

## AIDS Institute Reporting System: Guidance on Completion of Gender Identity and Sexual Orientation Questions

### Definition: Gender Identity

A person's innate, deeply felt psychological identification as a man, woman, combination of both or some other gender which may or may not correspond to the sex assigned to them at birth.

### Definition: Sexual Orientation

An individual's physical and/or emotional attraction to the same and/or opposite gender. "Gay," "lesbian," "bisexual" and "straight" are all examples of sexual orientations.

### KEY POINT: Gender identity and sexual orientation are independent.

**A person's sexual orientation is distinct from a person's gender identity and expression.**

### Why is it important to collect client information about gender identity and sexual orientation?

Significant health and mental health disparities exist for individuals who are lesbian, gay, bisexual or transgender (LGBT). In an effort to address these disparities, an Interagency Task Force was created. An important step in addressing these disparities is to provide all individuals the opportunity to disclose information about gender identity and sexual orientation to their health and human services providers in a confidential and safe manner. Once a provider is aware of a patient or client's sexual orientation and gender identity, the provider can take steps to screen for, and address, health issues that disproportionately impact LGBT clients. Gathering this data is critical for determining the extent to which the health and human services needs of LGBT clients are being met.

## GETTING FAMILIAR WITH THE FIELDS

### Gender Identity:

- 10. Female
- 11. Male
- 12. Trnsndr – Id (identify) as Female
- 13. Trnsndr – Id (identify) as Male

**Use code 12 for a client who was assigned Male at birth and now identifies as Female. Use code 13 for a client who was assigned Female at birth and now identifies as Male.**

### Sexual orientation:

Do you think of yourself as:

- Gay
- Lesbian
- Straight or heterosexual
- Bisexual
- Something else
- Don't know
- Chose not to respond

### Getting Comfortable Asking Clients About Gender Identity and Sexual Orientation

Asking questions about a client's gender identity and sexual orientation in a manner that is culturally sensitive is an important part of your work as a health or social services provider. An important first step is to assess your level of comfort asking these questions. Below is a list of 4 questions. If you answer "yes" to any of these questions, review the suggestion in the column to the right.

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| <ul style="list-style-type: none"> <li>• I would get nervous or uncomfortable asking one or more of these questions.</li> </ul>                             | Practice asking the questions with a supervisor or co-worker. Consider attending LGBT awareness training.   |
| <ul style="list-style-type: none"> <li>• I don't think it is right that I have to ask these questions.</li> </ul>   | Be aware that all AIDS Institute contractors, as well as staff in other state agencies and their contractors, are charged with this responsibility.   |
| <ul style="list-style-type: none"> <li>• Hearing someone answer one or more of these questions will make me uncomfortable.</li> </ul>                       | Talk with your supervisor or co-workers about this and consider attending LGBT awareness training.  |
| <ul style="list-style-type: none"> <li>• I think that, for most clients, you can tell the answers to these questions without having to ask them.</li> </ul> | Providers are often not able to accurately identify a person's gender identity or sexual orientation. Besides, beginning open dialogue is an important step in promoting effective provider-client communication. |

## Best Practices for Asking About Sexual Orientation and Gender Identity

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| <ol style="list-style-type: none"> <li>1. Ask the question in an open and non-judgmental manner.</li> <li>2. Explain that all staff at your agency routinely ask these questions of all patients/clients.</li> <li>3. Ask the questions with a clear voice and display open body language.</li> <li>4. Follow the client's lead with regard to maintaining eye contact or not.</li> <li>5. Be aware that LGBT clients may be observing you closely for signs of acceptance or non-acceptance and this may influence their level of openness and disclosure.</li> </ol> | <ol style="list-style-type: none"> <li>6. Look up from the computer screen when asking these and other questions.</li> <li>7. Explain that the reason for asking these questions is to promote health and well-being of all your clients.</li> <li>8. Be patient in allowing the person to respond.</li> <li>9. Make efforts to ensure that the surroundings indicate that your organization is a safe place for LGBT clients/patients. For example, display posters, brochures, etc. that are LGBT friendly.</li> <li>10. Demonstrate genuine interest in the individual's response.</li> </ol> |
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### FREQUENTLY ASKED QUESTIONS

**1. Do I really have to fill out these fields for every client?**

Yes. It should be done routinely as part of client intake for each and every client.

**2. Is it acceptable practice to answer the questions based on my observations of the client, rather than asking the questions directly?**

It is not acceptable to answer the questions based on your "observation" or assumptions regarding a client. Experience shows that health and human services providers are not able to identify their client's gender or sexual orientation with high levels of accuracy. Even if you could, asking the questions creates the opportunity for open dialogue which is the real point of asking the question in the first place.

