



Transssensitive care

General guidelines for healthcare workers

1 Inclusive language

- Introduce yourself with your **pronouns**: *'I am/my name is... and my pronouns are...'* to normalize their use.
- Do not assume that someone who dresses for example feminine, also identifies as a woman (**gender expression does not equal gender identity**). Therefore, when you meet someone for the first time, always inquire after their name and pronouns and stick to them.
- In case of group sessions, have participants write down their names and pronouns on a name tag. This way, you make clear that pronouns can change and that's alright.
- Respect the fact that some do not want to use pronouns because they are still exploring their gender identity, or do not feel comfortable being labeled.
- Use **gender-neutral addresses** in both your written and oral communication (e.g. *'Dear participants'* and not *'Ladies and gentlemen'*).

2 Welcoming environment

- Make it clear on your website and social media channels that everyone, regardless of their gender, ethnicity, religion... is welcome. Provide **gender-neutral facilities**.
- **Examine your own unconscious (gender)biases** ([20 Questions to Assess Your Hidden Gender Biases and How They Harm the LGBTQ+ Community by thepsychologygroup.com](https://www.thepsychologygroup.com/20-Questions-to-Assess-Your-Hidden-Gender-Biases-and-How-They-Harm-the-LGBTQ+-Community)).
- Take a **course in transssensitive working**. Several (free) courses for education, the public sector and healthcare can be found online.
- Check out these [recommendations for Trans-Inclusive Healthcare](#) by King's College London.





Do's and don'ts for healthcare workers

Below, we clarify our guidelines using some real-life examples.



Juul (they/them) sits in the hospital waiting room for a consultation with a healthcare worker. Juul's identity card says "female", Juul would prefer an "X", but this is not yet possible. They do not feel like a woman and their expression is more towards the male side. Juul is worried that the healthcare worker will say "Ms." and people in the waiting room will look at them strangely. Fortunately, the healthcare worker addresses people by their surnames.



Thomas (he/him) is a trans man who's attracted to men. Given that he regularly has sex with other men, he visits his GP to discuss his sexual health and the need for a possible vaginal swab. Aware of the fact that Thomas hasn't undergone genital surgery, the GP asks him: 'How do you wish to speak about your body? What words do you use?' The GP then uses these words to talk about the swab and avoids medical terminology such as 'vagina' that doesn't feel right to Thomas.



Sofie is counselling a trans woman who is undergoing vaginoplasty in the near future. As a professional, she finds it important to understand the impact and risks of the surgery. Instead of asking her patient what the operation entails, she looks up information on the internet prior to the consultation. This allows her to focus on questions relevant to her patient during their session.



At the end of a consultation on exam stress, the psychologist asks: 'What was your old name anyway?' The patient does not wish to answer this, but the psychologist insists. Although the patient initially felt helped, they did not return to the psychologist. Respect the boundaries someone sets regarding sharing information about their transition. Additionally, asking about or referring to someone's former name, or 'deadname,' can feel like a rejection of their identity.



Tim (they/them) completed a diagnostic assessment for autism and was open about their non-binary gender identity. The psychologist asked what pronouns they use. But when Tim receives the report, it seems the psychologist has forgotten all about this since he has used male pronouns throughout the report. This is hard for Tim to read and feels like a denial of their identity.



Julie (she/her) has an appointment with a new nurse for her injection with testosterone blockers. The nurse administers the injection and says, 'I had no idea you were trans. It doesn't show at all.' Julie doesn't know how to respond, but resents the remark. To her it feels like being transgender is something that shouldn't be visible.





Transsensitive care

Guidelines for consultations with transgender patients

1 Do not ask transition-related questions unless...

... they are relevant to the person's counselling and/or request for help. Never ask them merely out of curiosity, or to brush up your own knowledge.

2 Do not inquire about someone's former name

To trans people this may feel like a denial of their identity, or make them think of a period they may not want to be reminded of. That's why some refer to their old name as their 'deadname'.

3 Get basic knowledge on gender and related topics

There are many wonderful online resources. Within the TRANSILIENCE project, we made videos with trans youth in which they share their perspective on topics linked to being trans. You can watch these on our YouTube channel: [@transilienceeu](#)

4 Be aware of your own prejudices about gender and sexuality

For example: not every trans person experiences gender dysphoria, or views transitioning as 'a brave decision'. There are many possible transition paths, and surgery is not always a part of them. In addition, there are many myths surrounding trans people's sexuality. For instance, trans men can equally enjoy vaginal penetration and transgender people can also be gay.

5 Be aware of the overlap between autism and gender dysphoria

Adopting an autism-friendly approach can be helpful when counselling (check our guidelines on this topic).

6 Be aware of gender minority stress

The fact that trans people regularly experience discrimination, exclusion and violence because of their gender identity and/or expression can make them especially vulnerable to mental health problems and make it harder for them to trust counsellors.

7 Discuss sexual abuse and transgressive behaviour

Unfortunately, our target group also encounters this more often. Be alert for signs and make referrals when necessary.





