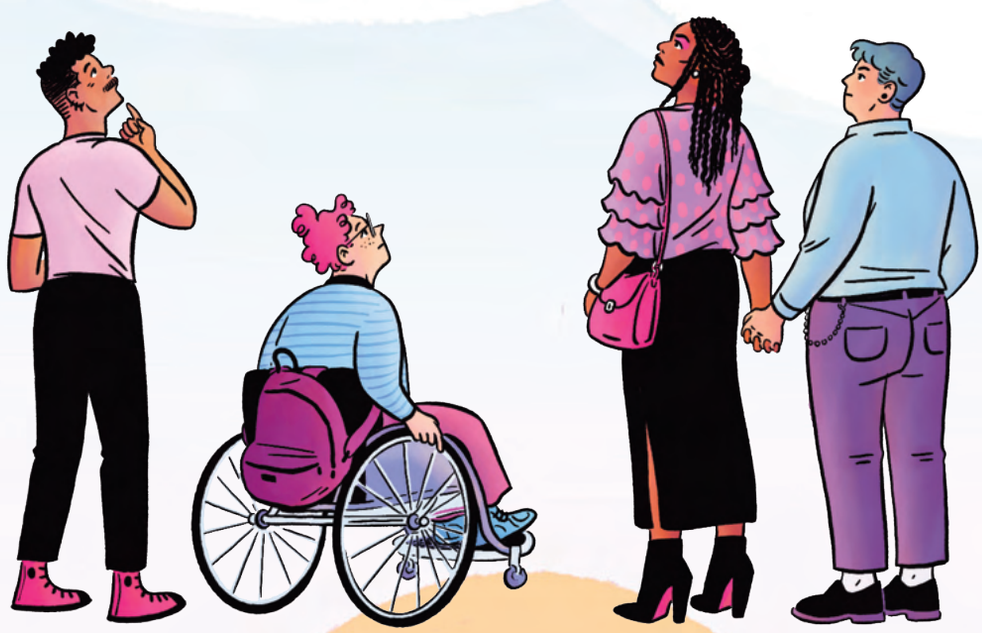


FOREWORD

Trans individuals face multiple barriers when accessing integrated sexual health services. Insights from research with trans people suggests that those who do access care sometimes feel that they do not 'fit' the services offered. The sexual health needs of trans and gender diverse people can be varied and occasionally complex, but all services and service providers are well equipped to be able to meet them. This guide brings together recommendations from the Sexual Health Service Standards for Trans, Including Non-binary, People with insights from service users to illustrate key steps towards providing inclusive care.

BASHH is committed to upholding our principles of good sexual health care for all and continues to celebrate and advocate for care with dignity and respect for all people who need our services, including trans and gender diverse people.

Sally Jewsbury
Chair of the BASHH Gender & Sexual Minorities (GSM) Special Interest Group



INTRODUCTION

This workbook aims to increase the confidence of providers of sexual health services in providing inclusive services that meet the needs of trans and gender-diverse service users. It also aims also to increase awareness and understanding of the **British Association for Sexual Health and HIV *(BASHH)*** recommendations for integrated sexual health services for trans, including non-binary, people.

The workbook will support these aims by demonstrating the perspectives of trans and gender diverse service users on sexual health service *(SHS)* use in the UK, characterised in the research study *Witney et al.* (2024) *One Way Or Another, You Are Not Going To Fit: Trans And Gender Diverse People's Perspectives On Sexual Health Services In The United Kingdom.*

The workbook is split into **three themes**. These focus on:

DEMONSTRATING UNDERSTANDING OF THE TRANS/ GENDER-DIVERSE EXPERIENCE AND REDUCING BARRIERS TO CARE

MAKING YOUR SERVICE, BEHAVIOURS AND MATERIALS INCLUSIVE OF T/GD USERS

IMPROVING INTERACTIONS WITH T/GD USERS AND LEARNING MORE

Each theme is split into more focused areas that services may want to consider as part of their quality improvement work. The need for this consideration in general is demonstrated by the insights provided by trans and gender-diverse service users that participated in the above study, a number of which are included throughout. On each page, we have included a set of recommendations to address the perceived barriers to inclusive care for trans and gender-diverse users.

