

Guidelines



CREATING A SAFE CLINICAL ENVIRONMENT FOR LESBIAN, GAY, BISEXUAL, TRANSGENDER, AND INTERSEX (LGBTI) PATIENTS

Health care providers can take positive steps to promote the health of their LGBTI patients by examining their practices, offices, policies and staff training for ways to improve access to quality health care for LGBTI people.

Studies show that lesbian, gay, bisexual, transgender and intersex (LGBTI) populations, in addition to having the same basic health needs as the general population, experience health disparities and barriers related to sexual identity, sexual behavior, and gender identity. Many avoid or delay care or receive inappropriate or inferior care because of perceived or real homophobia, biphobia, transphobia, and discrimination by health care providers and institutions. People who are born intersexed often encounter unique barriers to quality care related to their intersex status.

There are some simple ways to make your practice or clinic more welcoming and safe for your LGBTI patients. Here are a few ideas to update the physical environment in your clinic, add or change intake and health history form questions, improve provider-patient interviews, and increase staff's knowledge about and sensitivity to your LGBTI patients. We hope you find this tool useful. ▼

Create a Welcoming Environment

If your office develops your own brochures or other educational materials, or implements educational workshops, make sure that these include relevant information for LGBTI patients.

Lesbian, gay, bisexual, transgender, and intersex (LGBTI) patients often “scan” an office for clues to help them determine what information they feel comfortable sharing with their health care provider. Open dialogue with a patient about their gender identity or sexual identity and/or practices means more relevant and effective care.

You may want to implement some of the following suggestions - as appropriate for the type and location of your office:

- ▼ Posters showing racially and ethnically diverse same-sex couples, or posters from non-profit HIV/AIDS or LGBTI organizations.
- ▼ Rainbow flag, pink triangle, unisex bathroom signs, or other LGBTI-friendly symbols or stickers.
- ▼ Brochures (multilingual when possible and appropriate) about LGBTI health concerns, such as HIV/AIDS, breast cancer, hepatitis A and B, sexually transmitted diseases, mental health, substance use, and hormone therapy (see Resources section for where to find brochures and other materials).

▼ Visible non-discrimination statement stating that equal care will be provided to all patients, regardless of age, race, ethnicity, physical ability or attributes, religion, sexual identity and gender identity.

▼ LGBTI-specific media, including local or national magazines or newsletters about and for LGBTI and HIV-positive individuals (see Resources section).

General Guidelines for Forms and Patient-Provider Discussions

Ask the patient to clarify any terms or behaviors with which you are unfamiliar, or repeat a patient's term with your own understanding of its meaning, to make sure you have no miscommunication.

Filling out the intake form gives patients one of their first and most important impressions of your office. The experience sets the tone for how comfortable a patient feels being open about their sexual or gender identity. On page 7 are recommendations for questions you may want to consider adding to your standard intake and health history forms, or - ideally - discuss with the patient while taking an oral history. Examples include more inclusive choices for answers to questions, open-ended questions, and adding "partner" wherever the word "spouse" is used.

The following are additional topics for possible inclusion in health history forms or to help a provider with in-person discussions with LGBTI patients:

▼ **Encourage openness** by explaining that the patient-provider discussion is confidential and that you need complete and accurate information to have an understanding of the patient's life in order to provide appropriate care. Ensure that the conversation will remain confidential and specify what, if any, information will be retained in the individual's medical records.

▼ Keep in mind that people who are born intersexed may have a great lack of trust in doctors. Merely being in a medical setting could trigger post-traumatic stress disorder in individuals who had traumatic medical experiences as children or young adults. Therefore, **developing rapport and trust with intersex patients may take longer and require added sensitivity from the provider.**

▼ **Be aware of additional barriers** caused by differences in socioeconomic status, cultural norms, racial/ethnic discrimination, age, physical ability, and geography. **Do not make assumptions** about literacy and comfort with direct communication, and remember that people who are not native born may not be acculturated to mainstream society.

▼ When discussing sexual history, it is very important to **reflect patients' language and terminology about their partners and behaviors.** Many people do not define themselves through a sexual identity label, yet may have sex with persons of their same sex or gender, or with more than one sex. For example:

▼ Some, especially African American and Latino men, may identify as heterosexual and have women sexual partners while also having prior or current male sexual partners.

