



# Practices for Culturally Competent Rapport with the Transgender Community

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## Ask for lived or chosen names as well as legal names.

Many transgender people choose a name to live by that is different from their legal name or name given at birth. These names are prompted by asking for chosen or lived names.

Transgender people may change their names better to align their social identity with their gender identity. Not everyone has access to legal name changes, however.

Furthermore, it is normal for a person to try different names before they settle on the name they may use as their legal name. For this reason, it is essential to provide a space for a person to disclose if there are any changes to their personal information so that they may update their lived name during visit check-in, even after the initial visit.

If this information is not disclosed on an intake or check-in form, ask out loud, and share your pronouns to avoid someone assuming your pronouns.

A: "Do you live by a name other than your legal name?"

B: "Yes, I go by Jack."

OR

A: "Do you live by a name that is different from your legal name?"

B: "Yes."

A: "What is your lived name?"

B: "Jack."

OR

Legal given name: \_\_\_\_\_

Name used (if different from legal name): \_\_\_\_\_



- Please use this name
- Please use my legal name

Changes to identifying information:

- Please update my identifying information
- There are no changes to my identifying information

## Use lived or chosen names instead of legal names.

Using a lived name instead of a person's legal name when they have asked you to do so is a sign of respect. Furthermore, it is a harm-reduction practice because it enables gender euphoria rather than dysphoria for the transgender person.

A: "Please call me Janet from now on."

B: "No problem, Janet, thank you for letting me know."

## Ask for pronouns on the intake form or during initial meetings.

It can feel awkward to ask someone for their pronouns out loud or to enter a conversation with someone and not know how to address them. To help minimize these situations, the best practice is to allow a person to disclose their pronouns in the same place they disclose their name.

Keep in mind that a person may change their pronouns, so it is important to leave space during visit check-in for them to disclose that they need to update their personal information, even after the initial visit.

If this information is not disclosed on an intake or check-in form, ask out loud, and share your pronouns to avoid someone assuming your pronouns.

### ON A FORM

Pronouns:

- He/him/his
- She/her/hers



- They/them/theirs
- Other: \_\_\_\_\_

#### IN CONVERSATION

“What are your pronouns? Mine are \_\_\_\_.”

## Prioritize collecting information on gender identity, pronouns, sex characteristics, and medical history over sex at birth.

Collecting information about sex at birth, gender identity, and pronouns is not sufficient for understanding or contextualizing the current health and health goals of transgender, gender-expansive, and intersex people. Organ inventories, in addition to names and pronouns, are the best way to individualize and contextualize gender and sex-based health for cis and transgender people. While it may seem tempting to ask fewer questions on an intake questionnaire, asking more questions allows for the natural inclusion of transgender, gender-expansive and intersex people. For example:

#### ON A FORM

Legal given first name: \_\_\_\_\_

First name used (if different from legal name): \_\_\_\_\_

Assigned Sex at Birth:

- Male
- Female
- Intersex

Gender Identity:

- Man
- Woman
- Nonbinary / gender-expansive
- Other: \_\_\_\_\_

Current reproductive anatomy:

- Ovaries
- Testes
- Vagina
- Uterus



- Fallopian tubes
- Cervix
- Penis
- Vas deferens
- Prostate

When asking questions about physiology, frame them with neutral language. For example:

When was your last period?

Are you able to become pregnant?

Are you concerned that you may be pregnant?

What forms of contraception and protection do you use during sexual activity?

- Birth control
- Condoms
- Other: \_\_\_\_\_
- I do not use any form of contraception
- I do not use any form of protection

What forms of contraception and protection do your partner(s) use during sexual activity?

