

**Support LGBTQ+ Clients with Affirming Language**

Lesbian, gay, bisexual, transgender, questioning, queer, and other non-heterosexual and non-cisgender (LGBTQ+) people face widespread and documented discrimination in health care settings and experience disparities in both health care and health outcomes. Title X providers—including clinical services providers and other staff—can take critical steps toward reducing these inequities and negative outcomes.

The purpose of this job aid is to provide language that you and other Title X providers can use to deliver client-centered, equitable, and culturally-affirming care to all clients regardless of sex, gender, or sexual orientation. These questions can also specifically help people who identify as LGBTQ+ feel that their identities and characteristics are acknowledged and supported. This job aid is provided in Word format so that you can easily modify the sample language provided to reflect your agency’s unique needs and practices.

# **Create an affirming environment**

By establishing a comfortable and affirming environment for clients, you can decrease barriers to care, improve quality of care, and engage the LGBTQ+ community in comprehensive sexual and reproductive health services. The language you use to build trust with clients plays a significant role in creating an affirming environment. This includes any language that appears within your agency’s physical space, such as the posted nondiscriminatory statements, the signage indicating that bathrooms are accessible and inclusive, and the forms and educational materials shared in the waiting room. An affirming environment is also one that appreciates the diversity of experiences clients have over the course of their lives and their respective care journeys.

Approximately 6% of people in the United States identify as LGBT, a statistic that excludes the many others who identify as questioning, queer, and other non-heterosexual and non-cisgender identities.[[1]](#footnote-1) In fact, about 1 in 6 adult members of Generation Z (those aged 18 to 23 in 2020) consider themselves to be something other than heterosexual. Further, only 85% of Title X clients report being heterosexual. These data suggest that many LGBTQ+ people seek services at Title X agencies, making it critical that these agencies create a welcoming environment.[[2]](#footnote-2)

# **Use affirming language**

Many people—including health care providers—feel unsure about which terms to use when discussing sexual orientation and gender identity. The National LGBTQIA+ Health Education Center has a [Glossary of Terms for Health Care Teams](https://www.lgbtqiahealtheducation.org/publication/lgbtqia-glossary-of-terms-for-health-care-teams/), which includes recommended terms that you can use to replace outdated or offensive language and which can serve as a reference to better understand the terms that your clients may use (see key terms below).

Keep in mind the appropriate terms and definitions to use with clients:

* Differ from person to person
* Depend on the community, culture, and context
* Continually evolve over time

| **Key terms**[[3]](#footnote-3) |
| --- |
| **Asexual**: Describes a person who experiences little or no sexual attraction to others. Asexual people may still engage in sexual activity.  **Cisgender**: A person whose gender identity is consistent with their sex assigned at birth; for example, a person assigned female at birth whose gender identity is woman/female. The term cisgender comes from the Latin prefix cis, meaning “on the same side of.”  **Gender-diverse**: Describes the diverse groups of people who fall outside of the girl/woman and boy/man gender binary structure (e.g., non-binary, genderqueer, and gender-fluid people).  **Gender expression**: The way a person communicates their gender to the world through mannerisms, clothing, speech, behavior, etc. Gender expression varies depending on culture, context, and historical period.  **Gender identity**: A person’s inner sense of their own gender, such as being a girl/woman, boy/man, having another gender identity, or having no gender (agender).  **Intersex**: Describes a group of congenital conditions in which the reproductive organs, genitals, and/or other sexual anatomy develop with both male and female characteristics.  **Sex assigned at birth**: The sex (male or female) assigned to an infant, most often based on the infant’s anatomical and other biological characteristics.  **Sexual orientation**: How a person characterizes their emotional and/or sexual attraction to others. This refers to the sex(es) and/or gender(s) of romantic and sexual partners for an individual.  **Transgender**: Describes a person whose gender identity and sex assigned at birth do not correspond, according to societal norms; for example, a person assigned female sex at birth who identifies as a man or a person assigned male sex at birth who identifies as a woman. Transgender can also include people with gender identities outside the girl/woman and boy/man gender binary structure; for example, people who are gender-fluid or non-binary. Transgender is sometimes abbreviated as “trans.”  For additional terms and definitions, see the [LGBTQIA+ Glossary of Terms for Health Care Teams](https://www.lgbtqiahealtheducation.org/publication/lgbtqia-glossary-of-terms-for-health-care-teams/). |

As a result, it’s best to use the terms your clients use to describe themselves, as this will help to create a more trusting environment. If a client uses an unfamiliar term, ask them to explain it or do research to understand it.

