HEALTH & WELLNESS OF THE TRANS, GENDER NON-CONFORMING & NON-BINARY COMMUNITIES IN JAMAICA

A Desk Review
PREFACE & ACKNOWLEDGMENTS


The information, views and opinions included in this document may not necessarily reflect the official positions of UNAIDS and UNFPA.
The objective of this desk review is to highlight the main demographic and socioeconomic characteristics of the trans, gender non-conforming and non-binary communities in Jamaica, and to take stock of the availability, accessibility and acceptability of a protective legal and policy framework, economic opportunities, and comprehensive public services including but not limited to health and education for the community. The development of this desk review included the collection of publicly available reports (developed by government authorities and civil society organisations), statements, press releases and news coverage, and interviews with key informants. Most importantly, this review reflects our lived experiences above all else.

This desk review was produced by the trans community of Jamaica, represented through TransWave Jamaica, a national community-led organization that advocates for the respect, protection, and promotion of the rights of transgender people in Jamaica and beyond.

Ms. Kyym Savage and Donique Givans, TransWave Ambassador and Transwave staff respectively provided invaluable support in assisting with completion of this document.

Thank you for your ongoing commitment to the overall health and well-being of Jamaica's trans, gender non-conforming and non-binary community. A special note of appreciation also goes out to our media and communications officer MX Williams who assisted in the editing and correction of the document. Lastly, we are grateful to our lead researcher and compiler Ms. Renae Green Associate Director of Policy and Advocacy.
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CHAPTER
INTRODUCTION
INTRODUCTION: THE LONG ROAD CLAIMING RIGHTS TO EXIST

Over the past decade, the visibility of the transgender[1] community has increased. It is now being understood that trans people come in all different shapes and forms; they are parents, children, siblings, co-workers and neighbours. The trans community is diverse and represents all racial and ethnic backgrounds, as well as religious backgrounds, sexual orientation, gender identities, health status, varying cultures and ways of being.

The United States of America (USA), in particular, has had an increase in visibility for the trans community with noted figures like Janet Mock, Laverne Cox, and Laith Ashley creating spaces for trans visibility. According to a 2016 survey by Greenberg Quinlan Rosner Research, commissioned by the Human Rights Campaign (HRC)[1], 35 percent of likely voters in the United States, “personally know or work with someone who is transgender.” That is more than double the 17 percent who answered yes when asked the same question in 2014. Other research also commissioned by the Human Rights Watch also suggests that there are at least 700,000 trans people living in the US, which is about 0.3 percent of the general population of the US and about 3.5 percent of the LGBT community. The Human Rights Watch cautions that these estimates are likely conservative due to the limited amount of studies that have been attempted to quantify the trans population.

Despite this progress, trans people, particularly trans people of colour, continue to face high levels of stigma and discrimination which results in violence and poor health outcomes for the community. Trans people face large health disparities including a high level of HIV infection, lack of primary and trans-specific health care, and high rates of attempted suicide.

Trans people also have to deal with the economic consequences of discrimination which include high rates of unemployment, homelessness, poverty, and a lack of access to education. According to Injustice At Every Turn, a report on the national transgender discrimination survey, trans people are twice as likely to live in extreme poverty earning under 10,000 USD a year with Latino/a trans people facing seven times, and black transgender people facing eight times the poverty rate of the general USA population[1]. Trans people face high levels of physical violence, whether they are everyday people walking on the streets or sex workers. Additionally, the murders of trans persons, particularly trans women of colour happen often with little response from the State.

In addition, transgender people are one of five groups that are disproportionately affected by HIV globally. The other groups which are disproportionately affected include people who inject drugs, gay men and other men who have sex with men (MSM), sex workers, and prisoners. The World Health Organisation (WHO) describes these groups as Key Populations for the HIV Response because they are at increased risk of HIV infection and AIDS-related deaths.

