

Policy and Practice Recommendations

for Alcohol and Other
Drugs (AOD) Service
Providers supporting the
Trans and Gender Diverse
(TGD) Community

This guide has been developed by VAC in partnership with VAADA. It is designed to support Alcohol and Other Drugs (AOD) Services to provide safe and positive care and support to members of the Trans and Gender Diverse (TGD) Community who may benefit from residential AOD treatment services.



TERMS

SEX

Refers to the physiological and biological characteristics of a person with a focus on sexual reproductive traits.

GENDER

Refers to a person's internal "felt" sense of their gender identity.

TRANS & GENDER DIVERSE (TGD)

An umbrella term used to describe all those whose gender identity is different to the gender they were assigned at birth.

NON BINARY

A person who identifies as outside the either/or binary of male/female. Non Binary people could identify as masculine, feminine, androgynous, bi gendered or otherwise. They may experience their gender as changeable or reject gender roles altogether.

GENDER IDENTITY

The gender that a person identifies as, regardless of the gender they were assigned at birth.

ASSIGNED FEMALE AT BIRTH (AFAB)

A trans or gender diverse person who was deemed to be female when they were born. This term affirms an individual's true gender and acknowledges their experience of being "assigned" a gender at birth that they do not identify with.

ASSIGNED MALE AT BIRTH (AMAB)

A trans or gender diverse person who was deemed to be male when they were born. This term affirms an individual's true gender and acknowledges their experience of being "assigned" a gender at birth that they do not identify with.

CISGENDERED

A non-TGD person. A person who identifies with the gender they were assigned at birth. Also cis woman, cis man.

This document delivers key policy recommendations and practice strategies in an easy to access format. These can act as a foundation for creating more inclusive and accessible residential services.

Although designed primarily for AOD programs such as withdrawal units, residential rehabs and therapeutic communities they may also be applicable to other bed based service environments.

Recommendation 1

That services consistently affirm TGD clients' identities.

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That services consistently affirm TGD clients' identities

1.1

Online

From the clients' perspective, their first experience of a service may be through online advertising such as a website or via social media.

There are many ways to signal cultural safety through platforms such as these:

- linking with TGD community groups and organisations,
- badging web pages with recognisable symbols such as the rainbow or trans flag,
- inclusive online registration forms,
- using inclusion statements such as *"Trans and Gender Diverse people are always welcome in this service"*.

The more visible an investment in cultural safety that an organisation makes the more meaningful it will be.

1.2

On the phone and in person

A consumer may first present in person or over the phone. They may be feeling nervous and looking for signs that the service is safe and welcoming. Therefore it is recommended for all staff to receive training on TGD inclusion so that they feel supported and able to meet client's needs. This training should cover skills such as gender sensitivity.

*When addressing new clients directly,
avoid using gendered terms.*

Instead of Sir or Ma'am you could say,
"Hello, how can I help you today?"

PRONOUN CUEING is a useful strategy for gently affirming someone's gender and supporting others to do the same.

Pronoun cueing is the deliberate use of words and actions to send a 'cue' to others about someone's gender and preferred pronouns. This strategy can be used as a way to politely remind a person when they have misgendered someone else. For example:

"Your appointment is here, *she* is waiting near the front desk".

Pronoun cueing promotes inclusivity and reduces misgendering. In the case of gender neutral pronouns such as "they" and "them" which people may be less familiar with, conscious pronoun cueing is a good way to practice and become more accustomed.

*When speaking to colleagues about
a new client whose preferences are
not yet known, you can avoid using
pronouns or gendered terms.*

For example you could say, "Your three o'clock appointment is here."

Inclusive toilet facilities

Another important matter is how you manage client access to toilet facilities.

During the welcoming process or in response to someone asking to use the bathroom, staff can be trained not to assume which bathroom someone prefers and instead inform them where all of the options are.

Each organisation will have particular operational concerns around bathroom facilities, but most service environments have the capacity to provide at least one gender neutral bathroom option that can have visible signage. This can be offered to all service users along with any gendered toilet options.

Best practice is to allow service users and staff to self-identify which bathroom they prefer to use.

Intake

Assessment and intake processes can be of special concern for TGD consumers for a number of reasons.

- Their identity documents may or may not match their gender and name.
- They may be concerned about confidentiality, worried they might be outed to other residents as TGD without consent, questioned insensitively or even that they will be denied a service.

These processes have two components, the physical paperwork and the interpersonal engagement between the staff member and the consumer. Organisations will again have operational requirements regarding their paperwork, but this should not preclude the capacity to allow for people to self-determine their name and gender.

M F GENDER _____

Trans and Gender Diverse people are welcome at this service

This is an example of an option that allows people to self identify their gender and/or sex if they choose, whilst clearly signalling that the service is TGD inclusive to all clients at intake. This can provide a good opportunity for conversations with all clients about relevant guidelines and expectations. It can also provide TGD clients with a good opportunity

to discuss any needs or concerns they have. Some particular issues that might arise could be concerns around sleeping and showering arrangements, privacy, safety concerns and confidentiality. Information on available material and medical aid can be affirming as well, such as shaving supplies, gender appropriate clothing or access to hormones.

