Understanding the Needs of Transgender Clients: A Care Giver and Ally Support Resource
by
Samantha Mader

A Thesis Submitted to the School of Community Services
in partial fulfillment of the requirements for
the Honours Bachelor of Behavioural Psychology

St. Lawrence College
Kingston, Ontario
Canada
April 3rd, 2019
Dedication

I dedicate this thesis to my parents who have been there to support me for my entire degree. Without their love and encouragement, I would have been unable to make it through this program, and I appreciate all they do.

I would also like to dedicate this thesis to staff and volunteers at HIV/AIDS Regional Services Kingston. Without their knowledge, time and resources I would have never been able to gain the experience necessary to complete this thesis.
Abstract
Current medical and psychological understanding of transgender persons and their needs is changing at such a rapid pace it is difficult to keep up. From an ally and care provider perspective, this is a growing concern. It can make it difficult to keep informed of up-to-date terminology and best practices, possibly hindering the ability to properly interact and provide services to the growing and changing needs of the transgender community. Gaps in educational resources make it necessary to consolidate current information about pronoun use, dead names and inter muscular hormone injection into an accessible resource for care providers and allies who seek to expand their knowledge on transgender issues. Relevant research shows that harm reduction techniques as well as a transgender-specific approach to education surrounding these skills are the most effective ways to fill in these gaps in services.
This thesis applies current literature on transgender issues such as dead names, pronoun use and safe medical techniques for intermuscular hormone injections with the purpose of providing a practical resource in the form of a brochure for care providers and allies. This brochure attempts to fill in the gaps in educational resources specific to transgender issues. The brochure is a one-page resource that is an inexpensive educational piece that can be provided to all who seek to expand their knowledge of transgender matters. For future research, a more expansive and in-depth resource could be compiled as psychological research begins to catch up with the needs of the transgender community.
## Table of Contents

<table>
<thead>
<tr>
<th>Section</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dedication</td>
<td>ii</td>
</tr>
<tr>
<td>Abstract</td>
<td>iii</td>
</tr>
<tr>
<td>Table of Contents</td>
<td>iiii</td>
</tr>
<tr>
<td>Chapter I: Introduction</td>
<td>1</td>
</tr>
<tr>
<td>Chapter II: Literature Review</td>
<td>2</td>
</tr>
<tr>
<td>Chapter III: Method</td>
<td>7</td>
</tr>
<tr>
<td>Chapter IV: Results</td>
<td>9</td>
</tr>
<tr>
<td>Chapter V: Discussion</td>
<td>10</td>
</tr>
<tr>
<td>Chapter VI: Impact/Insights</td>
<td>11</td>
</tr>
<tr>
<td>References</td>
<td>12</td>
</tr>
<tr>
<td>Appendix A: Consent to Use Agency Name</td>
<td>13</td>
</tr>
<tr>
<td>Appendix B: Consent to Use Agency Log</td>
<td>15</td>
</tr>
<tr>
<td>Appendix C: Consultation for Brochure</td>
<td>16</td>
</tr>
<tr>
<td>Appendix D: Brochure</td>
<td>17</td>
</tr>
</tbody>
</table>

**Deleted:**
- Chapter III: Method
- Chapter V: Discussion
- References
- Appendix B: Consent to Use Agency Log
- Appendix C: Consultation for Brochure
UNDERSTANDING NEEDS OF TRANS CLIENTS

Chapter I: Introduction

The purpose of this thesis was to develop a brochure designed to give care providers and allies a well-rounded, although not comprehensive outline of how to better understand and address important areas of impact for their transgendered clients. The completed thesis project provided a transgender-specific, non-judgmental resource designed to facilitate a better understanding of the issues faced by those within the LGBTQ+ community and encourage care providers as well as LGBTQ+ allies to reach out to the transgender community.

The term “Trans” refers to an individual whose physical birth gender does not match the gender they mentally and physically identify with (Women and HIV/AIDS Initiative, 2016). This specific subset of the LGBTQ+ community (the T), is often misunderstood by allies and counsellors, as will be outlined in the literature review. As a result, this cohort is especially in need of empathetic, educated allies and counsellors who can assist them in developing support systems to help them navigate through this changing time. Consequently, it is crucial for allies and care providers to have a basic resource as a starting point in understanding what this transition means.