[1] Transgender is recognized as an umbrella term for a person whose gender expression is different from cultural expectations based on their sex assigned at birth. Trans is generally accepted as a shortened form of the adjective in most societies.
[1] Injustice At Every Turn: A Report of the National Transgender Discrimination Survey, 2011
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In addition, they are often marginalized, stigmatized, and criminalized which affects their ability to access health services, including HIV prevention, testing, and treatment. “It is estimated that in low and middle income countries transgender women are approximately 49 times more likely to be living with HIV than other adults of reproductive age.[1]”

WHO and its partners developed a guide on how to use the technical guidance[1], which was published in 2020 by the United Nations Development Programme (UNDP). While preparing the WHO guidance, Annette Verster, a technical officer in the HIV Department at the WHO who led the research and development of the guideline and her colleagues did a qualitative survey with transgender people from around the world. “We found that transgender people tend to have health priorities other than HIV,” Verster said, adding "unless health services are designed in accordance with the needs of transgender people and in consultation with them, it may be difficult to reach them with HIV prevention and care[2].”

It is important to note that not all transgender people seek gender affirming treatment. For those who do, Hormone Replacement Therapy (HRT) is the main medical intervention to acquire sex characteristics aligned with the individual’s gender identity, according to the Center of Excellence for Transgender Health at the University of California in San Francisco (UCSF).

Transgender people may seek a range of gender affirming surgeries, including procedures that are also performed in non-transgender populations.[1]

Outside of the USA, very little data exist about the trans community particularly within the Caribbean. Jamaica is no exception. Trans people are not legally recognized and are not captured in any of the country’s national surveys. The only exception is the very limited research and data that exist thanks to civil society organizations, however, it must be noted that these reports and research that have been done are mostly focused on health and HIV, with limited information on the more comprehensive needs of the community. While data around the trans community is limited at the global level, many countries have taken significant steps to ensure that their trans citizens can feel safe and thrive. Countries like Argentina, Denmark, and Malta have taken steps to ensure the equal rights and protection of their trans citizens through protective legislation and inclusive public policy.

In 2012, Argentina passed its gender identity law which makes it legal for trans people to claim their identities and access gender-affirming medical procedures.

In 2014, Denmark also allowed legal gender recognition for transgender people over the age of 18. This is solely based on the trans person’s self-determination without any medical intervention. Denmark is the only European country that does not require any psychiatric diagnoses or any certificate by a medical professional.

[1] WHO, Implementing Comprehensive HIV and STI Programmes with Transgender People, 2020, UNDP
[1] UCSF, Overview of Gender Affirming Treatments and Procedures, 2019
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In 2015, Malta also adopted the Gender Identity, Gender Expression, and Sex Characteristics Act. The law provides a simplified procedure which respects the privacy of the person requesting that one's official documents be changed to reflect the person's gender and acknowledges that "gender identity is considered to be an inherent part of a person which may or may not need surgical or hormonal treatment or therapy" and "sex characteristics of a person vary in nature and all persons must be empowered to make their decisions affecting their own bodily integrity and physical autonomy[1].

In 2019, the Member States of WHO voted to adopt revisions to the International Statistical Classification of Diseases and Related Health Problems (ICD), becoming the 11th revision (ICD-11)[2]. According to the WHO, the process of revision spanned for more than ten years, and there are significant differences between ICD-11 and ICD-10, for the benefit of the trans community.

"While ICD-11 has many changes, one change is particularly significant for the transgender community. In ICD-10, there was an entire section dedicated to Gender Identity Disorders (F64). The Gender Identity Disorders section of ICD-10 included five possible diagnoses: transsexualism, dual-role, gender identity disorder of childhood, other gender identity disorders and gender identity disorder unspecified. Of these disorders, transsexualism is likely the disorder with which people are most familiar.

ICD-10 defined transsexualism as “a desire to live and be accepted as a member of the opposite sex, usually accompanied by a sense of discomfort with, or inappropriateness of, one's anatomic sex, and a wish to have surgery and hormonal treatment to make one's body as congruent as possible with one's preferred sex.” According to the ICD-11, being transgender is no longer considered to be a mental disorder.