▼ A woman who may identify as lesbian or bisexual may have had sexual relationships only with women for many years, yet still needs comprehensive safer-sex information in case of future relationships with men

▼ Similarly, a woman who may identify as lesbian or bisexual may have had sexual relationships only with men for many years.

▼ When talking about sexual or relationship partners, **use gender-neutral language such as "partner(s)" or "significant other(s)."** Ask open-ended questions, and avoid making assumptions about the gender of a patient's partner(s) or about sexual behavior(s). Use the same language that a patient does to describe self, sexual partners, relationships, and identity.

▼ It is important to **discuss sexual health issues openly with your patients.** Non-judgmental questions about sexual practices and behaviors are more important than asking about sexual identity or gender identity. For additional information on sexual risk assessment for LGBTI populations, see Resources section.

▼ **Be aware that sexual behavior of a bi-person may not differ significantly from that of heterosexual or homosexual people.** They may be monogamous for long periods of time and still identify as bisexual; they may be in multiple relationships with the full knowledge and consent of their partners. However, they have probably been treated as inherently dangerous, confused, or promiscuous. They may be on guard against health care providers who assume that they are "sick" simply because they have sexual relationships with more than one sex. Yet they may also, in fact, lack comprehensive safer-sex information that does not assume that all people are either heterosexual or homosexual, and may benefit from thorough discussions about sexual safety.

▼ **Be aware of possible discriminatory or heterocentric language** when discussing sexual practices and safer sex. For example, referring to the "Reality" condom as a "female" condom may discourage men who have sex with men (MSM) or masculine transgender people from using it for anal intercourse.

2

If your practice may include transgender and intersex people, consider receiving training about their unique health concerns. Health care providers' ignorance, surprise, or discomfort as they treat transgender and intersex people may alienate patients and result in lower quality or inappropriate care, as well as deter patients from seeking future medical care.

Some Specific Issues to Discuss with LGBTI Patients

Homophobia, biphobia, transphobia, discrimination, harassment, stigma and isolation related to gender and/or sexuality can contribute to depression, stress and anxiety in LGBTI people. Conduct depression/mental health screening as appropriate, and do not discount these sources of stress for your LGBTI patients.

▼ **Determine the degree to which LGBTI patients are “out” to their employers, family, and friends, and/or the extent of social support or participation in community.** One’s level of identification with community in many cases strongly correlates with decreased risk for STIs (including HIV) and improved mental health.

▼ Discuss safer sex techniques for MSM and women who have sex with women (WSW), and be **prepared to answer questions about sexually transmitted infection (STI) and HIV transmission** risk for various sexual activities relevant to MSM and WSW.

▼ If a female patient identifies as lesbian or bisexual, or indicates a female sexual partner, do not assume that the patient has never had a male sexual partner, has no children, has never been pregnant, or has little or no risk of STIs.

▼ If a male patient identifies as gay or bisexual, or identifies a male sexual partner, do not assume that the patient has never had a female sexual partner or has no children, and do not make assumptions about past and current sexual behavior.

▼ **MSM are at increased risk for transmission of hepatitis A and hepatitis B.** Discuss prior infection or vaccination with MSM patients and encourage hepatitis A and hepatitis B vaccination for MSM who are not already immune. If patients do not have coverage for vaccination, refer them to a community clinic or STD clinic offering free or low-cost vaccination.

▼ Some LGBTI patients may deal with social stresses through abuse of alcohol, drugs, tobacco and caffeine, and these stresses may also affect body image, exercise, and eating habits.

▼ **Conduct violence screening:** LGBTI people are often targets of harassment and violence, and same-sex relationships are not exempt from intimate partner/domestic violence. Moreover, individuals being battered may fear being “outed,” e.g., that if they report the violence to providers or authorities, their batterer could retaliate by telling employers, family, or others that they are gay. Assure the patient of confidentiality to the extent possible depending on your state laws regarding mandatory reporting.

You can ask violence screening questions in a gender-neutral way:

- ▼ Have you ever been hurt (physically or sexually) by someone you love or a stranger?
- ▼ Are you currently being hurt by someone you love?
- ▼ Have you ever experienced violence or abuse?
- ▼ Have you ever been sexually assaulted/raped?