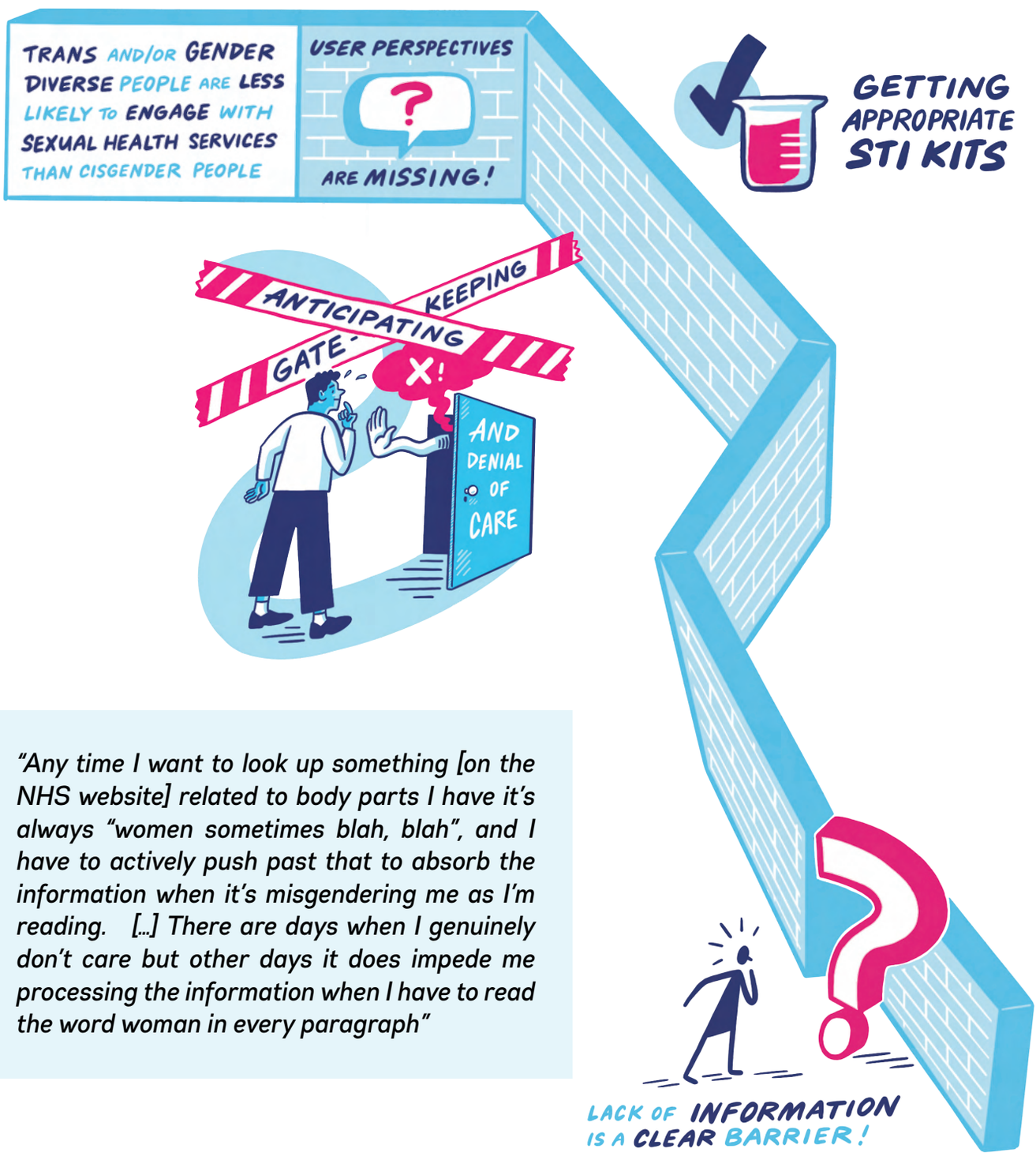
Many of these are drawn or adapted from the *BASHH* recommendations for integrated sexual health services for trans, including non-binary, people and we have indicated where the recommendations are adapted from the originals,

as well as where recommendations are entirely new.