CHAPTER 2

THE TRANS COMMUNITY IN JAMAICA

TRANSWAVE JAMAICA
According to the World Bank, Jamaica is recognized as the largest island in the English-speaking Caribbean, and the most populated with 2.93 million people. Jamaica, like its other Caribbean neighbours, exists within a space that is vulnerable to natural disasters such as hurricanes, flooding and other effects of climate change. The country has an upper middle-income economy that is struggling due to low growth, high public debt, and exposure to external shocks[1].

The rate of inequality in Jamaica is lower than in most countries in the Latin America and Caribbean region with a poverty rate of 19% as of 2017. Therefore, there is still more work to do to eliminate poverty and ensure all citizens benefit from economic growth. Crime and violence levels remain high, emphasizing the need to address the issues of youth unemployment, education, and social cohesion.

According to the United Nations Development Programme (UNDP), the lack of legal gender recognition is one of the most challenging barriers to trans and gender-diverse people’s social inclusion[1]. Trans people are confronted on a daily basis with the reality of the lack of gender recognition under Jamaican law. There is no legislative or policy framework that allows trans people to have their gender identities formally recognized through changes on their birth certificates and other forms of identification. When personal documents do not match the holder’s appearance, it becomes a huge obstacle to carry out common activities in daily life, such as opening a bank account, applying for a scholarship, finding a job and renting or buying property. It also exposes trans people to the scrutiny of strangers, distrust and even violence. In many countries legal gender recognition is granted only under pathologizing requirements such as surgeries, invasive treatments/inspections or third-party submissions.

[1] World Bank, Jamaica Demographic Overview
[1] Inter-American Commission on Human Rights in the Americas,
Trans women of colour have a life expectancy of 30-35 years of age. In the United States, cisgender people have a life expectancy of approximately 78. Jamaica currently has no specific statistics relating to the life expectancy of the trans community[1].

The 2017 876Study research which aimed to fill a gap in information about Jamaica’s trans community shows an HIV prevalence of 51% among 102 trans women (in comparison to 1.8% in the general population). The high HIV prevalence is thought to be a result of commercial sex work and transactional sexual relationships for survival. The 876Study also found that indicators of unmet psychosocial and mental health needs were high among transgender women. Almost 75 percent had suggested mild to severe anxiety and depression as measured by the Patient Health Questionnaire-4 (PHQ-4). At the same time, almost 50 percent of transgender women stated that they had had thoughts about harming themselves in the 12 months prior to the study. The study finding that over one-fifth of transgender women had tried to harm themselves in the six months prior to the study is indicative of levels of unresolved mental stress in this population. Further, there was a high prevalence of extreme assault, with almost 50 percent having been subjected to physical violence and nearly 20 percent having been raped in the previous year[2].

In 2019, TransWave Jamaica conducted research on the economic well-being of trans people living in Jamaica[1]. The research utilised both a survey as well as focus group discussions with persons in Kingston (urban), Montego Bay (urban and rural) and Mandeville (rural). Thirty-five (35) persons completed the survey and 37 persons were engaged in focus group discussions (FGD). Focus group participants also completed the survey. The research period was July to October 2019.

The research found that Jamaica’s trans, gender non-conforming and non-binary community (hereafter referred to under the umbrella term “trans persons”) is only now becoming organized, and the need of the community being acknowledged by some civil society organizations. It further stated that at present the community has “one trans-led and trans-focused organization (TransWave Jamaica) and is also served by other non-government and civil society organizations that offer services”. Anecdotal evidence from the research suggests that trans persons are more likely to live in poverty than their cisgender and heterosexual counterparts.

“Most participants in the research were from Kingston and St. Andrew (77%) and 45.7% identified as women. The research methodology “utilised a deliberately intersectional approach that aimed at inclusion of persons of diverse gender identities, sexual orientation, educational attainment, and geographic location.