In human services, it is very important to come from a place of understanding and empathy when communicating with clients from all walks of life. However, in a smaller community that has only one LGBTQ+-specific resource, it can often be difficult to find the tools required to educate yourself as a care provider and ally. HIV/AIDS Regional Services (HARS) Kingston is this community’s only LGBTQ+-specific agency. Consequently, its staff and volunteers are often sought out for their expertise in communication and counselling skills geared towards the LGBTQ+ community.

Among the many educational manuals and materials at HARS, there were no current, targeted communication materials focused specifically on transgender clients or their care providers and allies. Therefore, the present project aimed to fill this gap and provide a resource to help care providers and allies better understand the needs of their transgendered clients. This brochure was created to address the lack of physical resources available at the agency for persons in need of this information. It’s imperative to outline basic information regarding the Trans community before more in depth subject matter can be addressed. The topics were selected based on the lack of resources available specific to the Trans community.

The brochure focused on the following topics: An introduction to what the brochure would be covering and why it is important; Deadnames, which is defined as intentionally or unintentionally calling an individual who is transgender by the name they previously used before they transitioned (Health Line, 2018); Correct pronouns, outlining the importance of using the appropriate she, him and they language when addressing persons who are transitioning; A task analysis for safe injections of hormones for individuals transitioning who choose to use this form of hormone replacement therapy.
Chapter II: Literature Review

A recent population estimate states that 1 in 200 persons in Canada are transgender (Scheim & Bauer, 2014). With this many Canadians identifying as transgender, it is crucial to consider this population when developing inclusive policy and practice within all services, but especially those geared towards health care and mental health service providers. Scheim and Bauer (2014) recommended an increase in inclusive education for health care and service providers.

Until 2018, being transgender was classified by the World Health Organization (WHO) as a mental illness (Simon, 2018). In 2018, being transgender or gender incongruency was reclassified by WHO as a sexual health condition. It begs the question, how far have trans issues, especially concerning psychological health, come in recent history? And what further progress should be made?

Although tran visibility is increasing throughout North America, this community still faces many crucial barriers and stigmas in a multitude of aspects of daily living. Currently, transgender individuals are not specifically protected under the existing non-discrimination laws in the United States, leaving this group lacking legal protections (Human Rights Campaign, 2015). Furthermore, this lack of legal protection leaves this cohort open to increased stigma, possibly effecting their income and well-being. In the event of wrongful termination or harassment in their place of employment, there is no protection under the law (Human Rights Campaign, 2015). Incorporating and monitoring education surrounding gender identity in schools and work place settings can reduce the othering of trans persons and the problems stemming from stigmatization (Stigma Free, 2019).

The term transvestite was originated in Berlin 1910 by Magnus Hirschfeld, a sexologist who would later perform the first sex genital reassignment surgeries (Whittle, 2010). The field of sexology developed as a result of trans individuals seeking a cure for their sexual and psychological difficulties. Up until this point in history, homosexual acts such as cross-dressing or trans behaviours were illegal. Many were prosecuted and spent time in prison for their so-called crimes (Whittle, 2010).

In 1953, Hamburger in Denmark published a paper outlining the psychological desire of 465 individuals for sexual reassignment surgery. Hamburger’s paper helped to show the medical community the need for research and understanding of this issue by demonstrating how it affected a larger percentage of individuals than had been commonly assumed (Whittle, 2010). The work of early sexologists enabled the concept of transgender to become a recognized state, allowing the beginning of research and social framing changes that assisted in understanding trans issues (Whittle, 2010).

Since the 1950’s, medical and psychological research has moved at a slow but noted pace. Increasing media coverage of trans issues and transgendered individuals has provided this population opportunities to better understand itself. It has also increased awareness, understanding and the need to help this growing cohort amongst medical, psychological and other supporting communities.
Support systems are important for any individual going through a life change, especially the many physical and emotional changes experienced during puberty. A strong support system is even more important for the physical and psychological change undergone by a trans individual. In a sample of 232 LGBTQ+ youth age 16-20, the mental health outcomes of participants with strong support systems were compared to those with weak support systems (McConnell, Birkett, & Mustanski, 2016). The study concluded that those with weak support systems were more likely to go through mental health crises during their youth.

Contemporary best practices addressing both psychological and social stigma issues show that gender fluidity and or gender non-conformity are an accepted reality of biology and therefore there is a psychological expectation of change and uncertainty within genders (Chen et al., 2017). It is recommended that the support system of an individual who is gender non-conforming should be educated to lessen stigma towards the person they are supporting (Chen et al., 2017). Consequently, it is important to provide both allies and care professionals with an introductory resource outlining important issues for trans individuals.