THEME 1: "ONE WAY OR ANOTHER YOU'RE NOT GOING TO FIT"

DEMONSTRATING UNDERSTANDING OF THE T/GD EXPERIENCE AND REDUCING BARRIERS TO CARE

Participants expressed an expectation that services would not be inclusive or may be discriminatory, and in some cases this was based on previous poor experiences in NHS services (including outside of SHS), which informed their expectations of sexual health services. Some participants were denied sexual health care or experienced an 'uphill struggle' to access the sexual healthcare that is routinely offered to other demographics. Some participants felt that the NHS doesn't understand trans/gender diverse people, based on the NHS information available to the public, which may not be mindful of T/GD identities and instead focus on 'body parts'.



"Any time I want to look up something [on the NHS website] related to body parts I have it's always "women sometimes blah, blah", and I have to actively push past that to absorb the information when it's misgendering me as I'm reading. […] There are days when I genuinely don't care but other days it does impede me processing the information when I have to read the word woman in every paragraph"

DEMONSTRATING AN UNDERSTANDING OF THE T/GD EXPERIENCE

Materials available in clinic, practices and behaviors of staff should demonstrate an understanding and consideration of T/GD people.

YOUR PRACTICE CAN DO THIS BY ENACTING THE FOLLOWING RECOMMENDATIONS:

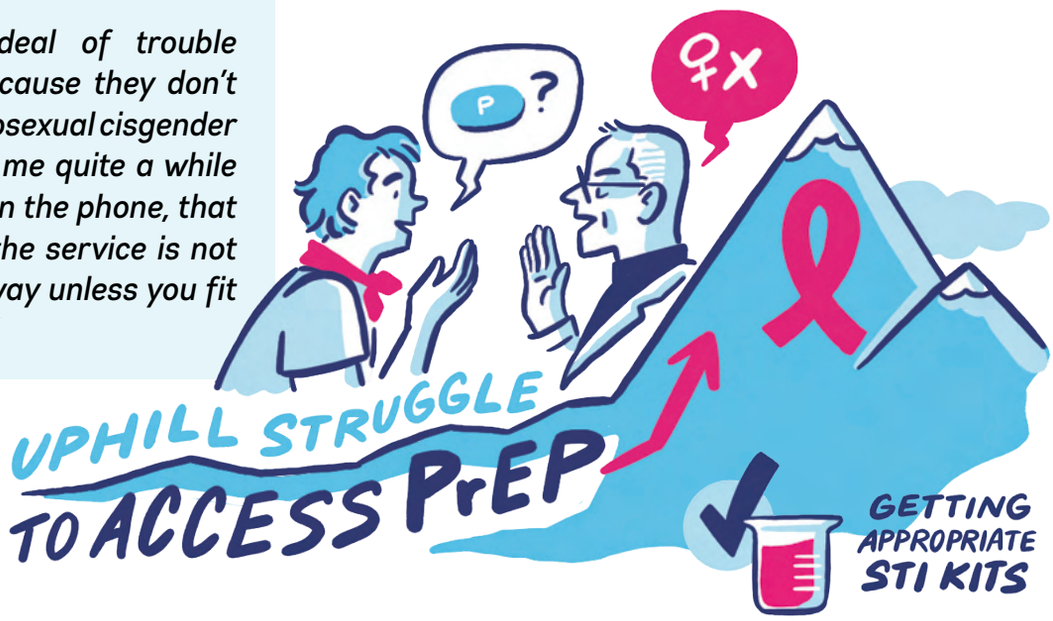
Waiting room literature, posters, online links and health-promotion messaging should be inclusive and affirmative of all trans identities.

All staff, including clinical, reception and administrative staff, should have appropriate equality and diversity training which includes accurate and appropriate information about gender diversity. Ideally this training would be trans led. This should be supported by formal equality and diversity policies and a transparent complaints procedure.