# **Provide affirming care**

LGBTQ+ people have diverse backgrounds, ages, races, ethnicities, and other identities that cannot be examined in isolation. When interacting with a client, it’s important to recognize all parts of their identity and also keep in mind that they may be particularly uncomfortable discussing their gender or sexual identity (for some, this discomfort may stem from negative or traumatic experiences such as transphobia, homophobia, and other types of stigma and discrimination). It’s also important not to make assumptions about a client’s sexual orientation or gender identity based on their name, what they’re wearing, or how they appear.

You can, however, gather information about a client’s sexual orientation and gender identity when it’s relevant (for example, when taking an initial history or conducting a sexual health visit) and when your Title X agency has committed to ensuring that all agency staff and providers will, as appropriate, use the information in interactions with that client (for example, all staff and providers will use the client’s pronouns). Before asking a client these questions, build trust by letting them know that only clinic providers and staff will see and use this information.

Gathering information about sexual orientation and gender identity from all clients can help normalize the practice. Also, research shows that most people who identify as LGBTQ+—as well as those who identify as heterosexual and cisgender—find being asked questions about their gender identity and sexual orientation acceptable.[[4]](#footnote-4) However, if a client seems uncomfortable being asked these types of questions, don’t push them to respond.

The following templates present two options for gathering sexual orientation and gender identity information from your clients in an inclusive and affirming way—either through a verbal conversation or a written questionnaire. Title X agencies can also integrate these questions into existing intake forms, workflows, and electronic health record templates.

# **SAMPLE VERBAL SCRIPT**

# **Talking with Clients about Their Sex Assigned at Birth, Gender Identity, Sexual Orientation, and Sexual Activity**

*Providers can use this script as a template for talking with all clients about their sex assigned at birth, gender identity, sexual orientation, and sexual activity. Title X agencies can customize this script as needed to reflect their unique information needs, terminology, and practices.*

| **Introduction** |
| --- |
| Hello, my name is [provider name], and I use [he/him, she/her, they/them, other] pronouns. I’ll be seeing you today for your visit. What name do you go by and, if you feel comfortable saying, what pronouns do you use?  I’d like to ask you a few questions about your sex assigned at birth, gender identity, sexual orientation, and sexual activity—is that okay with you? Are you comfortable with me noting the information you will share in your chart?  I know it can feel a little uncomfortable answering these types of questions but your responses will help me provide you with the best health care possible. For example, knowing specific information about your sex assigned at birth, gender identity, sexual orientation, and sexual activity can help me give you relevant medical advice and identify if you're at higher risk for certain conditions that we can help you take steps to protect yourself from. Do you have any questions about this before we get started? |
| **Sex and gender questions**   1. What sex were you assigned at birth (in other words, what sex was listed on your original birth certificate)? This is usually male, female, or intersex. 2. Gender identity refers to your personal sense of your own gender, which may be different than your sex assigned at birth. Examples of gender identities include girl or woman, boy or man, or other gender-diverse identities, such as gender-fluid or non-binary. With this in mind, how do you refer to your gender? 3. Do you have any questions about the care that you will receive?   **Sexual orientation and activity questions**   1. Do you engage in sexual activity? 2. How do you describe your sexual orientation? I ask this because I want to make sure that I understand you as best as I can and use the terms that you use. Sexual orientation may include, but isn’t limited to, heterosexual, gay, bisexual, queer, pansexual, asexual, or other orientations. |
|  |

| 1. Have you engaged in sexual activity with or are you sexually attracted to people assigned female at birth? (These people may include, but aren’t limited to, transgender men, cisgender women, non-binary/genderqueer people, and agender people.) |
| --- |
| 1. Have you engaged in sexual activity with or are you sexually attracted to people assigned male at birth? (These people may include, but aren’t limited to, transgender women, cisgender men, non-binary/genderqueer people, and agender people.) 2. Is there anything else you’d like to share about your sexual orientation or sexual activity?   **Body parts questions**   1. Do you have any preferences for words that you would like me to use when referring to certain parts of your body? For example, some clients prefer that I use gender-neutral terms like genitals and chest, whereas others may prefer I use gender-specific terms like vagina and breasts. 2. Have you had any gender-affirming surgeries?   **Other questions**   1. I want to do my best to ensure you feel as safe as possible here. Do you have any questions for me? Is there anything I can do to help you feel more comfortable receiving care here? |