Transssensitive practices

Guidelines for a group program directed towards trans people

1 Pay attention to suicide prevention

Since suicidal thoughts and attempts occur more often in this target group, it is important to pay attention to this from the start. Discuss suicidal thoughts, map support networks and draw up a safety plan together.

2 Ensure predictability

Structure each session in the same way. Communicate transparently about the program and any changes. Make abstract topics tangible by for instance visualizing them.

3 Take neurodiversity into account

Adopting a neuro-inclusive approach may benefit all participants. When possible, work in a low-stimulation environment. Allow for sufficient preparation time. Use both verbal and non-verbal communication methods. Explain to participants that they can take a time-out if necessary and let them bring aids to the sessions that may help them relax or calm down.

4 Consider the composition of your group carefully

Diversity in terms of gender identity and where people are in their transition process may stimulate self-acceptance. Too much diversity in terms of cognitive functioning, could complicate sessions.

5 Provide accurate information

Receiving up-to-date, evidence-based information on subjects such as fertility, hormones and their effects, gender-affirming products like binders and tucking underwear... is very important, especially for those who have not yet started gender-affirming care.

6 Use creative methodologies as a conversation starter

Sensory techniques like felting can divert attention during a difficult conversation, or help with stress reduction. Colouring a drawing of a body can help initiate a conversation about gender dysphoria. Listening to music may encourage participants to share something about key moments in their lives.





Transssensitive practices

Guidelines for educational institutions

1 Ensure a safe learning environment

At the beginning of the school year, make agreements with students regarding (online and offline) safety. Ensure that everyone endorses and adheres to these agreements. Ask transgender youth what you as a teacher, or the school, can do to support them (be sure to read our guidelines on autism-friendly practices). Raise awareness among students and staff about transphobic behavior.

2 Gender manifesto

Develop a gender-inclusive school policy supported by all staff members. You can base this on the gender manifesto developed within TRANSILIENCE by trans youth together with cisgender peers and teachers. Make sure staff, as well as parents and pupils, are aware of this policy. Communicate it clearly through your website and other (online) channels.

3 Ensure that all staff have a basic understanding of gender diversity

For example, follow one of the free e-learnings from Kliq, the training center of Çavaria. You can also find a lot of useful information and educational materials on the TIP website (www.transgenderinfo.be). Be sure to check out the videos on our YouTube channel (@[@transilienceeu](https://www.youtube.com/transilienceeu)) in which transgender youth share their perspectives on topics related to their gender identity and/or transition.





Autism-friendly practices

in a group setting

Because autism and gender diversity often overlap, it is important to be mindful of this. The following tips can not only help neurodiverse participants but also benefit others.

1 Ensure that participants feel welcome and safe

- During the **intake interview**, ask if individuals have a diagnosis and what they need to participate and feel comfortable in a group setting.
- Explain that they are welcome to bring any **tools or aids** to the sessions (give a few concrete examples, such as headphones to listen to music).
- Ask what approach they need **in case of overstimulation**: 'If you were to shut down, would it be best to leave you alone, or would you prefer someone to take you outside to talk or sit with you?'
- **Sitting around a table** feels safer than sitting in a circle on chairs, or on the floor with nothing between you.
- Provide enough space to move around and avoid stress related to unintentional touch. Respect each other's personal space.
- Allow participants to use a **time-out card** to indicate when they need a break, do not wish to answer a question, or do not want to participate in an activity. It's important that participants experience autonomy (freedom of choice).
- Ensure there is a separate, low-stimulation room where participants can go during breaks or time-outs.
- Welcome them with a snack and a drink. Have books, magazines, or games ready for them to use. This way, they have something to do before the session starts and it may help avoid awkward silences.
- **Start sessions in the same way each time**, for example, have participants write a name tag, offer them something to drink, go over today's program together.





Autism-friendly practices

in a group setting

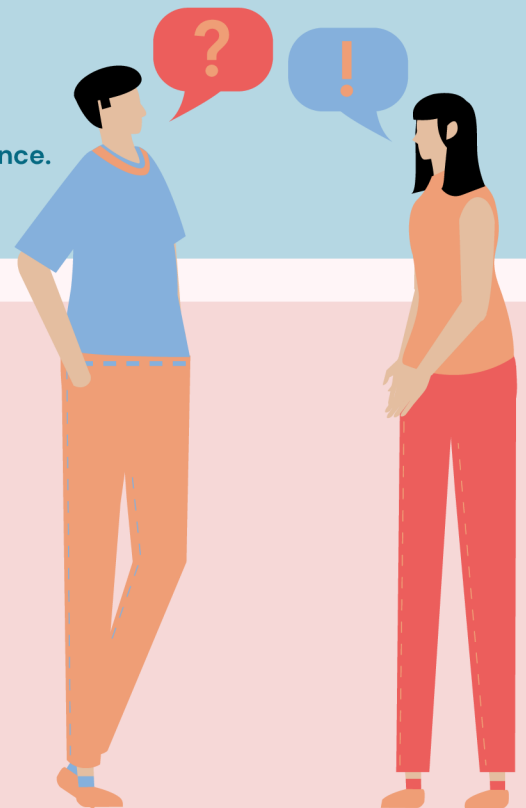
2 Address participants correctly

In interactions with both transgender individuals and people with autism, it is important to be aware of the terminology you use and the impact this can have on someone.