REDUCING BARRIERS TO PREVENTION AND CARE

It is important that services recognise and reduce barriers to care for T/GD users.

"I had a great deal of trouble accessing PrEP because they don't offer PrEP to heterosexual cisgender women and it took me quite a while to convince them, on the phone, that that was not me… the service is not accessible in that way unless you fit their expectations."



YOUR PRACTICE CAN DO THIS BY ENACTING THE FOLLOWING RECOMMENDATIONS:

Understand that trans people, and particularly trans women, face unique barriers to HIV care. Individuals may not receive identifiable HIV prevention messages, may test late, and may be concerned about potential interactions between HIV medications and hormone treatments. Pre-existing socio-economic inequalities, mental health concerns, and substance/alcohol misuse may also affect adherence to PEP, PrEP and HIV treatment regimens. Provide encouragement and support around testing, and provide information on PrEP based on risk behaviours.

Consider providing specialised outreach services and/or holistic services for trans individuals who may be unaware of their sexual health needs or reluctant to attend sexual health clinics. This might include promotion of services at sex-on-premises venues, peer-led support groups, drop-in information sessions, housing advice, or specific support around transition, body image, and PrEP.

THEME 2 – "IF PEOPLE COME IN, THEY SHOULDN'T BE A SURPRISE"

MAKING YOUR SERVICE, BEHAVIOURS AND MATERIALS INCLUSIVE OF T/GD USERS

In the context of increasing hostility towards T/GD people, participants sought indications that services would be specifically inclusive, such as a trans pride flag displayed in the service. Ensuring that interactions/greetings, forms and the layout of the space are inclusive of T/GD identities were seen as very important in helping T/GD service users to feel understood and safe. There were divergent opinions however on whether services should be T/GD specific or inclusive general services. It is acknowledged here that 'one size would not fit all'.

INCLUSIVE SERVICE CONFIGURATION

The way that your service is physically laid out should be as gender neutral as possible in order to reduce distress and confusion for T/GD users.

"It's nice to see [the trans pride flag] but you see it and you think, OK, this organisation probably isn't going to be transphobic. And, I think just people being explicit about their trans inclusivity because, sadly, you know, simply having a generic Pride flag or saying we're LGBT supportive, that's not really the comfort anymore that it necessarily should be."

"Oh my god, they had like women over there, and men over there… and I don't know what I would do now if I was going to that clinic like being trans"

YOUR PRACTICE CAN DO THIS BY ENACTING THE FOLLOWING RECOMMENDATIONS:

- ***Waiting rooms should not be segregated by gender. Ideally, individual examination rooms should have interchangeable couches and should be marked with descriptive rather than gendered signs.***
- ***Toilets for patients and staff should not be segregated by gender and should have no gendered markings on the doors. They should be simply labelled by which facilities are available. Sanitary bins should be provided in all toilets.***

Consider ways that you can display your inclusivity towards T/GD users, for example, displaying trans pride flag in your waiting room.

- ***Screen according to an individual's sexual practices and risks. Urine NAAT testing for chlamydia and gonorrhoea is appropriate for all trans people, with additional swabs from the throat, rectum and vagina as appropriate. Screening for HIV, syphilis, and hepatitis should be offered in line with national guidelines. Self-taken swabs are encouraged for asymptomatic patients.***
- ***The FSRH has specific guidance on contraception for trans people. In general, combined hormonal methods are not suitable for trans men and non-binary people who take testosterone, but progestogen-only methods, the IUS/IUD, and emergency contraception can all be used.***
- ***Cervical screening is recommended for everyone with a cervix, but may be psychologically or physically challenging for trans men and non-binary people. Consider and offer opportunistic cervical smears if appropriate to trans men and non-binary people, which may need additional labelling to avoid rejection by local laboratories. Encourage participation with breast, bowel, and AAA screening programmes, remembering individuals may be missed from automatic recalls following a change of gender marker on GP records.***

INCLUSIVE FORMS

The forms that you use as part of your consultations should also be inclusive of T/GD users. This applies to the content of the forms, as well as how they might be displayed (for example avoiding use of colours commonly associated with gender).