Rates of self-harm and suicide in the LGBTQ+ community are much higher than in the general population. This is based on general knowledge within the mental health care community as well as current studies into risk factors for this population. Research has shown that risk factors such as discrimination, lack of family supports and stigma contribute to the increase of suicide rates in the LBGTQ+ population (Narang, Sarai, Aldrin, & Lippmann, 2018). Narang, Sarai, Aldrin, & Lippmann (2018) conducted a meta-analysis of the most pertinent research done over the past 17 years on suicide rates and issues relating to mental health and risk factors among the transgender and LGBTQ communities.

A study of 81,885 American high school students compared protective and risk factors between cisgender and LGBTQ+-identifying youth (Eisenberg et al., 2017). Eisenberg et al., used surveillance data on the students and correlated high risk behaviours with protective and risk factors. The rate of suicidal ideation among LGBTQ+ students was high (61.3%), and three times higher than among cisgender participants (Eisenberg et al., 2017). The findings of these studies suggest that increased focus on education and counselling for the LBGTQ+ population is an important health and safety issue for these individuals.

A study by Hirsch, Cohn, Rowe, & Rimmer (2016) assessed whether there is a connection between identifying as LGBTQ+ and suicidal tendencies in a sample of 349 LBGTQ+ college students. A mediation model was used in this study, with hope and hopelessness as first-order mediators and depression as a second-order mediator. The researchers found a positive correlation between feelings of hopelessness and being a member of LGBTQ+ community, implying the need for counselling intervention within this cohort.
Transgender and gender non-conforming as well as cisgender students participated in an American comparative self-report study to assess if there was a difference in physical health outcomes (Rider, McMorris, Gower, Coleman, & Eisenberg, 2018). The study assessed 80,929 participants and examined health risk, physician visits, and care provider access between the two cohorts. Trans individuals had poorer health outcomes as well as less access to health care overall and concluded that there are greater barriers to health care for this cohort (Rider, McMorris, Gower, Coleman, & Eisenberg, 2018).

Shipered, Green, and Abramovitz (2010) studied the barriers faced by transgender individuals seeking mental health care. Their study was based on information provided by Hirsch, Cohn, Rowe, & Rimmer’s (2016) study of the reasons underlying the lower rates of persons who are transgender seeking health care and psychological supports. Shipered et al (2010) found that 52% (68 of 130 participants) of their sample had a psychiatric diagnosis (such as depression and anxiety) but were neither in treatment or seeking it. The barriers transgendered participants encountered when seeking mental health services included access, cost, stigma, and past negative treatment experiences among others (Shipered et al.,). These are concerning issues for a group that has been shown to be at higher risk of developing depression-related mental health issues (Hirsch, Cohn, Rowe, & Rimmer, 2016).

In conjunction with education and a non-stigma approach to working with transgender clients, it is important to incorporate positive psychological techniques such as motivational interviewing that facilitate an internal locus of control (Lytle, Vaughan, Rodriguez, & Shmerler, 2014). An internal locus of control refers to an individual’s sense of effect and power over their own life. This is an important consideration when working with systematically disenfranchised populations such as transitioning persons. In working with LGBT individuals, Lytle, Vaughan, Rodriguez, & Shmerler (2014) found that positive psychological techniques commonly used in cisgender populations are not as well studied or appropriately adapted to LGBTQ+ populations. Their study concluded that an emphasis on the application of techniques such as motivational interviewing (MI) with LGBTQ+ clients, as well as research into its effects, would be highly beneficial to this community. Clearly, a resource using motivational interviewing techniques would be valuable in building a better understanding of the LGBTQ+ population.

Their 2014 study, Sullivan, Yates, Inaba, Lam, and Clark sought to find the best techniques for teaching medical skills to students. This directly applies to the present resource as injection hormone replacement therapy is a technical medical skill and requires harm reduction knowledge to be done safely. Their study compared verbal instructions for a medical injection procedure to verbal instructions coupled with forward chaining. Forward chaining is an applied behavioral analysis technique used to show the steps of an action broken-down from beginning to end and provided in a written instruction format. They concluded that verbal instruction-only sessions missed many instructional steps. Additionally, student outcomes were better when they were able to use forward chaining instructions to complete their task. Accordingly, this thesis project used forward chaining task analysis (a way to examine the process of an individual action to demonstrate safe hormone injection procedures). As shown by Sullivan et al (2014), it is a highly effective technique for teaching a new skill, specifically injection procedures.
Sending the patient home with medications that require self-injection can often be difficult because it puts the burden of mastering a new and intricate skill on the patient. A study was performed to assess the best injection teaching practices for breast cancer patients (Fischer-Cartlidge, Romanoff, Thom, & Burrows Walters, 2016). The study compared two methods of injection instruction: (a) written and verbal prompts (b) written and verbal prompts with stimuli of nurse assistance. The study concluded that there were minimal differences in the two methods. However, patients stated that the educational and emotional support and care provided by nurses throughout the process was helpful for self-injection at home (Fischer-Cartlidge et al, 2016).