- Birth control
- Condoms
- Other: \_\_\_\_\_
- My partner(s) do not use any form of contraception
- My partner(s) do not use any form of protection

Do you receive routine screening tests and preventive care services recommended for individuals with your anatomy? If so, please elaborate:

**When you are not sure what pronouns a person uses to reflect their gender identity, ask, and share your own to avoid perpetuating the practice of assuming pronouns.**

It is always better to ask for someone's pronouns than to assume. Some people may be offended by this question because they have worked hard on aligning their gender expression with their gender identity. Leave space for the validity of this frustration, apologize for any offense caused, and know that you are doing the right thing by asking rather than assuming.



A: "My pronouns are he/him. What are your pronouns?"

B: "My pronouns are they/them."

## If you make a mistake with a pronoun or name, apologize, correct yourself out loud, and move on.

It is normal to make mistakes, even over and over again.

Uplift the correction, not the mistake. First, apologizing establishes a sense of trustworthiness and safety because it demonstrates awareness and commitment to improvement. Briefly apologizing and correcting the wrong information allows you to both acknowledge the mistake and move on without drawing more attention.

Correcting yourself out loud is essential for both learning to use the correct name and pronoun, and establishing the precedent of using the correct pronouns next time.

A: This is Cody - sorry, Claire. She is our director of IT.

OR

B: James is a wonderful doctor, he - sorry, they, have great rapport with our patients.

## Practice using the correct pronouns for people whom you misgender.

Associating a different pronoun with a familiar face takes practice and intention, as does associating a pronoun with someone who does not meet your expectations of manhood or womanhood. It is helpful to practice repeating a person's lived name and correct pronouns in phrases, in private. After practice and intention, it will become easier and eventually second nature.

"Jack is my colleague. He likes coffee."

"Janet is my colleague, they just went on vacation."



“Ana is my director. She has been my boss for ten years.”

If you notice someone making a mistake with a name or a pronoun, pull them aside to gently correct the mistake or repeat the information with the correct name and pronoun.

Shame is not helpful, and celebrating the correct name and pronouns is too much. Simply correcting incorrect names or pronouns when they are used is enough.

“Hey Joe, the person you called James is actually Marsha, her name is Marsha, and her pronouns are she/her.”

“Juliette, the person you called Jackie is Jack. His name is Jack.”

Treat every person as their own person - avoid making assumptions about a member/patient's gender identity, sexual orientation and practices, pronouns, or sexual characteristics.

It is more appropriate to ask for clarification than to make an assumption that will lead to an inappropriate or unnecessary procedure.

“How have you been feeling with your HRT?”

“How have you felt using a binder?”

“What are your pronouns?”

“How do you describe your sexual orientation?”

“Is your partner cisgender? / Are your partners cisgender?”



## Consider how different identities influence a member/patient's social determinants of health.

It is important to be mindful of how race, national origin, and ability all impact a patient/member's health and experiences throughout the healthcare system.

## Remember the importance of integrating SOGIESC data collection.

Collecting Sexual Orientation, Gender Identity/Expression, and Sexual Characteristics data will help drive life-saving research for healthcare for TGI people.

## Respect and uphold the practices of doctor-patient confidentiality, informed consent, and the boundaries of guardians and conservators.

Disclose only names and pronouns, leave sexual orientation and transgender status on a need-to-know basis with consent from the person to share this information. For different reasons, many related to personal safety and mental health, not all LGBTQIA+ people are comfortable disclosing their sexual orientation or transgender status to everyone on an equal basis. If you need to share this information to advance a person's care, ask the person if it is okay to disclose this information, and explain why it is necessary or beneficial to disclose.

A: "I am going to connect you with a woman's shelter for more resources. Is it okay if I share with the site case manager that you are transgender?"

OR

A: "We will need your parents' consent to administer hormone replacement therapy. Are you comfortable having this conversation with them?"



## Familiarize yourself with, respect, and uphold the recommendations and standards of care as published by the World Professional Association of Transgender Health.

Taken from the WPATH website: "As an international interdisciplinary, professional organization, the World Professional Association for Transgender Health (WPATH) works to further the understanding and treatment of gender dysphoria by professionals in medicine, psychology, law, social work, counseling, psychotherapy, family studies, sociology, anthropology, sexology, speech and voice therapy, and other related fields."

