

# CHARTING

## Tipsheet #6

Effective and accurate charting is essential for forensic exams and in providing care to trans survivors that minimizes harm. This tip sheet does not address legal ramifications for charting. Providers are encouraged to consult with their healthcare facility, local laws/policies, as well as guides and resources produced by the [International Association of Forensic Nurses](#), and the [EVAWI Virtual Practicum](#).

### Consent

The language used in charting may pose safety concerns or direct danger for some trans/nonbinary survivors.

Discuss charting and documentation options with survivors throughout the process. Ask for the survivor's preference on how to document their gender and related information such as name, pronouns, body. Provide opportunities for the survivor to review the medical record text and images if they want to. Survivors may need providers to use only the name on their identity documents or may need providers to include their name of use. They may or may not have more than one name/pronoun they use and may be concerned with this information being disclosed in legal settings or in other public records.



“My everyday practice is making sure that that electronic medical record monitor is faced towards the patient, so that that is very much a, ‘This is a together thing.’ And in non-urgent situations, I tend to do this more often, but I would say definitely in urgent or sensitive conversations, it's important to again mention to the patient that if you see something in my documentation that you don't feel comfortable being there, I can take it out or whatnot.” Health Care Provider from FORGE 2023 Listening Session

## Name

The survivor's affirmed name should be the primary name seen by staff so that it will be the name used with the patient and during interactions about the patient.

[Note: The survivor may explicitly ask that their name of use not be included in their medical record or documentation. This request is often for safety reasons. Confer with the survivor about their documentation needs in order to help maintain their safety and privacy, while also finding ways of referring to the client in gender-affirming ways while directly interacting.]

When using an affirmed name and the name on a person's identification, there are many ways to document that both names are the same person. For example:

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"Diamond Jones, legally known as David Jones, was seen at....." Text can continue with language such as, "This documentation will use the patient's affirmed name of Diamond throughout, but is legally recognized as the same person as that of David Jones."

There is no one document or set of documents that determine someone's "legal" name or gender. A person may have many legal/legally binding documents that may have different names and genders. The majority of people have some inconsistencies in their legally binding documents. For example, the name on a birth certificate may differ from that on a passport. A name or gender on a passport may be different than that on a driver's license.

Rather than asking for a person's "legal" name or gender, be specific about which document or what information you need to know.

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For example, "What name is on your driver's license?" or "What name would you like me to use in documenting what happened to you? This charting information might be seen by law enforcement or legal systems if you decide to press charges?" Or "What name and gender are on your health insurance card? We want to make sure your insurance doesn't deny your care because of a discrepancy with what is on your card."

## Pronouns

T Pronouns can be added when listing the patient's name and is a good practice to include – for all patients, trans and non-trans. Documentation can be as simple as:

“Diamond Jones (she/her/hers), legally known as David Jones, was seen at..... She arrived following a sexual assault .....”



**Or even more simply:**

“Diamond Jones (she/her/hers) was seen at..... She arrived following a sexual assault .....”

Other methods to address **pronouns** can include:

“Diamond Jones uses she/her/her pronouns and will be addressed as such throughout this documentation.”

## Language for bodies

Many trans/nonbinary people have terms they use for their body, which they may or may not align with traditional medical language. Many may not feel comfortable using the language they prefer within medical settings. Others may not refer to certain body parts at all.

When interacting with the patient, reflect the language they use to talk about their body. If they don't use any words to describe a part of their body, the clinician can ask if feels OK for them to use specific words.

Here are some examples of language health care providers might hear.

Trans people may use words like clit, girdick, T-dick, cock, front hole, vag, bits, genitals, junk; back hole, ass, butt; breasts, chest, or breast tissue. People may also use language that correlates with their affirmed gender, regardless of the shape of their bodies. For example, a trans man may have a body part that is clinically

considered a clitoris; he may refer to this part of his body as his penis. A trans woman may have a body part clinically referred to as a penis, but she calls that body part her clitoris.

In addition, health care providers can use language that is not gendered such as "pregnant person" or "person with a prostate." Avoid terms like female-bodied or male-bodied, as there is no one way for a body to be shaped based on gender. Consult with the patient about the body part language that they would ideally like used in the charting.

## Body maps

Gender-neutral body maps are useful to record injuries in ways that do not presume, reinforce, or miscategorize a person's gender. Although some injuries cannot be fully and accurately captured with gender-neutral maps, the majority of areas of the body can be documented in a non-gendered collection tool.

One of the most complete references (printable) of both gender-neutral and body-specific maps is from the State of California, Office of Emergency Services ([CAL OES 2-023](#)).

In order to fully document genital or anal injuries, a body-specific map will need to be used. The map that best aligns with a trans survivor's body may not be of the gender that they identify. For example, a trans woman may have genitals that include a penis. To accurately chart any abrasions, bruising, or other injuries, a body map that has an image that looks similar to her genitals should be used.