**3. How should I respond if the client gets angry or appears offended that I asked the question?**

Simply explain that this is standard practice in your agency and no offense was intended.

**4. What should I say if the client asks who will have access to the answers to these questions?**

If a client asks about who will have access to this information or indicates concern about confidentiality, reassure the individual that this information is confidential and protected.

**5. What if the client's answer to the question differs from what I observe or what the client reports at another time?**

These fields were designed with the intent that they be completed with the client or patient's response. The box checked should be the one indicated by the client or patient. If the individual furnishes additional or contradictory information as part of the visit, it would be appropriate to indicate this in the case notes. In some cases, a person's stated sexual orientation may differ from his or her behavior. For example, a man who identifies as heterosexual may also engage in sex with other men. It is also important for providers to understand that, for some individuals, sexual orientation and gender identity are fluid and may fluctuate over time. In some cases, clients/ patients may not be comfortable answering the questions honestly when first asked but may feel safe to disclose information at a later appointment after trust and rapport have been established.

**6. Am I responsible for updating the answer if there are changes over time?**

It is good practice to review the gender and sexual orientation fields during re-assessments, especially for individuals or clients for whom you have additional information that may indicate a possible change in response.

**7. The gender identify field in AIRS is limited to four options (male, female, transgndr – Id as Female; transgndr – Id as Male) but my clients/patients use other terms to define their gender. What if a client/patient uses a specific term to define their gender expression such as “Gender Queer”, “Gender Variant” or “Two Spirit”?**

It is important for providers to be aware that clients/patients may use a variety of terms to define their gender and that new and different terms are likely to be introduced over time. When interacting with a client who provides a specific term to define their gender it is important to demonstrate respect and acceptance of the client’s chosen term. In these cases, you may explain that the data system has limited options and the client has a choice. Encourage the client to choose the existing AIRS option that is closest to how they feel. It is important to point out that whatever information is entered into AIRS, the provider will refer to the client in their interactions with the client’s preferred term.

**8. On the sexual orientation questions, if the client states “something else” am I supposed to write that in somewhere?**

No. There are no “write-in” follow-up fields. However, it may be important to include information in your case notes so that services and service planning can best be designed to meet the needs of the individual.

**9. If a client initially does not want to answer the sexual orientation question, should I explain why it is important to have this information or attempt to convince the client to provide an answer?**

It is good practice to explain that these questions are asked routinely as part of your agency’s effort to promote LGBT health and that responses are kept confidential. While providing information is acceptable, providers should never attempt to apply undue pressure or force a person to answer these questions. “Chose not to respond” is an acceptable answer to the sexual orientation question.

**10. Will my agency be penalized if many clients choose to not respond to the sexual orientation question?**

Agencies will not be penalized if clients choose not to respond to the sexual orientation question. If an agency has consistent difficulty eliciting honest responses, this may be a reflection of the staff’s discomfort and should be addressed through supervision and training. The AIDS Institute is also available to provide technical assistance if needed. Contact HIV Education and Training Programs at 518-474-3045 or email [hivet@health.state.ny.us](mailto:hivet@health.state.ny.us).

**11. What is the role of supervisors or program managers in promoting culturally sensitive discussion of these questions and high quality data collection?**

Supervisors and program managers are responsible for creating an environment in which staff and clients can dialogue about gender identity and sexual orientation in a safe and supportive manner. Steps should be taken to ensure quality data collection by reviewing records and discussing with staff any data entry and data quality issues. If issues arise, the supervisor or program manager should address them during staff meetings, offer training and consider using quality improvement practices to address them.

**Resources:**

New York State Health Department - Lesbian, Gay, Bisexual and Transgender Health  
<http://www.health.ny.gov/diseases/aids/consumers/lgbt/>

Centers for Disease Control and Prevention - Lesbian, Gay, Bisexual and Transgender Health  
<http://www.cdc.gov/lgbthealth/>

Institute of Medicine: Report - The Health of Lesbian, Gay, Bisexual, and Transgender People: Building a Foundation for Better Understanding  
<http://iom.edu/Reports/2011/The-Health-of-Lesbian-Gay-Bisexual-and-Transgender-People.aspx>

National LGBT Health Education Center  
<http://www.lgbthealtheducation.org/>

The Joint Commission – Advancing Effective Communication, Cultural Competence, and Patient- and Family-Centered Care for the Lesbian, Gay, Bisexual, and Transgender (LGBT) Community: A Field Guide  
<http://www.jointcommission.org/lgbt/>