

Pronouns and Language

'Deadname' and Misgendering

Trans clients often experience **deadnaming**, or the use of an incorrect name associated with their assigned sex at birth, in their interactions with healthcare providers. They also encounter **misgendering**, or the use of incorrect pronoun(s) and/or gender identifier(s) in healthcare settings. These experiences often trigger feelings of dysphoria and, at times, involuntarily "out" clients to others who may not know of their identity as trans.

Use of the name and pronoun a client goes by conveys respect and protects the client from exposure to added stigma and discrimination based on their trans identity. Always follow the client's lead regarding use of the name and pronoun they go by, even when speaking about them to others. It is important to note that some trans clients may not have disclosed their trans identity to others yet and may prefer to go by their legal name when seeking care. Therefore, if unsure about a chosen name or what pronouns to use, always ask the client (FORGE, 2014; U.S. Department of Justice, Office on Violence Against Women, 2013). Clients will appreciate having their choices reflected during the provision of care (munson, 2008) and a polite question in this vein is not considered rude or unwelcome by most trans persons.

Keeping in mind that cissexist beliefs are prevalent across healthcare systems, it is often best to assume that any client could be trans. As such, you should clarify the name and pronouns a client goes by if there is any doubt. Also, unless a client indicates differently, it is best to use gender-neutral language as often as possible and avoid any internal assumptions about their anatomy and/or gender identity (Bauer et al., 2014).

Example: *Whenever I start working with a client, I like to make sure I'm using the name and pronouns they go by. I will ask, "Do you have a name and pronoun you like to go by that's not listed here that I should be aware of?"*

Body Parts and Language

Trans clients may use nontraditional, gender-neutral terms, or language more closely associated with their identified gender to describe their body (e.g., some transmasculine persons may use the term "front hole" instead of "vagina") (Popowich, 2016) and some transfeminine persons may describe their anus as their "pussy." Additionally, some transmasculine clients may choose to describe penetrative sex as "receptive genital sex", as language about penetration may induce dysphoria.

When clients use alternate language to refer to body parts, you can express that you need to clarify what anatomical part they are referring to, but also encourage them to use the language with which they are most comfortable. If you sense that a client is avoiding certain gendered terminology to describe their anatomy and you need clarification about what body parts they are referring to, try your best not to use the terminology they are avoiding. For example, if someone uses the word "front hole," clarify that they were assaulted in their genital opening – avoid the use of "vagina" or "vulva." Always mirror the client's use of language to increase their feelings of comfort. When a client struggles to clearly communicate a preference and there is doubt about what language to use, it is best to defer to gender-neutral terms.

If necessary, alternative means of communication can be used (such as anatomically correct dolls or paper and pen for the client to write or draw) to clarify the client’s language with respect to their body parts (FORGE, 2014; U.S. Department of Justice, Office on Violence Against Women, 2013). When inquiring about the possibility of intimate partner violence, it is important to use gender-neutral terms that do not make assumptions about the client’s relationships, sexual orientation, and/or gender identity. Using the term “partner” instead of “husband/boyfriend” or “wife/girlfriend” should be standard practice (Popowich, 2016).

Gender-Neutral Terms that may be Used with Trans Clients

Instead of:	Use:	Example:
<i>Boyfriend/Girlfriend or Husband/Wife</i>	Partner	“Are you currently living with a partner?”
<i>Man/Woman or Male/Female</i>	Person/Individual	“A person who has been sexually assaulted commonly struggles with whether to contact law enforcement. Are you comfortable discussing options for contacting police?”
<i>Penis/Vagina</i>	Genitals/Genital Region	“In order to provide a thorough assessment of your injuries, I may need to conduct a genital examination. Are you comfortable with this?”
<i>Male/Female Hormones</i>	Testosterone/Estrogen	“HIV Post-Exposure Prophylaxis is available free of cost. This medication will help reduce your chance of acquiring HIV after potential exposure. This will not affect the current estrogen therapy you are taking.”

References:

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