**WORKING WITH LGBTI PEOPLE**

# DATA
# INTEGRITY

**LGBTI**
National LGBTI
Health Alliance

Inclusive and appropriate data collection promotes data integrity. When we have data integrity, we can increase social cohesion and improve health outcomes.

Data integrity is not about administrative convenience; it is about scientific excellence. We have much work to do to achieve scientific excellence in the Australian collection of information around LGBTI people and their families.

## WHY IS IT IMPORTANT TO COLLECT ACCURATE DATA FOR LGBTI PEOPLE?

When we talk about whether collected data provides accurate representation of the real world, we need to remember that lesbian, gay, bisexual people and people of trans and/or non-binary experience and intersex people are part of that real world.

Data integrity is necessary to ensure that collected data provides an accurate representation of the real world. Ultimately, data integrity is about making sure that no one falls through the cracks, so that we can achieve social cohesion. Social cohesion is a term that describes the process by which we can build shared Australian values and reduce disparities. When we build shared values and reduce disparities, we enable people to be contributing members of our society.

The principle of data integrity is often used to justify exclusionary data collection practices. The assumption behind this claim is that existing data is accurate and consistent. A typical argument against changes to data collection practices may invoke the concept of consistency across time.

Some data collectors may argue that consistent data—however flawed—is better than accurate data that cannot be aligned with previous data collection instruments and findings. Yet data that excludes marginalised populations cannot be regarded as having integrity.

Those who are comfortable with 'business as usual' may fear that change could interfere with the accuracy or consistency of previously collected data. This concern overlooks the serious problems with how data is currently collected. Considering making some necessary changes outlined in this fact sheet can increase data integrity by making sure that we collect more accurate information.

This does not mean that data collected in the past is worthless, but that they include limitations we can address. When we have more accurate information, adequate resources can be allocated to those whose needs have not been met in the past.

Understanding how to address adequate data collection within your service means understanding what the common issues are that are experienced by LGBTI people in service provision.

# HOW CAN WE USE **INCLUSIVE LANGUAGE**

When talking about people's genders, using inclusive language means respecting people's genders even when they do not look or sound like we might expect from someone of that gender. Some people have limited resources to appear to others as the gender with which they identify.

Some people may decline gender-affirming medical intervention due to religious, financial, medical or personal reasons. We can respect people's genders regardless of their voices or bodies. We can check people's preferred pronouns directly with them rather than assuming. People who look like they identify as women or men might not identify in the way they appear. We can check privately whenever possible to reduce discomfort.

## WHEN TALKING ABOUT PEOPLE'S RELATIONSHIPS?

When talking about people's roles and relationships, we often use gendered language without realising it. We can use inclusive language by checking how people identify before using words that assume their gender, such as calling someone a mother or father or a girlfriend or boyfriend. A trans woman and her boyfriend might prefer to be described as a straight couple instead of as a same-gender couple; a trans man and his boyfriend would likely prefer to be described as a same-gender couple not a straight couple.

People who have non-binary genders may wish to be described using gender neutral language. We can use inclusive language by calling people who identifies as  gender parents instead of a mother or father, or a partner instead of a girlfriend or boyfriend.

Some intersex, trans and gender diverse people are married. We can check how people describe their relationships before using non-marital words like 'partner'.

## WHEN TALKING ABOUT PEOPLE'S PASTS

We all like to be recognised as who we are. An intersex or trans person's "real" name is the one that they prefer to use now. We can use inclusive language by keeping someone's former name, assigned sex and gender confidential unless we have their clear permission. When it is necessary to discuss someone's past, we can use names and pronouns that match how the person identifies now unless they request otherwise.

## WHEN TALKING ABOUT PEOPLE'S BODIES

Most people find it disrespectful when others describe them based on their anatomy or medical history. Just as most of us prefer to be called a woman or a man and not be described by our bra size or prior vasectomy, we should call someone a trans woman or simply a woman instead of a 'male-to-female pre-op transsexual'. Think about how you would feel before asking a personal question about someone's genitals. In medical contexts where such questions may be relevant, we can be aware that intersex men and trans men may identify as biologically male, just as intersex women and trans women may identify as biologically female. Intersex and trans people often describe their body parts in terms that match their gender identity instead of terms others might impose. Research shows that when health professionals misgender people's chests and genitals, this can be a major barrier to the provision of health services and lead to poorer health outcomes. We can ask which terms people prefer before discussing their bodies. When medically relevant, we can ask about people's sexual activities and behaviours without assuming based on anatomy.