Although the Fischer-Cartlidge et al (2016) study focused on breast cancer patients, their findings on self-injection practices applied to the current project. A written instructional support guide for safe self-injection practices for transgender hormone users should be of similar benefit to care providers, allies and transgender clients as the written and verbal education given in the Fischer-Cartlidge et al (2016) study. This resource was intended to be a guide for care providers and allies of transgender clients. As described by Fischer-Cartlidge et al, it will provide verbal, written, and visual prompts for care providers and allies to access. As a transgender individual seeking hormone replacement therapies (HRT’s) there are many options to choose from. However, there is little to no injection instruction provided when this option is prescribed for those who prefer intermuscular injection hormone replacement therapy. Therefore, it was important to include a task analysis instruction piece for intermuscular injection for transgender people who choose to use this form of HRT’s.

Based on lack of user education given to trans individuals when provided with intermuscular hormone injection, the current project included a task analysis insert based on Fenway Health’s Transgender Health Injection Guide. The insert is based in best practice research, as well as input from experts on injection and harm reduction within the agency. The insert provides instruction for the following: setting up for injection, preparing injection dose, selecting and preparing the injection site, and giving the injection (Fenway Health, 2018). In order to ensure the safety and accuracy of the resource, the information chosen for the insert was based in best practices, harm reduction techniques, and expert opinion within the agency.

**Limitations.** There is a clear lack of research on the mental health issues of people who are transgender. A meta-analysis of current relevant research surrounding gender non-conforming individuals outlined current gaps in research (Olson-Kennedy et al., 2016). This meta-analysis found a lack of current research into the biosocial and psychological needs of gender non-conforming and transgender individuals, and an increasing population of persons who fall into these categories (Olson-Kennedy et al., 2016). It is crucial to identify and understand the gaps in research and knowledge of this growing cohort in order to provide relevant care and services to these individuals.

The medical and psychological advances surrounding transgender issues are changing so continuously and quickly that the empirical research in psychological and health issues often lags behind. For this reason, much of the information provided within the current study was found on up-to-date trans youth resources. These resources provided the most appropriate and current terminology. Current empirical resources are lacking, presumably because of minimal funding or educational options for transgender research.
Although the lack of research was the largest limitation in producing the current resource, conflicting terminology was also an issue. Vocabulary surrounding pronouns is currently so vast and changing that best judgement of the researcher, as well as experts within the field, was used when choosing appropriate language.

In conclusion, this project proposed the use of best practices as outlined in this literature review to help bridge the gap between care providers and the transgender population through providing an information resource for service providers of this population. This brochure applied positive psychological techniques such as MI and forward chaining to inform and educate care providers and allies about the issues facing their transgendered peers who may be seeking mental health and medical care.
Chapter III: Method

Informed Consent

No human subjects were needed for implementation of this project, therefore no informed consent was given or obtained.

Discussion of Need

A case study focusing on transgender issues when dealing with care providers was conducted by psychologists at the University of Vermont (Smith, Shin, & Officer, 2011). Their study examined problems encountered by transgender individuals when discussing sex and gender binary, language used when discussing medical issues, and pronoun use (Smith, Shin, & Officer, 2011). The findings of this study showed that heterosexist microaggressions often occur because of a lack of knowledge on the part of the care provider, thus causing a hindrance in attaining service and care (Smith, Shin, & Officer, 2011). It is in response to these findings that this resource was created. Although it is not a comprehensive resource, it outlines some of the key gaps in knowledge between care providers, allies, and transgender individuals.

Pronoun Use. Trans or Transgender is a blanket term that applies to individuals whose gender assigned at birth is not the gender they identify with (Trans Student Educational Resource, 2018). Society often genders people in day-to-day conversation with things like “good morning miss”, or “that guy over there”. However, it is inappropriate to address a trans person by saying “have a good day trans”. Therefore, although pronoun use is important to most people, it is especially important to make sure to use the language that the individual prefers when providing care or being an ally to a trans person. As is outlined in the current brochure, there are multiple terms that are commonly used such as she, he, and they. But there are fewer common terms such as “ze” that may be the preference of the person. The best way to ensure that you are using the correct pronoun is to ask the person you are speaking with in an open and polite manner.