"Looking at a form and is it non-binary inclusive, because even though I'm not non-binary if I know that they're being non-binary inclusive I know that they've thought about trans men as well"

YOUR PRACTICE CAN DO THIS BY ENACTING THE FOLLOWING RECOMMENDATIONS:

Registration forms should not be segregated by gender. Forms should ask a two-part question, 'Which of the following options best describes how you think of yourself?' followed by 'Is your gender identity the same as the sex you were assigned at birth?' (with tick-box options for responses) allowing all service users to fill out whichever parts they feel comfortable with.

Any paper forms or notes used for taking sexual/medical histories and recording examination findings should not be visibly segregated by gender (e.g. pink and blue files). The same should apply for home sampling kits. For electronic medical records, proformas should be flexible so that it is possible to select appropriate schematic genital diagrams and code for contraceptive information regardless of the gender marker on the record.

INCLUSIVE INTERACTIONS AND GREETINGS

Small behaviours within your interactions can demonstrate a great deal of inclusivity to T/GD service users. This can include greeting users in a non-gendered way or by sharing your own pronouns as part of your introduction. Being sure to use their chosen pronoun(s) is very important.

"That's the difference between me feeling comfortable and uncomfortable. I don't think the average man or woman is bothered whether they get called sir or madam at a clinic. Just say, hello, that's it."

"I find [it] easier when the other person introduces their pronouns. That makes that 'OK now I can' because I often am scared that these health providers will have their own biases"

YOUR PRACTICE CAN DO THIS BY ENACTING THE FOLLOWING RECOMMENDATIONS:

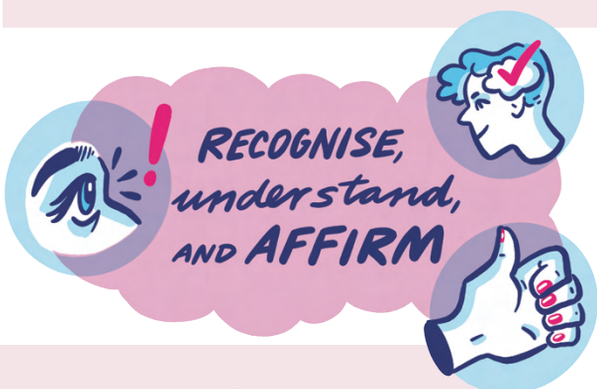
Ask every patient how they identify their gender and which pronouns they use as part of routine enquiry. Always use their chosen name, pronoun and/or title.

Ask "what gender are your partners?" as part of routine enquiry with all patients rather than "do you have male or female partners?"

THEME 3 – "YOU CAN TALK TO PEOPLE NORMALLY"

IMPROVING INTERACTIONS WITH T/GD USERS AND LEARNING MORE

Participants expressed a desire for all services – even non-specialised ones, to provide good quality, T/GD-inclusive care. This included staff having an openness towards T/GD service users' needs and to learn from them. Some participants however, had experienced inappropriate questioning about their identity, not related to provision of care, and so it is important that questions are sensitive and pertinent to the conversation. There was ambivalence around educating staff about T/GD sexual health needs, with some participants not minding appreciating that questions from clinicians are well-intentioned and a perception that "sometimes that is how it goes."



Some participants noted that they were treated 'carefully' by staff, which caused frustration. There was acknowledgement that T/GD service users can be engaged with 'normally'.

Not making cis/heteronormative assumptions about service-users' genitals or sexual practices was seen as very important, and taking note of person-specific terminology (for example, using terms for users' genitals that they use and avoiding those that cause discomfort) were seen as important to constructing inclusive conversations.

Overall, there was an acknowledgement that whilst all staff may not have a detailed knowledge of T/GD people's sexual health needs, they wanted to be assured that there would be access to such expertise in the service.

LEARNING FROM T/GD USERS AND OTHER SOURCES ABOUT HOW TO 'GET IT RIGHT'...