Patients can often see the paperwork or computer screen a provider is using. Prior to bringing the body map into view, explain to the patient that you want to most accurately capture their injuries. Be overt in noting that the charting tool has no reference to their gender or how you perceive their gender.

This is another opportunity to ask the survivor the language they use for their body, so that you can reflect that language as you chart and verbally interact with the patient.

## Body maps



“I want to accurately chart your injuries. I am going to be using this body map, where I will record where you were hurt. Please know that just because this map is labeled "male" it is not how I see your gender or how I will relate to you. Please let me know if there is specific language that you use to refer to your body so I can also use that language.”

No body maps (to date) have variations that include images of metaoidioplasty, zero-depth vaginoplasty, or phalloplasty with no urethral extension, or other genitals that may have been shaped from hormones or surgeries. When working with trans people with these types of bodily configurations, it is critical to accurately document with the recording paperwork approved by your agency or legal system(s). It may also mean adding additional comments directly on body maps or in the accompanying narrative. Narrative descriptions might include:



“The patient’s external genitals include a small phallus, with surgically inserted testicular implants. The urethra is beneath the testicles. There are circular abrasions on the right testicle, that are 1” in diameter. A small ½” cut is at the tip of the phallus. The area surrounding the urethral and vaginal opening are bruised, red, and swollen.”

In addition to a description like the above, if the patient uses “front hole” vs. vagina, the provider may want to reflect that language in the narrative, with an initial explanation of word choice.

[Keep in mind that the patient may have safety concerns related to what is in their medical record. When possible, checking in and make sure that the language included in documentation helps maintain their safety and privacy.]

## Organ inventory

Some electronic medical records have enabled modules that include organ inventories. While not always available online, some agencies may have paper versions of organ inventories they use when gathering information about a client's medical history.

An organ inventory is simply a list of organs (usually reproductive organs) that allows a provider to identify which organs a client may have or not have, if they were removed or altered through surgery or not. Organ inventories are useful tools with patients of all genders. The benefit of an organ inventory is that a person does not need to disclose their gender identity or determine how to share specific information with you that might feel difficult to talk about. Many providers simply bring up the organ inventory on their screen (or clipboard) and go through each item one at a time, allowing the patient to indicate – verbally or through pointing – if they have specific anatomy or not. This process can ease discussion and allow for conversations that are specific to the patients' medical needs

Consider what information you need and why. For example, if you need to know if someone may be at risk for pregnancy, the information you need might be asking if they have a uterus or other reproductive anatomy.



“Sexual assault can have many medical impacts. I ask these questions of all my patients so I can provide appropriate care. When we went through the organ inventory – the form that asked what parts of your body you have/don't have – you indicated that you have a uterus. Would you be willing to share if you have had any procedures or take any medications that might prevent pregnancy?”

## Medical records systems

Medical record systems can create privacy and safety concerns. A patient may have limited ability to control what information is in their medical record, if they had been a prior patient at a facility, and/or if their health insurance or identity documents contain a specific name/gender that may not be their lived identity.

Fortunately, more and more electronic medical records are including fields for “name of use,” as well as for pronouns.

If the patient has not been to a facility before, and may not have gone through intake at registration, the provider (or front desk staff) may have the ability to ask the survivor what information they would like listed in the medical record.

Systems generally dictate what is allowable and may be outside of the patient’s or provider’s control. If there are options, check with survivors about what information they want listed in their electronic medical record and be clear about who the information will be available to. Survivors may have concerns about their trans/nonbinary identity being shared or about their experience of assault being shared.

If services are billed to a patient’s health insurance company, some insurers will deny coverage if there is a perceived “mismatch” between the type of procedure and the sex identifier on the patients insurance records. For example, if medical care is related to a patient’s vagina and they have “M” on their insurance records, this procedure might be denied. Insurers like Medicare allow for a condition code/modifier that will allow these “mismatches” to be processed correctly. (See Medicare guidance [here](#).)

## Charting reminders

- Get the survivor's consent for all aspects of charting. Check for confidentiality around their gender and related topics.
- Ask for the survivor's affirmed name and pronouns. Make sure these are easily visible to staff (with the patient's consent).
- Reflect the language the survivor uses when speaking with them. Ask them for the language they use to refer to parts of their body.
- Use the survivor's language, if they consent, in the chart. You can clarify in the narrative if needed.
- Offer the survivor a way to point to body maps or charts, if they do not feel comfortable discussing out loud.
- Remember that there is no one way to have a "male" or "female" body. Use neutral language when referring to parts of the body, until you know the patient's preference.
- Consider why you are asking a question and what specific information is actually needed. Only ask about relevant and needed information.



This tip sheet is part of a series focusing on medical advocacy.

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FORGE provides training and technical assistance. Contact us to learn more about providing support to trans survivors.