[1] Ibid.
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For example an additional focus group was scheduled when it was recognised that there was low survey uptake in rural areas, and a video introduction was added to the survey when it was recognised that some participants may have had issues with the language in the instrument which can be attributed to the low literacy rates within the community”.[1]

The study showed that the rate of unemployment among trans persons was higher than in the general population. About 51.4% of survey respondents were unemployed by the time they participated in the survey, while focus group participants were mostly unemployed. Participants who stated that they were employed by the time they participated in the study resided almost exclusively in Kingston and St. Andrew. Most stated that they had no income. Those who had an income stated that their salary band was between JMD $61,000.00 and JMD $100,000.00 per month. While persons in focus groups reported surviving on between JMD $12,000 to JMD $60,000 per month. When asked how much they needed to survive, the most popular response was between JMD $101,000 to JMD $300,000 per month. Some persons in the focus group indicated they could survive on as little as JMD $40,000 a month, but that it would not be a very good life. Survival was expanded in the survey to include the payment of rent, buying food, paying bills, and buying medication.

Among focus group participants survival also included the ability to save, pay for education and help others.[2]

The research also found that “the experiences of workplace stigma and discrimination were widespread with about 60% of survey respondents declaring such incidents. Reporting rates, however, were low due to the perception that nothing would be done about the incident and the fact that Jamaica does not have a workplace anti-discrimination policy that contemplates gender identity”. [1]

Many respondents stated that “customer service jobs (especially within the call centre industry) were considered safe because the industry has strict anti-discrimination policies. For many of the survey respondents, entrepreneurship (38.2%) and working with an non-governmental organisation (NGO) or civil society organisation (CSO) (29.4%) were the preferred types and places of employment. Seventy-one point four per cent (71.4%) of respondents felt that trans and gender non-conforming persons had a harder time getting jobs than cisgender persons and 51.7% felt that their current or past unemployment was linked to their gender identity”. [2]

The research also found cross-cutting areas of gender-based discrimination reflected upon the trans community’s access to services and opportunities. “

[1] Ibid.
[1] Ibid.
[1] Ibid.
[1] Ibid.
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“Generally trans masculine persons were thought to have an easier time accessing jobs and surviving, largely because masculinity is privileged above femininity (which impacted their experiences of stigma and discrimination and violence) and that there are more jobs available for men. Persons living in rural areas were perceived as having more difficulty finding jobs than those living in urban areas, in part because the impact of the LGBT movement’s advocacy efforts were felt more strongly in Kingston with limited outreach elsewhere on the island”.[1] In addition, according to Women’s Empowerment for Change (WE-CHANGE) in their 2019 report The HealthSeeking Behaviour of LBTQ Women in Jamaica: Sexual and Reproductive Health states that “for lesbian, bisexual, trans and queer (LBTQ) women, pervasive homo and transphobia in addition to gender biases, compound to create more potent barriers to access and, upon gaining some level of access, impacts the type of treatment and care received”.

Furthermore, “in hegemonic heterosexist societies like Jamaica, where opposite-sex relations and attraction are accepted as the standard and modality by which legislation and policies governing sexual and reproductive health are created, queer relationships’ “abnormality” upset the gender order, impacting the urgency with which we treat and dedicate national attention to the specific and unique health needs of and disparities within the community”.

At the time of the research approximately 54.3% of survey respondents were being assisted financially by another person or organisation. Family members, NGOs, CSOs and transactional/commercial sex partners were popular sources of support. Approximately 45.7% of survey respondents had been hungry and unable to find food for at least a day in the past year. The data collected suggests that trans persons are more likely to live in poverty than cisgender heterosexual persons and cisgender gay and bisexual persons. Transwomen seem to be the most vulnerable. And expansion of Jamaica’s LGBT response to include a broader focus outside of Kingston as well as strategic partnership with safe employers, targeted family interventions, education and skill training, and a focus on creating safe schools is suggested to improve the well-being of trans, gender non-conforming and non-binary Jamaicans.[1]

Trans people in Jamaica endure worrying levels of exclusion. At the face of high levels of stigma, discrimination and violence, weak community inclusion or support mechanisms, and an unfavorable legal framework that does not guarantee their protection or the recognition of their identities, trans people in Jamaica have extremely limited access to public services including education and health, and economic opportunities, which ultimately determine their life prospects.