Deadnames. A deadname is defined as intentionally or unintentionally calling an individual who is transgender by the name they previously used before they transitioned (Health Line, 2018). Along with pronoun use, addressing an individual by their correct name is important in building a rapport in any care provider or ally relationship. Persons who transition will often opt to change their name to better suit their gender. This is an important aspect of identifying (Health Line, 2018). This issue was covered in the brochure to ensure that care providers as well as allies use the name that a trans individual wants to be called.

Hormone Injection Task-Analysis. There are multiple forms of hormone replacement therapies (HRT’s) that transitioning persons can choose from. Gel and cream options, pills and patches are self-explanatory and low risk for the individual and therefore do not require a step-by-step task analysis. Injection hormone replacement therapy is the highest risk form of HRT for transitioning individuals. If injected improperly, it can result in damage and/or infection to the tissue and surrounding muscle (Dopinglinkki, 2018). In an effort to maintain the compact nature of this resource, the brochure only included a task analysis of injection.
Consent for Agency Name and Logo
Consent for use of agency name and logo was provided by the executive director of HARS as seen in Appendix A and Appendix B.

Setting
HIV AIDS Regional Services (HARS) is a social service for individuals within the community who have been diagnosed with HIV or AIDs, or who are at high risk of contracting these diseases (e.g. intravenous drug users). HARS is also used as a hub and resource centre for the LGBTQ+ community and is often regarded as an expert within the community on queer issues.

Participants
Although HARS is seen as an HIV and AIDS resource in the community, this resource was targeted towards the LGBTQ+ and ally populations who also access the agency. The introductory resource was given to allies, care providers, and LGBTQ+ (specifically trans) persons who are seeking education in transgender issues.

Design
Understanding Transgender Needs: A Care Provider and Ally Resource is an educational brochure developed to address current gaps in resources within the HIV/AIDS Regional Services agency.

To be accessible to the largest number of service users, the brochure was designed to be compact. The educational content was provided in a colourful brochure form for visual appeal and ease of access. Bold design and easy-to-read printing were used to ensure clarity for the reader. To avoid misrepresentation of the intent of the brochure to intended readers by misplaced or inappropriate use of photographs, only designs and shapes were used as illustrations.

The brochure addressed the following topics:
1. Proper Pronoun Use
2. Deadnames
3. Safe Hormone Injection Instructions
4. References and Further resources

Presentation
Copies of the resource were placed in an easily accessible brochure rack located in the HARS educational resource area.

Procedures
The content for the resource was chosen based on an identified gap in current services. Although HARS is a resource for the LGBTQ+ community there were no accessible educational materials specific to the transgender community. Upon consultation with the executive director of HARS, as well as the harm reduction and educational staff within the agency (Appendix C), a resource outlining transgender issues was chosen.
Chapter IV: Results

Summary
Upon completion of the brochure (Appendix D), HARS Kingston was left with a well-rounded, compact introductory resource to provide to the LGBTQ+, care providers and allies. This brochure (Appendix D) outlined best practices for discussing pronouns, deadnames and safe hormone injection regarding the transgender community, utilizing harm reduction and motivational interview techniques.

The final product was a colour resource that used clear fonts to best describe in an easily-understood way how to communicate with the transgender community in a respectful and open manner.
Chapter V: Discussion

Summary

Overall, the brochure was a starting point resource to help facilitate understanding of the trans community. The brochure is a compact resource that outlines basic information about the transgender community including: Pronoun use, deadnames, safe hormone injection, and further resources. The resource explains to care providers as well as the layperson, general information about transgender persons, helping to further public education regarding this evolving issue.

Contributions

The brochure has contributed greatly to this LBGTQ agency by filling gaps in current educational resources. As a community leader in LBGTQ education, it is crucial that HIV/AIDS Regional Services provide information and resources concerning transgender issues. For this reason, “Understanding Trans Issues: A Care Provider and Ally Resource” is a valuable contribution to this agency and the community as a whole.

Strengths and Limitations

The compact nature of the brochure enabled it to be distributed in a cost effect manner that can reach the greatest number of readers. This, and its up-to-date grasp on current trans issues, are the brochure’s greatest strengths. However, due to a lack of current peer reviewed research, there were limitations on the subject matter the brochure could accurately cover.