...AND HOW TO DEAL WITH 'GETTING IT WRONG'

Being open to learning from service users is important in constructing inclusive conversations, acknowledging that everyone is different and that 'getting it right' will be different for each person. Service users should not carry this responsibility however, and it is important that you seek information from other trusted sources if you don't feel that you have the appropriate knowledge in this context. In situations where you don't 'get it right' – acknowledging and apologising for your mistake are important.

"I am patient with people because they're not asking out of malice, they generally genuinely want to know... The harm has already been done to me, if I educate these people now it means that the next person who comes in and is in my position isn't made as uncomfortable"

YOUR PRACTICE CAN DO THIS BY ENACTING THE FOLLOWING RECOMMENDATIONS:

Explicitly seeking feedback from trans individuals may be valuable in assessing whether your service is inclusive and welcoming. Reach out to local trans groups and be prepared to act on comments, suggestions and complaints.

Misgendering someone (e.g. using 'she' instead of 'he') can be very distressing to trans and gender diverse people. If this accidentally happens, please acknowledge your error with an apology for any upset caused and then move on with the consultation, paying attention to correct use of pronouns and avoiding gendered language as you continue.

Avoid 'inappropriate curiosity' – all questioning should be directly related to the consultation and not about the user's wider experiences as a T/GD individual.

Work within your competence. If specific advice or knowledge is necessary (for example, managing genital post-operative complications), seek advice from your local surgeons and specialist gender services.

AS PART OF YOUR PRACTICE, BE MINDFUL THAT:

IT MAY BE UNLAWFUL TO DISCLOSE A PERSON'S BIRTH-ASSIGNED SEX WITHOUT THEIR CONSENT OR TO MISGENDER THEM. BE SENSITIVE ABOUT INCLUDING GENDER-RELATED INFORMATION WHEN REFERRING PATIENTS TO OTHER SERVICES OR BACK TO A GP, SEEK EXPLICIT CONSENT AND DISCUSS INFORMATION SHARING WITH THE INDIVIDUAL BEFORE DOING SO.

SENSITIVE QUESTIONING OF T/GD SERVICE USERS, WITHOUT TREATING PEOPLE TOO CAREFULLY

Being mindful of sensitivities of the T/GD experience when questioning service users is important. This may involve taking note of personal terminologies used for parts of users' bodies and using these, as well as sensitive questioning around risk behaviours. It is important though to speak 'normally' to T/GD users and not to treat them too 'carefully' as this can be a cause of frustration.

"If you're doing like the list the contents of your abdomen thing you can also just put next to it like preferred language for this thing, so just have a little write in... Please don't refer to this as a vagina, please just say this"

"I guess it's trying to remember that you can kind of just speak to people normally [...] I get that it comes from a place from not wanting to upset me but then I almost find it frustrating"

YOUR PRACTICE CAN DO THIS BY ENACTING THE FOLLOWING RECOMMENDATIONS:

Avoid making cis/heteronormative assumptions about users' genitals or sexual practices, it is better to sensitively ask, using terminology that the user is comfortable with.

Not all trans people will have had, or want to have, gender-affirming treatments such as hormonal medication or genital surgery. Ask about a patient's preferred language when it comes to their body and genitals and mirror their language in the consultation. Avoid assumptions about their anatomy and how they have sex - using models or diagrams may be more helpful than 'anatomically correct' terminology. Explain that you are asking so that you can understand what specific sexual health tests they may need.

Remember that trans individuals experience higher rates of violence, domestic abuse, sexual abuse, and harassment than cisgender individuals. They may also be more likely to be involved with commercial sex work, and to misuse drugs and alcohol. Sensitive questioning about this should be part of routine enquiry with all patients.

We thank the transgender and gender-diverse service users who provided the insights that have helped to structure this workbook and provide real-world justification for the recommendations laid out within it. Thank you to colleagues from the UK Health Security Agency (UKHSA) and University College London (UCL) for collaborating on the original study that analysed the above insights and for coordinating the production of this workbook. Thank you to colleagues from the British Association for Sexual Health and HIV (BASHH) for collaborating on the production of this workbook also, and for sharing insights from its Gender & Sexual Minorities special interest group.

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