Name and pronoun

Affirming someone's identity means referring to them by their chosen name and pronoun at all times.

This pertains to all communication including informal discussions between residents and staff, staff processes such as handover meetings and clinical governance such as supervision and clinical review. Any written communication such as handover notes and clinical case-notes also need to record the correct name and pronoun.

In cases where someone's records are in another name and need to be linked to current records in order to provide comprehensive care to the consumer, this should be done in an unobtrusive way that does not directly impact the individual or misdirect the staff who are supporting them.

For example:

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NAME: KATE SMITH  
Records also held under JOHN SMITH
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Sensitivity is required about where and when it is appropriate to record this information i.e. only when strictly necessary and only in the best interests of the client. A note in the client's digital file could be appropriate, on the front of their client file for all to see would be inappropriate.

Historically there has been some confusion about the medico-legal requirements that fall on clinicians when identity documents and records are not matched to a person's chosen name and affirmed gender, but recent legislative reforms have provided clarity on this issue – namely, that individuals cannot be discriminated against on the grounds of their gender identity. Refusal to affirm a TGD person's gender or use their chosen name is a form of discrimination.

GENDERED PRONOUNS you will be most familiar with are SHE/HER/HERS and HE/HIM/HIS.

Some TGD people will use these pronouns, although this may or may not “match” their gender identity in the way you might expect. For example, many non-binary people use a gendered pronoun without identifying as either a man or as a woman.

There are also gender neutral pronouns such as THEY/THEM/THEIRS or ZIE/HIR/HIRS as well as others.

It does take practice to become more comfortable with adapting your gendered language, but it is a powerful step in making your practice and your workplace more inclusive.

If you are unsure of a clients preferred name, wait until you can ask politely and discreetly.

You could say “I want to make sure we address you properly, can I ask what your preferred name is?”

Disclosure

It is important to note that TGD people may or may not be easily identified and they may or may not choose to disclose.

It is not for staff to disclose that someone is TGD to other residents without the individual's expressed permission as this would constitute a serious breach of confidentiality.

In instances where staff are unsure what is required they can sensitively open a discussion with the person about what would make them feel most supported.

By integrating these recommendations organisations can create more opportunities for safe and supported disclosure.

Inclusive primary healthcare

All medical staff should be trained in trans affirmative healthcare as this has a significant impact on the health and wellness of TGD consumers seeking treatment.

If external providers such as GPs are accessed then they should be known to be TGD friendly and knowledgeable. This could be especially important in the case of longer residential rehabilitation programs when more primary healthcare issues could arise, including the prescription and management of hormones and physical examinations such sexual health checks.


SOCIAL TRANSITION describes the steps a TGD person makes to outwardly express their gender.

Although this process will be different for everyone, for many people this can involve expressing themselves through aesthetic means such as clothing, accessories, haircut and so on. Offering support with this, for example going with a client to the barber or hairdresser, can be a meaningful act of affirmation.

Inclusive care exit planning

In a long term residential service or day program, a Gender Affirmation Plan could be incorporated into a client's care plan. This would be an individual plan developed collaboratively with the client and could include such goals as changing identity documents, coming out to family or friends, going to a TGD social event or accessing medical affirmation services.

Inclusive exit planning understands the particular barriers TGD face in securing housing and employment. Extra support may be needed for TGD clients around exit planning to improve their opportunities. For example, helping them to research places to live, work and study that are known to be more inclusive. Validating your client's experiences of these barriers whilst they are trying to secure work or housing is also an important part of inclusive practice.



*Did you make a mistake?
It's important to acknowledge
and apologise.*

You could say "I misgendered you,
that was my mistake and I apologise."

That services offer safe, affirming placement within bed based services.

Culturally safe organisations offer placement to TGD consumers in an affirming, sensitive manner which is client focussed. If programs or services are segregated in any way on grounds of gender, TGD clients should be able to decide themselves where they will feel most safe and comfortable.

This approach is in keeping with current legislation, community consultation and international best practice. TGD cultural competency is still an area of growth for the health services sector as a whole and TGD inclusive practice standards are still being developed.

The most appropriate response is that clients are afforded the right to self-determine their placement, at least until such time as service models are developed that are more inherently inclusive and affirming of diverse gender identities. Residential AOD services in Victoria are well placed to pioneer TGD inclusive practice. Many services offer support in mixed gender settings. Many have special access rooms available to clients with particular health or safety concerns which are for all intents and purposes “gender neutral” rooms. It is important to note that this is an option that will be desirable for some TGD consumers but not for others. Convenience should not dictate that individual rooms be the default option for TGD consumers as many may prefer to simply be placed as would a cisgendered client, and this is more in keeping with respecting their rights and affirming their identity.

Risk

Organisations may need to review existing risk management systems to ensure that they are inclusive and appropriate to all consumer groups.