Language

▼ **Listen to your patients and how they describe their own identity, partner(s) and relationship(s), and reflect their choice of language.** Be aware that although many LGBTI people may use words such as “queer,” “dyke,” and “fag” to describe themselves, these and other words have been derogatory terms used against LGBTI individuals. Although individuals may have reclaimed the terms for themselves, it may not be appropriate for use by health care providers who have not yet established a trusting and respectful rapport with LGBTI patients.

▼ Using the term “gay” with patients even if they have indicated a same-sex or same-gender sexual partner - if patients themselves have not indicated a particular identity or have indicated an identity other than “gay” - may alienate patients and cause mistrust that will interfere with information-gathering and appropriate care. **The key is to follow the patient’s lead about their self-description (which builds respect and trust)** while exploring how this relates to their current and potential medical needs.

▼ **Young people as well as adults may be unlikely to self-identify using traditional sexual identity labels such as gay, lesbian, or bisexual.** While some may identify as “queer,” others may not choose any label at all. For this reason it is important to focus on sexual behaviors rather than how someone identifies.

▼ **Respect transgender patients by using appropriate pronouns for their gender expression,** or simply use their preferred name. When in doubt, ask!

The Resources section includes web sites and documents that provide definitions and background information related to sexual identity and gender identity.

Other Suggestions

▼ **When possible, it is helpful to have openly lesbian, gay, bisexual, transgender and intersex people as staff** who would provide valuable knowledge and perspectives about serving LGBTI patients, as well as help patients feel represented and comfortable.

▼ Some of your employees may have long-standing prejudices or negative feelings about LGBTI patients due to ignorance or lack of familiarity with LGBTI issues. Some may also feel that their religious beliefs require them to condemn LGBTI people. **All employees need to understand that discrimination against LGBTI patients, whether overt or subtle, is as unacceptable as any other kind of discrimination.** Some employees may need individual counseling.

▼ **Circulate this document.** When appropriate, provide training for all staff on the health needs and concerns of LGBTI people, and assist staff with any questions. Training should be periodic to address staff changes and to keep the entire staff up to date. *See Resources section.*

▼ **A universal gender-inclusive “Restroom” may be beneficial.** Many transgender and other people not conforming to physical gender stereotypes have been harassed for entering the “wrong” bathroom, so at least one restroom without Men or Women labels would help create a safer and more comfortable atmosphere.

▼ **Be aware of other resources for LGBTI individuals in your local community,** as well as national/internet resources, and build collaborative relationships between your office and local lesbian, gay, bisexual, transgender and intersex organizations and support groups. *See Resources section.*

General Background

4

Gay and Lesbian Medical Association
www.glma.org

See, for example:

- ▼ Sections on Hepatitis, HIV/AIDS, and Clinical Information
- ▼ Creating a Safe Clinical Environment for Men Who Have Sex With Men
- ▼ Clinician’s Guide to Incorporating Sexual Risk Assessment in Routine Visits
- ▼ LGBT Health: Findings and Concerns (includes transgender health section with definitions)
- ▼ Healthy People 2010 Companion Document for LGBT Health (see resources chapter for potential referrals)
- ▼ The “Scientific Workshop on Lesbian Health 2000: Steps for Implementing the IOM Report”

The GLBT Health Access Project
www.glbthealth.org

See, for example:

- ▼ Community Standards of Practice For Provision of Quality Health Care Services For Gay, Lesbian, Bisexual And Transgendered Clients

National Coalition for LGBT Health
www.lgbthealth.net

Seattle/King County GLBT Health Web Pages
www.metrokc.gov/health/glbthealth

Gay Health.com
www.gayhealth.com

It is important to know about and make available a list of local community resources in order to refer patients to LGBTI-sensitive and appropriate services.

Patient Education

Resources for patient information, including brochures for waiting rooms

GENERAL LESBIAN HEALTH:

UCSF Lesbian Health Research Center
www.lesbianhealthinfo.org

LESBIANS AND CANCER:

The Mautner Project for Lesbians with Cancer
www.mautnerproject.org

LESBIANS AND STDS:

www.lesbianstd.com
www.plannedparenthood.org/sti-safesex/lesbian.html

HEPATITIS:

Gay and Lesbian Medical Association brochure on Hepatitis A and Hepatitis B and MSM, including the importance of vaccination. Available in English and Spanish. For more information or to order copies, e-mail: info@glma.org

HIVandHepatitis.com
www.hivandhepatitis.com

DOMESTIC VIOLENCE:

National Domestic Violence Hotline (local referrals, including LGBT-sensitive)

800-799-SAFE (7233) (24 hours in English and Spanish);
TDD: 800-787-3224

HIV/AIDS:

National HIV and AIDS Hotline
800-342-AIDS;
800-344-SIDA (7432) (Spanish);
TDD: 800-243-7889

American Foundation for AIDS Research
www.amfar.org

The Body: information on HIV care and prevention
www.thebody.com

HIVandHepatitis.com
www.hivandhepatitis.com

National AIDS Treatment Advocacy Project
www.natap.org

New Mexico AIDSNet: on-line fact sheets in English and Spanish regarding various aspects of HIV/AIDS
www.aidsinonet.org/001-index.html

Project Inform: HIV/AIDS health information and treatment options hotline
800-822-7422; www.projectinform.org

Youth and HIV: Advocates for Youth
www.youthhiv.org

National Association on HIV over 50 (NAHOF)
www.hivoverfifty.org
617-233-7107

HIV RESOURCES FOR PROVIDERS:

University of California San Francisco
<http://hivinsite.ucsf.edu>

Medscape: resource for clinicians and CME credit
www.medscape.com

AIDS Treatment Information Service: information about federal HIV/AIDS treatment guidelines
www.hivatis.org

Helpline: 800-448-0440 (also Spanish);
888-480-3739 (TTY)

AEGIS: clinical website on HIV/AIDS
www.aegis.com

HIV Medicine Association, Infectious Disease Society
www.idsociety.org/HIV/toc.htm

BISEXUAL HEALTH:

Bisexual Resource Center
<http://www.biresource.org>

Bi Health Program, Fenway Health Center
www.biresource.org/health/bihealth.html
bihealth@fenwayhealth.org

“Safer Sex For Bisexuals and Their Partners” pamphlet:
<http://www.fenwayhealth.org/publicat/safersexbi.pdf>

Bisexual Foundation
www.bisexual.org

Bisexual youth
<http://www.biresource.org>

TRANSGENDER HEALTH:

International Foundation for Gender Education
www.ifge.org

Transgender Forum's Community Center
www.transgender.org

Transsexual Women's Resources
www.annelawrence.com/twr

TS Road Map
www.tsroadmap.com

The Birth of Venus-transwomen's resources
www.annierichards.net

RESOURCES

MEDIA (for waiting room)
Advocate
Out
Instinct
Lesbian News
Curve
Washington Blade
Transgender Community News
Your local LBGT Publication(s)

Patient Education CONTINUED

INTERSEX HEALTH:

Intersex Society of North America
www.isna.org

YOUTH:

National Gay, Lesbian, Bisexual Youth Hotline
800-347-TEEN

Youth Guardian Services: on-line support
www.youth-guard.org

Advocates for Youth
www.youthresource.com

National Youth Advocacy Coalition
www.nyacyouth.org

Seattle/King County Health Dept
www.metrokc.gov/health/glbtyouth.htm

See also HIV/AIDS and Bisexual health sections.

ELDERS:

Senior Action in a Gay Environment (SAGE)
www.sageusa.org

National Gay and Lesbian
Task Force
www.ngltf.org/issues/agingweknow.htm

Outing Age: Public Policy Issues Affecting GLBT Elders,
NGLTF: www.ngltf.org/library/index.cfm

See also HIV/AIDS section.

Provider Education/Training Resources

Model grand round and medical education presentations will be available in 2003 at www.glma.org.

A Provider's Handbook on Culturally Competent Care: Lesbian, Gay, Bisexual and Transgendered Population Kaiser Permanente National Diversity Council and the Kaiser Permanente National Diversity Department. 2000.

Anti-Gay Discrimination in Medicine: Results of a National Survey of Lesbian, Gay and Bisexual Physicians. Benjamin Schatz Esq., and Katherine A. O'Hanlan M.D. 1994.

*Copies available from the
Gay and Lesbian Medical Association.*

Lesbian Health: Current Assessment and Directions for the Future. Andrea L. Solarz, Ed. Institute of Medicine. National Academy Press, Washington, DC. 1999.

To order: www.nap.edu, or call 1-800-624-6242.