**SAMPLE QUESTIONNAIRE**

**For Clients about Their Sex, Gender Identity, Sexual Orientation,   
and Sexual Activity**

*Title X agencies can integrate the following list of questions about clients’ sex assigned at birth, gender identity, sexual orientation, and sexual activity into their existing client intake forms or hand it out to clients to fill out before or during their visit. They can customize this questionnaire as needed to reflect their unique information needs, terminology, and practices.*

| **Introduction** |
| --- |
| Your responses to the following questions about your sex assigned at birth, gender identity, sexual orientation, and sexual activity will help our staff and clinical services providers deliver the best health care possible to you. For example, knowing specific information about your sex assigned at birth, gender identity, sexual orientation, and sexual activity can help our providers give you relevant medical advice and identify if you're at higher risk for certain conditions that we can help you take steps to protect yourself from. If you have any questions about the following prompts or how the information will be used, please let us know.  **Sex and gender questions**   1. What is your chosen name and, if you feel comfortable saying, what pronouns do you use? 2. What sex were you assigned at birth (in other words, what sex was listed on your original birth certificate)? This is usually male, female, or intersex. 3. What is your gender identity? Gender identity refers to your personal sense of your own gender, which may be different than your sex assigned at birth. 4. Do you have any questions about the care that you will receive?   **Sexual orientation and activity questions**   1. Do you engage in sexual activity? 2. How do you describe your sexual orientation? We ask this because we want to make sure that your providers understand you as best as they can and use the terms that you use. Sexual orientation may include, but isn’t limited to, heterosexual, gay, bisexual, queer, pansexual, asexual, or other orientations. |

| 1. Have you engaged in sexual activity with or are you sexually attracted to people assigned male at birth? (These people may include, but aren’t limited to, transgender women, cisgender men, non-binary/genderqueer people, and agender people.) |
| --- |
| 1. Is there anything else you’d like to share about your sexual orientation or sexual activity?   **Body parts questions**  Do you have any preferences for words that you would like our providers to use when referring to certain parts of your body? For example, some clients prefer that our providers use gender-neutral terms like genitals and chest, whereas others may prefer gender-specific terms like vagina and breasts.   1. Have you had any gender-affirming surgeries?   **Other questions**   1. Is there anything we can do to help you feel comfortable receiving care here? 2. If you feel more comfortable writing down questions for your provider (instead of asking them in person during your visit), please do so here. |

1. Jones, J. (2021, February 24). *LGBT Identification Rises to 5.6% in Latest U.S. Estimate.* Gallup. Retrieved from https://news.gallup.com/poll/329708/lgbt-identification-rises-latest-estimate.aspx [↑](#footnote-ref-1)
2. Welti, K., Manlove, J., Finocharo, J. (2021, March 10). *Title X Family Planning Clients Face Economic Challenges and Health Disparities.* Child Trends. Retrieved from https://www.childtrends.org/publications/title-x-family-planning-clients-face-economic-challenges-and-health-disparities [↑](#footnote-ref-2)
3. Adapted from: National LGBTQIA+ Health Education Center. (2020, February 3). *LGBTQIA+ Glossary of Terms for Health Care Teams.* Retrieved from https://www.lgbtqiahealtheducation.org/publication/lgbtqia-glossary-of-terms-for-health-care-teams/ [↑](#footnote-ref-3)
4. Cahill, S., Singal, R., Grasso, C., King, D., Mayer, K., Baker, K., et al. (2014). *Do Ask, Do Tell: High Levels of Acceptability by Patients of Routine Collection of Sexual Orientation and Gender Identity Data in Four Diverse American Community Health Centers.* PLoS ONE 9(9): e107104. https://doi.org/10.1371/journal.pone.0107104 [↑](#footnote-ref-4)