[1] Ibid.
This systematic marginalization has damaging effects on the health and wellbeing of the trans community.

In the next section we will present an overview of the health and wellbeing of the trans community in Jamaica. However, it is important to note that related data are extremely limited. The sources cited in the next section are complemented by the lived experiences of the trans community that developed this review.
CHAPTER 3

THE HEALTH AND WELLBEING OF TRANS PEOPLE IN JAMAICA
THE HEALTH AND WELLBEING OF TRANS PEOPLE IN JAMAICA

The rights to life and health are international human rights standards enumerated in conventions that Jamaica has ratified. However, according to the Human Rights Violations Against Lesbian, Gay, Bisexual, and Transgender (LGBT) People in Jamaica: A Shadow Report by Equality for All “trans persons are confronted with the reality of legal non-recognition. Jamaica has no legislative or policy framework which would allow for trans persons to have their gender identities formally and institutionally recognized through changes on their birth certificates and other forms of identification”[1].

In Jamaican law, Section 3 of the Sexual Offences Act, only cisgender women can be victims of rape. Trans women are considered men within the law[2].

This means that men who rape trans women cannot be convicted of rape, but only the lesser offence of indecent assault. The sentence for a conviction of rape is fifteen (15) years to life imprisonment while the sentence for a conviction of indecent assault is maximum (15) years imprisonment. This violates the right of trans persons to be recognized everywhere as a person (Article 16) and to equal protection of the law (Article 26).

In a 2019 study commissioned by JFLAG, “71% of 21 politicians interviewed felt “strongly” that persons who identified as LGBT could be converted to heterosexuality. Under these circumstances, LBTQ+ women must navigate a landscape that does not prioritise or value their desire to look after their sexual and reproductive health. This combination of structural and intrapersonal impediments work together to prevent adequate and authoritative data representation of LBTQ+ women’s health” [1].

JFLAG in their 2020 report stated that almost two thirds of HIV affected persons are unaware of their status and that stigma and discrimination against persons living with HIV/AIDS continue to persist, including in the workplace, particularly in relation to men in same-sex relationships and transgender persons, which not only prevents their access to essential medicines and treatment and their enjoyment of other ESCR, but risks undermining efforts to eradicate HIV[1].

[1] Section 3, Sexual Offences Act(Jamaica), 2009
THE HEALTH AND WELLBEING OF TRANS PEOPLE IN JAMAICA

The 876 Study: Integrated biological and behavioral surveillance survey which was published in 2019, often considered the most comprehensive health study to date in Jamaica focusing on key populations in the context of HIV, shows that trans people in particular suffer from stigma and discrimination manifested as refusal of services and verbal, physical, and sexual violence due to Men who have sex with men (MSM) and transgender/trans women status.

These events were particularly frequent among trans women. The most common refusal of service for both populations were by the police (15.8% for MSM and 43.1% for trans women), followed by discrimination in housing (12.3% for MSM and 31.4% for trans women). Majorities of trans women (83.3%) and MSM (64.6%). Additionally, almost half (46.1%) of trans women experienced physical violence, and 17.6% reporting sexual violence. Among MSM, 29.1% had ever been to jail or prison, while 42.2% of trans women reported the same.

Trans persons face significant obstacles to receiving equal and adequate health care, necessary to sustenance of life. A particular challenge is the existing limitations of data availability on the health and wellbeing of trans people, which could be used to inform adequate programming efforts for the benefit of the trans community.

Overall, data collection on health disparities among trans people is virtually nonexistent, and primarily focuses on HIV/AIDS, often further pathologizing the trans community. As a result the actual health needs and disparities amongst trans persons is largely unknown, therefore leaving a large demographic underserved. Trans persons do not have state-provided access to hormone replacement therapy and gender-affirming surgeries.