- Some people find the term "ASD" (Autism Spectrum Disorder) offensive and do not view their autism as a disorder. As an alternative, the term "neurodiversity" is often used. While this is less stigmatizing, it is broader than autism and may not be specific enough.
- Additionally, there is the distinction between the Person-First and Identity-First approach. This means either referring to "people with autism" (autism is just one of their characteristics), or "autistic individuals" (autism is considered defining for their identity).



How someone prefers to be addressed is personal.
Always ask this during an intake and respect their preference.



3 Be aware of the diversity within autism

Each person with autism is unique and behaves differently in social situations.

Some seek little to no contact. Others are more passive but will respond to questions. Still others seek a lot of contact, but in an atypical way (for example, they talk about topics that are inappropriate for the given situation). Finally, there are those who are social but not reciprocal: they lecture instead of engaging in communication.



It is important to be mindful of these differences,
but also to recognize that people may display different behavior depending on the situation they are in.





Autism-friendly practices

in a group setting

4 Be mindful of participants who become easily overstimulated

- Some environmental factors (such as noise, flickering lights, etc.) are beyond your control.
- If possible, check the room in advance and eliminate any disruptive elements as much as possible. Remove anything that doesn't serve a purpose in your session to avoid distractions. Anything you cannot resolve should be addressed openly. Work together with the participants to find solutions, such as turning off flickering lights or keeping windows closed to reduce external noise.
- When someone becomes overstimulated, the verbal channel (what they hear and say) is the first to shut down. The visual channel remains open the longest. In such cases, time-out cards can be a useful communication tool.
- Participating in group sessions requires a lot of energy, even for those who seem very social. Talk about it and schedule breaks in between. Make sure participants know where to go during breaks (toilets, low-stimulation relaxation areas, etc.) and that they have something to do. For example, provide reading material, games, snacks, and drinks. This can help prevent awkward silences that might remind them that they find it more difficult to make contact.



Stimming is stereotypical behavior that people with autism repeatedly engage in to calm themselves when they are struggling.

This may include rocking their body, rubbing a fabric repeatedly, or jumping up and down. However, certain forms of stimming are less socially accepted. If you allow stimming in your sessions, it's possible that participants will repeat this in other, less safe contexts too. Be aware of this and discuss with the participants how they can stim in a safe way.

In any case, it's a good idea to ask participants to bring something to the sessions that helps them to relax, such as headphones to filter out sounds, or listen to music.

- Be aware that under-stimulation can also occur in addition to overstimulation.

When someone is not sufficiently stimulated, this person may become tired and enter a negative spiral. Therefore, it's better to place participants in front of a calming photo wall rather than an empty wall.





Autism-friendly practices

in a group setting

5 Ensure structure and predictability



- Write down and review the **workshop program** together. Remove activities from the overview that need to be canceled or postponed. Never mention how long a specific activity will last, as some participants might fixate on this. Instead, note the end time and stick to it.
- Provide **handouts** with the program, a concise overview of the terminology used, and the methods applied.
- Build workshops in the same way each time. Ensure a clear transition between different parts of the program, for example, by changing positions or locations.
- Variation is good, but avoid overloading the schedule with too many activities. People with autism need more time to adjust and process information.
- Mention possible emotions and consequences of each exercise that participants might relate to.

6 Give and ask for feedback in an appropriate manner

- Hand out **printed copies of evaluation questions** and give participants some time to prepare their answers. Afterward, you can discuss them in group. Ask **concrete questions**. For example, instead of asking: "What does society say about transgender people?" ask: "What comments have you received as a transgender person about your appearance?"
- If you give **compliments**, make sure they focus on the process rather than the end result.
- People with autism do not learn well from **failure**. They lack the imagination to know how to do something better. However, when demonstrating a technique, it can be helpful to show and discuss failures and the reasons behind them — whether it's the materials or the circumstances. Since they often think the failure is their fault, this can bring a sense of calm.
- Just because someone doesn't make **eye contact** this doesn't mean that they aren't paying attention. Eye contact can be overwhelming for people with autism, which is why they sometimes avoid it.
- **One-on-one conversations** can be difficult for people with autism. It's better to have a conversation while engaging in a shared activity (such as walking, felting, etc.), or looking in different directions.
- As a facilitator of group discussions, it's best to adopt an active, inviting posture. Someone who is quiet often just needs a little **encouragement**: *'I see you're nodding, is there something you would like to share with the group?'* Mentioning different options that might be going through participants' minds may be helpful: *'Maybe you want to say something, but you're hesitant because you don't know the others very well yet?'* Sometimes, you can also ask for **non-verbal feedback**: *'Raise your hands to show how difficult/easy this exercise was for you.'* Creating or looking at **art** together may also lower the barrier to speaking.

