

CONSIDERATIONS for HOSPITALS and LARGE INSTITUTIONS

Tipsheet #7

Hospitals frequently provide services to people in the immediate aftermath of sexual violence. This may include forensic exams, emergency healthcare, post-assault safety or protection, reporting, connection to post-assault resources, or other services.

Many large institutions, like hospitals, are often not well-staffed, -trained, or -skilled in supporting individuals who have experienced sexual harm. Many, also do not have policies, procedures, and training in place for transgender patients to be most effectively served.

Medical advocates and sexual assault organizations can help enhance appropriate and sensitive care to survivors by working with hospital systems to make some improvements to their systems and services for both survivors and, specifically for trans/nonbinary survivors.

Trans/nonbinary people experience higher rates of sexual violence than cisgender people and should have access to the same quality of emergency healthcare.

How hospitals can help:

- **Use the patient's name** of use in all environments. This is especially important when calling people back to exam areas from waiting rooms and other public places where misgendering a person may compromise their safety, place them at greater risk of additional harm or discrimination.
- Use **inclusive intake forms** in the emergency room and all departments.
 - Inclusive forms include options for name of use, gender or gender identity options other than male or female, pronouns, distinct fields for name on insurance vs. legal name or name of use, relationship status, emergency contact relationship.
- Have easily available **all-gender restrooms**.
- Avoid gendered language in describing services.
- Train all staff to use inclusive, gender-neutral language, especially those responsible for welcoming, greeting, or helping patients navigate the hospital.
- **Train all staff** about trauma-informed practices, especially related to working with patients who have experienced sexual or intimate partner violence.

- Connect sexual assault patients to **advocates or navigators**.
 - When possible, have trauma-informed and trans-knowledgeable patient navigators available for assault survivors.
 - When possible, have strong connections with sexual assault agencies that have skilled, trained advocates who can come to the hospital for accompaniment.
- If forensic sexual assault exams are provided in an OB/GYN department, adjust signage so that survivors of all genders will feel welcome in that area.
 - This can include removing language such as “women’s health.”
- Offer staff the option to have **pronouns** on their nametags, prescription pads, exit/visit summary printouts given to patients, etc.
- Include **organ inventories** and gender-neutral body maps as charting options, particularly for sexual assault exams, but for all patients as well.
 - Organ inventories are often an add-on module in many electronic medical records system software (such as EPIC).
- Review how **electronic medical records are shared**. Consider ways to make sexual assault-related records more private, or how to gain the patient’s overt consent before sharing with all departments.
- Minimize the **number of people** entering the exam or treatment rooms of survivors. If the hospital is a teaching hospital, patients who are seeking acute care after a sexual assault should not be included in direct exam-room-based education for students.



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.