WPATH publishes the Standards of Care and Ethical Guidelines, which articulate a professional consensus about the psychiatric, psychological, medical, and surgical management of gender dysphoria and help professionals understand the parameters within which they may offer assistance to those with these conditions." (Mission and Vision | WPATH, 2025)

## Uphold the models of informed consent and only ask questions that will help you do your job better.

Informed consent models prioritize the self-knowledge of the patient/member and use an abridged assessment that centers the ability of a TGI person to use information about gender-affirming medical and/or surgical care to inform their decision-making, and limit the role of the Health Care Provider to an assessor and adviser.

It is normal to be curious about an unfamiliar experience. However, in a professional setting, only questions that allow you to do your job better are appropriate.

If you have a question for your own personal curiosity, save it for your own time. When you have time, check fact-based resources from community-based organizations, like the Trans Latin@ Coalition Institute.

## Disclose only names and pronouns.

Disclosing that someone is transgender without their explicit consent is a violation of their privacy and should be left on a need-to-know basis, and with the consent of the transgender person.



"This is Trevor, he needs to be connected with a case manager."

"This is Karen, she is asking about housing resources."

## Remember to stay curious and keep learning.

Approaches to gender and sex based health are constantly evolving with the emergence of new research, public policy, and frameworks for understanding public health. Be sure to continue your education by attending future cultural competency trainings and engaging with additional content.

## Collaborate with a community-based organization to evaluate areas of opportunity for SOGIESC data collection and TGI inclusive service provision.

Collecting SOGIESC data involves careful attention to question framing and language to solicit the most accurate and helpful information from the patients. As experts with lived experience, in addition to professional expertise, community-based organizations offer unique value to organizations looking to collect this data. Furthermore, community-based organizations can serve as valuable partners for fruitful analysis and dissemination of significant findings and make data-based recommendations for systemic improvements.

## Respect, Reflect, Validate.

Respect a person's autonomy over their identity, expression, sexual orientation, and sex characteristics.

Reflect the pronouns, lived names, and affirming language they use for themselves.

Validate the identity of the patient/member with your language and nonverbal communication.



## Use validating and affirming language instead of prescriptive language and avoid outdated terminology.

Language matters for both conveying accurate information and building effective rapport. Validating language means using language that affirms a person by respecting and empowering their agency over themselves, establishes safety and trustworthiness, and collaborates with the patient's values and priorities.

Assigned Sex at Birth > Sex at Birth

Transmasculine > Female to male

Transfeminine > Male to female

## Enable gender euphoria, not gender dysphoria.

Gender euphoria is a powerful resilience factor against gender dysphoria because it supports a stable sense of self and social belonging.

While medical and surgical gender affirming care enable gender euphoria, social gender affirming care is an essential component of realizing the effects of medical and surgical gender affirming care.

Every time you use someone's correct pronouns, lived name, and reflective and validating language, respect and dignify their agency; and empower them with safety, trustworthiness, and collaboration, you provide a foundation for gender euphoria.

## Validate the full spectrum of sex characteristics.

Not all transgender people want the same medical and surgical gender affirming care. It is important to respect the autonomy and agency of each person and take the time to learn each person's values and priorities regarding their health.

“What are your goals for gender affirming care?”



"How have you been feeling with your HRT?"

"How have you felt using a binder?"

## Refer guardians to community-based specialists.

Building up a person's resilience factors includes building up their support networks by referring a person's caretakers to community-based specialists who can provide targeted social interventions and supportive tools for navigating different aspects of supporting a transgender, gender-expansive, or intersex loved one.

TGI CTTS Resource Guide - Google Docs

## Limit the scope of the medical recommendations to the viability of health without speculating about future social outcomes.

Each of us is an expert in our own experiences and social needs. It is essential to respect each person's autonomy and agency and take the time to learn their values and priorities regarding their health.