Recommendations

Individualized resources for trans individuals themselves would be helpful. The brochure is principally aimed at an ally and care provider audience. Educational sources aimed at the trans community would be beneficial for those users of the agency.
Chapter VI: Impact / Insights

Benefits
Compiling current information on trans issues to be provided in an easily accessible resource for the community has filled important gaps existing in current services. This resource is a stepping stone for further research into more individualized transgender issues such as first steps to transitioning, information on how to communicate with loved ones about being trans and current stigmas surrounding trans matters. The present resource is a crucial step to furthering trans education within this community.

Lessons Learned
The writer learned the benefits of flexibility in an agency that deals with an ever-changing variety of clientele. The ability to thrive in a high-paced atmosphere where one is constantly interacting with the agency “community” has highly enlightened the writer’s view of the best working environment for the future. Flexibility and making constant small steps to bring awareness to a community are skills that are highly transferable to other endeavours.
References


UNDERSTANDING NEEDS OF TRANS CLIENTS


Appendix A
Appendix B

CONSENT FOR USE OF AGENCY LOGO

I, Gilles Clavette, consent to the use of the logo of [Agency Name] in [Your Name]
appled thesis poster for the Honours Bachelor of Behavioural Psychology program at St.
Lawrence College.

[Signature]
Agency Staff Signature

[Signature]
Student Signature

[Printed Name]

[Printed Name]

LOGO

HARS
HIV/AIDS REGIONAL SERVICES
Appendix C

Consultation for Brochure

Executive Director
Provided input on outline and information used in resource. Gave feedback, education and edits for final product.

Harm Reduction/Education Staff
Provided best practice, pronoun use and gender education. Gave edits and feedback needed to include safe injection information within the brochure.
SAFE HORMONES INJECTION

Setting up for injection:
Ensure you have a clear, sterile area to place and use the supplies needed to inject hormones.

Preparing injection dose:
1. Remove the cap
2. Draw air into the syringe
3. Insert air into the vial
4. Withdraw medication
5. Remove air bubbles

Selecting and preparing the injection site:
The upper middle thigh is the easiest and safest area for injection. Look at the top of your thigh, and imagine dividing it into three sections. The injection will go into the outer middle third section.

Giving the injection:
Push plunger slowly to inject medication, then withdraw the needle quickly from injection site once medication is administered. Place used needle into sharps container.

ADDITIONAL RESOURCES

- Trans Student Educational Resource: www.transstudent.org
- https://www.healthline.com/health/intramuscular-injection#howto
- www.hars.ca

Samantha Mader
Honors Behavioural Psychology
Saint Lawrence College
INTRODUCTION

Trans or Transgender is a blanket term that applies to individuals whose gender assigned at birth is not the gender they identify with (Trans Student Educational Resource, 2018).

As a care provider or ally within the LGBTQ+ community, it is important to be educated on issues and language important to the community. This resource is a starting point for allies of the transgender community to better understand and empathize with the concerns of this population.

DEADNAMES

A deadname is defined as the name that a trans person no longer refers to themselves as, this name is often associated with their birth gender.

Deadnaming an individual is intentionally or unintentionally calling an individual who is transgender by the name they previously used before transitioning.

Addressing an individual by their correct name is important in building a rapport in any care provider or ally relationship. Persons who transition will often change their name to better suit their gender. This is an important aspect of identifying.

As a society, we often gender people in day to day conversation with things like “good morning miss”, or “that guy over there”. However, it is inappropriate to address a trans person by saying “have a good day trans”. Therefore, although pronoun use is important to most people, it is especially important to make sure you are using the language that the individual prefers when providing care or being an ally to a trans person. If you’re unsure, always ask the individual!

<table>
<thead>
<tr>
<th>Subjective</th>
<th>Objective</th>
<th>Possessive</th>
<th>Reflexive</th>
</tr>
</thead>
<tbody>
<tr>
<td>She</td>
<td>Her</td>
<td>Hers</td>
<td>Herself</td>
</tr>
<tr>
<td>He</td>
<td>Him</td>
<td>His</td>
<td>Himself</td>
</tr>
<tr>
<td>They</td>
<td>Them</td>
<td>Theirs</td>
<td>Themselves</td>
</tr>
<tr>
<td>Ze</td>
<td>Hir/Zir</td>
<td>Hirs/Zirs</td>
<td>Hirself/Zirself</td>
</tr>
</tbody>
</table>