The Standards of Care for Gender Identity Disorders, Sixth Version. Harry Benjamin International Gender Dysphoria Association. Dusseldorf: Symposion Publishing, 2001

www.hbigda.org/soc.html

International Journal of Transgenderism
www.symposion.com/ijt/

CDC National Prevention Information Network: reference and referral service for information on HIV/AIDS, STIs, and TB

www.cdcnpin.org

Helpline: 800-458-5231 (also Spanish)

Report on Lesbian, Gay, Bisexual, Transgender Domestic Violence (October 1998). Produced by the National Coalition of Anti-Violence Programs (NCAVP).

Available at www.lambda.org/dv97.htm

A Provider's Introduction to Substance Abuse Treatment for Lesbian, Gay, Bisexual, and Transgender Individuals. U.S. Department of Health and Human Services. Substance Abuse and Mental Health Services Administration, Center for Substance Abuse Treatment. 2001. DHHS Publication No. (SMA) 01-3498.

www.samhsa.gov

Hepatitis immunization guidelines for physicians, community medical centers, and public health departments:

www.glma.org/hepatitis

See also HIV/AIDS section below.

Sample Recommended Questions for LGBT-Sensitive Intake Forms

These are sample questions to include as part of your intake form or ideally when taking a patient's oral history; please do NOT use this list as an intake form

Legal name

Name I prefer to be called (if different)

Gender: check as many as are appropriate
(An alternative is to leave a blank line next to Gender, to be completed by the patient as desired)

- Male
- Female
- Transgender
 - Male to Female
 - Female to Male
- Other

Other (leave space for patient to fill in)

Are your current sexual partners men, women, or both?

In the past, have your sexual partners been men, women, or both?

Current relationship status

(An alternative is to leave a blank line next to current relationship status)

- Single
- Married
- Partnered
- Involved with multiple partners
- Separated from spouse/partner
- Divorced/permanently separated from spouse/partner
- Other (leave space for patient to fill in)

Living situation

- Live alone
- Live with spouse or partner
- Live with roommate(s)
- Live with parents or other family members
- Other (leave space for patient to fill in)

Children in home

- No children in home
- My own children live with me/us
- My spouse or partner's children live with me/us
- Shared custody with ex-spouse or partner

Sexual identity

- Straight/Heterosexual
- Lesbian
- Gay
- Bisexual
- Queer
- Other (leave space for patient to fill in)
- Not Sure
- Don't Know

What safer sex methods do you use, if any?

Do you need any information about safer sex techniques?

- If yes, with:
- men
 - women
 - both

Are you currently experiencing any sexual problems?

Do you want to start a family?

Are there any questions you have or information you would like with respect to starting a family?

Do you have any concerns related to your gender identity or your sex of assignment?

Do you currently use or have you used hormones (e.g., testosterone, estrogen, etc.)?

Do you need any information about hormone therapy?

Have you been tested for HIV?

yes, most recent test (space for date)

no

Are you HIV positive?

yes, when did you test positive? (space for date)

no

unknown

I have never been diagnosed with or treated for a sexually transmitted infection (STI)

I have been diagnosed with and/or treated for:

- Herpes
- Syphilis
- Gonorrhea
- Chlamydia
- HPV/human papilloma virus (causes genital warts & abnormal pap smear)

Have you ever been diagnosed with or treated for hepatitis A, B, and/or C?

- hepatitis A
- hepatitis B
- hepatitis C

Have you ever been told that you have chronic hepatitis B or C, or are a "hepatitis B or C carrier?"

If yes, which and when?

Have you ever been vaccinated against hepatitis A or B?

- Vaccinated against hepatitis A
- Vaccinated against hepatitis B

Below is a list of risk factors for hepatitis A, B, and C. Do any of these apply to you?

Yes

No

Not sure

Sexual activity that draws blood or fluid

Multiple sex partners

Oral-fecal contact

Sexual activity during menstrual period

Travel extensively

Dine out extensively

Tattooing, piercing

Use intravenous or snorted drugs

Ever been diagnosed with or treated for an STD/ STI

Close contact with someone who has chronic hepatitis B or C

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The largest organization of its kind and a recognized authority and leader in LGBT health, the Gay and Lesbian Medical Association (GLMA) exists to make the health care environment a place of empathy, justice, and equity. The organization, founded in 1981, represents the concerns of millions of lesbian, gay, bisexual, and transgender patients and thousands of LGBT health professionals throughout North America. To join GLMA or for more information, please visit www.glma.org.



GLMA

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