Trans persons with no other option but self-medication are at risk of underdosing and overdosing, which can lead to further health complications. A 2016 study shows that 40% of Jamaican trans women have tested positive for HIV[1]. However, because not as many trans women are regularly tested due to barriers to access healthcare, the figure is likely much higher. Neish McLean TransWave’s Co-founder and Executive Director shares his time trying to get individual health insurance:

“My conversations with the agents made it clear that there was no policy that existed to cater to my health needs or to trans bodies, in general. A trans man might have had top surgery (where the breasts have been removed,) but might still require certain reproductive health services, including Pap smears.

[1] JFLAG, Legal Analysis Of The Economic, Social And Cultural Rights (ESCR) Landscape In Jamaica, 2020
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If a trans man selects 'male' on his health insurance application the system will automatically block a range of services that he might still need. Currently there is no acknowledgement of gender identity on these forms, which would allow trans people to distinguish between sex and gender. For a trans woman someone who was assigned male at birth but identifies as a woman who might have had a vaginoplasty (lower surgery where she now has a vagina) and selects 'female' on her health insurance application form, the system will automatically block a range of services that she might need, including a prostate exam(...) There exists in Jamaica a diverse group of people who are trans-identifying with varying healthcare needs and currently the service offering falls short, leaving trans people to make critical and possibly detrimental decisions about their health and well-being.” [Neish McLean’s “A Plea for Trans-inclusive Healthcare, 2018, Jamaica Observer”]

Accessing spaces for health care can also be a challenge for many persons as well but we are generally seeing this being improved. JFLAG this year published a Mystery Shopper report that saw trans persons accessing various health sites to access their readiness and ability to serve the trans community in a non-discriminatory way[1].

Thankfully many of the participants noted that they had relatively good experiences particularly with the clinical staff. However some participants had issues with some security and front desk staff, others spoke about issues relating to the location and privacy within the space while accessing services. One recommendation was for specific sensitivity training to be done with the front line staff to sensitize them around trans issues and trans people. Another recommendation was to investigate further the gaps that exist within the locations where privacy and a lack of professionalism was an issue so as to improve these spaces which are valuable assets for the HIV and general health response of the community.

[1] JFLAG, Mystery Shopper Assessment Report, 2019
CHAPTER 4

NEXT STEPS
Next Steps Toward the Development of a Comprehensive Health Strategy for the Trans Community

AVAILABILITY

- To strengthen data mechanisms by establishing a research agenda for the trans community to address the data gaps that exist. This would also include hiring additional staff at the ministry level who would not only collect this data but also ensure it is used to inform the programmes and services being offered to the trans community.

- Develop specific protocols to guide how services being offered to the trans community are delivered ensuring that these protocols meet global standards of care for trans people which are set by the World Professional Association for Transgender Health (WPATH).

- Offer trans specific services such as hormone replacement therapy (HRT) and gender affirming surgeries like top and bottom surgeries for both trans feminine and masculine persons.

- Legal recognition and protection of the trans community through gender recognition legislation and anti-discrimination legislation, this would assist in reducing the need for the trans community to go underground and will essentially help the community to be more willing to access services being provided/offered to them.
Next Steps Toward the Development of a Comprehensive Health Strategy for the Trans Community

ACCESSIBILITY

- Sensitize staff all public health facilities and CSOs around trans health issues and the community needs to ensure reduced levels of stigma and discrimination.

- Develop safety protocols for members of the trans community accessing these spaces should they face threats from other patients or outside persons who may wish to harm them while they are accessing the facility.

- Trans related health care should be included in the national health insurance scheme so as to assist with paying for the treatment they need.
Next Steps Toward the Development of a Comprehensive Health Strategy for the Trans Community

ACCEPTABILITY

- Entities providing services to and for the trans community should ensure that trans people are a part of the implementation process at all levels.

- Offices and facilities that trans persons access service should have trans friendly messaging and pictures in full view to create an affirming space.

- Adjust medical and intake forms so as to recognize the gender and chosen name of persons accessing facilities for service.

QUALITY

- Strengthen existing accountability frameworks to ensure the appropriate investigations and disciplinary actions are taken.
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REFERENCES


7. UCSF, 2019, Overview of Gender Affirming Treatments and Procedures, https://transcare.ucsf.edu/guidelines/overview