Questions of risk are often raised in discourse about TGD consumers. In the consultations informing this guide this largely centred on concern from clinicians and consumers about how TGD consumers would be treated by other residents in bed based settings. TGD individuals do experience a greater risk of violence, sexual violence and harassment than their cisgendered peers, inclusive service environments will need to evaluate their policies and practices around risk management to ensure that TGD clients are safe and supported. Staff will also need to be trained to respond to any instances of transphobic behaviour as they arise. Individuals working in residential support settings are skilled in evaluating, managing and responding to client dynamics, vulnerabilities and issues of risk, it is more a question of turning a culturally competent lens on current systems than building completely new ones.

With regards to risk posed to cisgendered clients by TGD residents, there is no research evidence of this as a particular area of concern. When engaging in risk assessment it is important to maintain awareness of the ways in which predictive risk can be influenced by stereotypes. Risk should be evaluated in the same vein as with any other client – on an individual and case-by-case basis. Assuming that there is increased risk to others in admitting a TGD consumer by simple virtue that they are TGD is discriminatory.

Staff can receive training and support around responding to other clients who are challenged by the presence of TGD co-residents. In essence this would be building TGD cultural sensitivity into frameworks clinicians already possess for mediating and resolving disputes between clients which are based on difference. Professional development can also be offered to staff, and organisations can engage in capacity building and clinical governance processes wherein staff are safe and supported to work through their own challenges in supporting this client group.

Legal context

Anti-discrimination laws are not about treating everybody the same. Instead, they acknowledge that everybody has different backgrounds and needs and that everybody is entitled to quality care.

The *Charter of Human Rights and Responsibilities Act 2006* is a Victorian law that sets out the basic rights, freedoms and responsibilities of all people in Victoria, including the right to be free from discrimination. It considers that extra effort may be necessary to prevent further discrimination against people who have been discriminated against in the past, including TGD people. Under both the *Sex Discrimination Act 1984* (Cth) and the *Equal Opportunity Act 2010* (Cth), TGD people are entitled to the same quality of treatment and care as everybody else. These acts oblige organisations not to do anything that would put TGD consumers at a disadvantage compared to other clients. This means adopting inclusive policies, but also ensuring staff are well trained in inclusive practice.

By adopting policies that are specific to TGD consumers, organisations can reduce the chance that discrimination might occur. This makes it less likely that the organisation will be subject to a complaint under either Victorian or Commonwealth anti-discrimination laws. It may also help organisations show that they are fulfilling their responsibility to prevent discrimination under s15 of the *Equal Opportunity Act 2010* (Vic). However, it is not enough simply to have policies in place. Staff need to be trained in implementing the policies and procedures, otherwise the organisation and its managers can be held responsible for any instances of discrimination that occur.

Organisations should also discuss the policies with all clients during intake in order to prevent any discrimination or harassment from occurring. Organisations should review both the *Equal Opportunity Act 2010* and the *Charter of Human Rights and Responsibilities* to ensure that the policies they develop fulfil their responsibilities and are consistent with clients' rights.

CONCLUSION

On a deeper level, affirming diverse identities means recognising that diverse genders are real and valid.

If a TGD person identifies as a woman, she is.

If a TGD person identifies as a man, he is.

If someone identifies as both, neither or something else, then that is who they truly are.

When we relate to people through stereotypes of what we think a man or a woman is or should be, we lose the opportunity to see them as they really are and we certainly risk our chance of forming a therapeutic alliance. Learning to appreciate and affirm diverse identities means engaging in a slow personal process of unlearning much of what our society teaches us about gender. The challenges inherent in this process are rich with potential for developing transformative practice models that benefit clinicians and consumers alike.

Inclusion does not evolve in a vacuum – by working towards more accepting and affirming environments for TGD consumers we end up providing more therapeutic care for everyone.

RESOURCES

Engaging the TGD community is an exercise in creative, assertive inclusion. Building respectful alliances with TGD groups and representative bodies is essential.

Capacity building can involve many facets including:

- training and professional development,
- dissemination of educational resources,
- community consultation,
- participatory networks, and
- secondary consultation via community based organisations.

This resource list is intended as a starting place for organisations wishing to access more information on the research mentioned in this guide, as well as TGD organisations and groups relevant to Victorian service providers. However, given the diverse and expansive nature of the TGD community, organisations are encouraged to do their own research and network within their own local areas.

VAC

For more information about this guide, including supporting research visit us at vac.org.au

VAC offers training and education in the area of trans and gender diversity. For more information, contact transhealth@vac.org.au

For information on our services (including alcohol and drug support) Call (03) 9865 6700

TRANSGENDER VICTORIA

transgendervictoria.com

ZBGC YOUTH PROJECT

zbgc.com.au/projects/zbgc-youth-project

YGENDER

ygender.org.au

NATIONAL LGBTI HEALTH ALLIANCE

lgbtihealth.org.au

RAINBOW NETWORK

To find a local LGBTI support group rainbownetwork.com.au

TOUCHBASE

touchbase.org.au

GLHV

glhv.org.au



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