## WHEN TALKING ABOUT HEALTH ISSUES AND MEDICAL SERVICES

We can use inclusive language by including intersex, trans and gender non-binary people when we discuss health issues and medical services. Terms like 'female' and 'male' are often less informative than we may think. For example, when a trans woman who identifies as female takes oestrogen, treating her as 'biologically' male is physiologically inappropriate: some lab test results affected by hormonal levels should be assessed against a standard female range. We can include intersex men and trans men who may get pregnant by saying "pregnant people" instead of "expectant mothers". This principle also applies to medical treatment. We can describe pap smears as "urogenital services" instead of as "women's services".

## ON THE PHONE

We can check with callers before using gendered language such as Sir, Miss, mother or husband. A standard disclaimer can be used at the beginning of a call to explain that people's voices often do not match their genders and you are asking to ensure that all callers are treated respectfully.

## IN PERSON

For face-to-face interactions, we can add options to existing forms that allow people to select preferred pronouns (including not using any pronoun), preferred title (including no title) and preferred name prior to each meeting. We can ensure that all staff use this written information to avoid the embarrassment that some people experience when others ask "what gender are you?" and similar questions in public spaces.

## BY POST OR EMAIL

We can check that our post contains a person's preferred gender language. "Mr" on post sent to a trans woman violates her privacy and could pose a risk to her physical safety. We can use the name with which a person closes their email and not assume we can determine someone's gender without asking them directly.

## IN A DATABASE

Many databases use gender-restricted fields that make it difficult for intersex or trans and gender diverse people to participate or contribute. We can notice when databases are set up in gender-restrictive ways, such as when a system requires all people to select either male or female or when a system restricts the selection of item codes by gender. We can then identify ways to change the system to make it inclusive.

## SOME FINAL WAYS TO THINK ABOUT ASKING QUESTIONS ON SEXUALITY AND GENDER?

Do you think of yourself as:

☐ Lesbian, gay or homosexual

☐ Straight or heterosexual

☐ Bisexual

☐ Something else

☐ Don't know

What is your current gender identity? (Check all that apply)

☐ Male

☐ Female

☐ Female-to-Male (FTM)/ Transgender Male/Trans Man

☐ Male-to-Female (MTF)/ Transgender Female/Trans Woman

☐ Genderqueer, neither exclusively male nor female

☐ Additional Gender Category/(or Other), please specify

☐ Decline to Answer

*Please explain why*

What sex were you assigned at birth on your original birth certificate? (Check one)

☐ Male

☐ Female

☐ Decline to Answer

*Please explain why*

# WHERE TO
# FIND OUT MORE

## SUPPORT FOR SERVICE PROVIDERS AND HEALTH PRACTITIONERS





**MindOUT** supports the professional development of the mental health and suicide prevention sectors to practice and implement strategies that ensures inclusive and accessible services to LGBTI people and communities.

The network connects members to stay informed about resources, activities, initiatives, professional development training and research that is pertinent to LGBTI mental health and suicide prevention.

Go to **http://lgbtihealth.org.au/mindout/** to find how MindOUT can support you.

**LGBTI Ageing and Aged Care Awareness Training** This project is delivering lesbian, gay, bisexual, transgender and intersex (LGBTI) aged care awareness training to a broad range of staff working in ageing and aged care, students studying aged care and aged care assessment teams nationally.

Go to **http://lgbtihealth.org.au/ageing/** to find a local training provider near you.

## SUPPORT FOR INDIVIDUALS



**QLife** counselling services are available 7 days a week, 365 days a year between the hours of 3:00 pm to 12:00 am Australia wide.

Phone counselling and web chat services are provided by volunteers engaged in their home-state centres, with national support provided by a team of paid staff members. Mental Health and Referral information is available via the web 24 hours a day, 7 days a week.