NHS

Briefing 11

Trans people's health

Briefings for health and social care staff

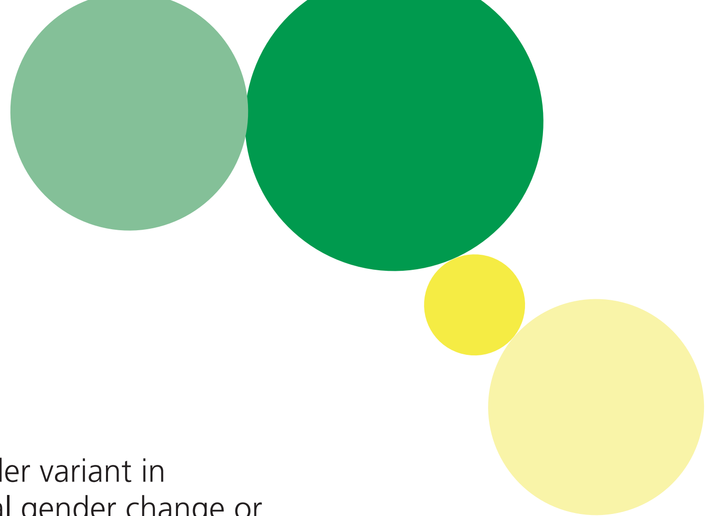
DH Department of Health

(a) Social attitudes towards trans people

Although social attitudes have become more accepting towards trans people, there is a persistent assumption that there are only two genders (female and male) and that one's gender is assigned from birth and cannot be changed.[1]

Trans people still face prejudice. This continues to limit their employment opportunities (despite legislation prohibiting discrimination); their personal relationships; their access to goods, services and housing; their health status; their safety in both public and private spheres; and their access to health and social care.

Trans activists have lobbied for a shift in social and health perspectives from gender pathology (a disease or abnormality) to gender nonconformity (trans people do not conform to society's narrow view about gender).



(b) Who are trans people?

'Trans' is used to capture experiences of being gender variant in behaviour and preference, as well as social and legal gender change or transformation.[2] Trans is primarily a UK term, developed in a political context to refer to a diverse and inclusive community of people ranging from part-time cross-dressers to transsexual people who undergo gender reassignment surgeries. Trans is used in the context of personal rights: that is, to support the claim that all trans people are entitled to have their human rights upheld.

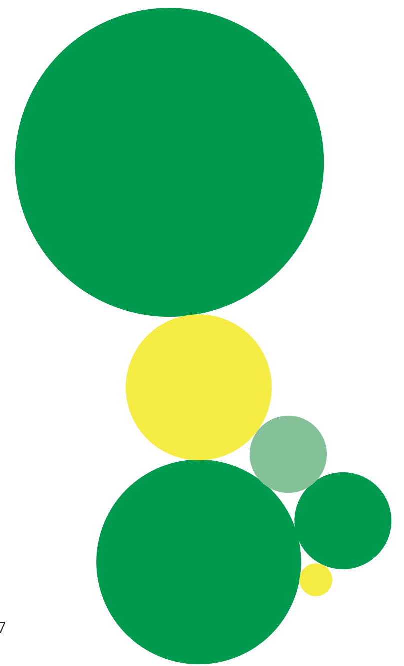
'Transgender' is an alternative umbrella term used in many parts of Europe and North America. In the UK, transgender is used as a policy term to describe those people who live part or all of their lives in their preferred gender role – they may use hormonal treatments to change their body form, but they will generally not seek to undergo gender reassignment surgeries.[3] Transgender is also used to refer to cross-dressers and transvestites (drag queens and drag kings).

'Transsexual' describes those people who seek gender reassignment treatments, including genital reconstructive surgery where possible.[3] Someone who is transitioning from female to male (FTM) is often known as a trans man, while male to female (MTF) transsexual people are known as trans women. After successfully transitioning to live permanently in their preferred gender role, many prefer to be considered simply as men or women (see www.gires.org.uk). In the past, these people would 'disappear' into the community at large (known as living in 'stealth'). However, nowadays many use the internet to keep in touch with the trans community in order to continue to claim their legal rights and protections.

'Intersex' refers to people with both male and female sex signifiers. Two births in 100 have intersex factors, but only one in 2,000–4,000 newborns have ambiguous genitals that combine male and female organs.[4]

Some intersex people will identify as trans, and choose in adulthood to undergo gender reassignment treatments to enable them to live in their preferred sex, which is opposite to that in which they were raised. But most intersex people do not identify as trans.

Trans people can be heterosexual, lesbian, gay or bisexual. They may be people with a disability. They may present as trans when very young – trans behaviour can be noted as early as three or four years old – or when they are very old. They may also be members of Black and minority ethnic communities, though because of cultural and religious expectations within some of these communities, they may find it very difficult to 'come out' and seek help or treatment.



(c) What are trans people's health needs?

Like lesbian, gay and bisexual people, trans people often meet with discrimination and prejudice in their everyday lives. Many, regardless of social position or class, experience isolation and face limited understanding of their lives. These experiences place many trans people at risk of alcohol abuse, depression, suicide, self-harm, violence, substance abuse and HIV. [5,6,7]

Victims of violence: Because many (MTF) trans women are visibly trans for several years after starting living in their new gender role, (transphobic) violence is more often directed at them than (FTM) trans men.

HIV rates: One US study found (MTF) trans women to have the highest incidence of HIV infection of any risk group;[8] however, HIV infections are not a major risk factor in the UK, mainly because sex work or recreational drug use is not usual in UK trans cultures.

Self-harm and suicide rates: The UK's largest survey of trans people (N = 872) found that 34% (more than one in three) of adult trans people have attempted suicide.[9] Similar rates were reported in a US study.[7]

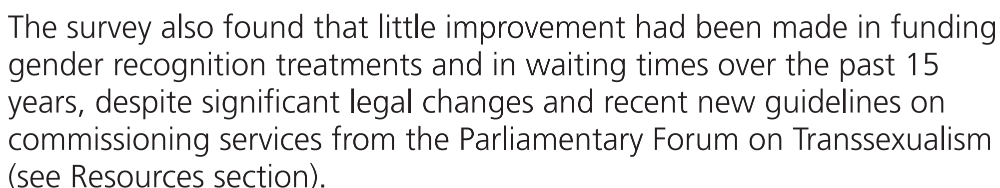
Young people's concerns: Young trans people report insecure housing, economic hardship, legal problems and difficulty in accessing appropriate healthcare. They have limited family support, high rates of substance abuse and high risk sexual behaviours.[10]

(d) Access to healthcare (for people when transitioning)

Gender reassignment services: The community's primary health needs are access to gender reassignment services, including assessment, counselling or psychotherapy, hormonal treatments, and gender reassignment surgeries (hair removal, vaginoplasty and breast enhancement for (MTF) trans women, and mastectomies, hysterectomies and genital surgery for (FTM) trans men).

Evidence suggests that large numbers of trans people are refused NHS treatment:

- 17% were refused (non-trans related) healthcare treatment by a doctor or a nurse because they did not approve of gender reassignment;
- 29% said that being trans adversely affected the way they were treated by healthcare professionals;
- 21% of GPs did not appear to want to help or refused to help with treatment.[9]



The survey also found that little improvement had been made in funding gender recognition treatments and in waiting times over the past 15 years, despite significant legal changes and recent new guidelines on commissioning services from the Parliamentary Forum on Transsexualism (see Resources section).

(e) Standards of care

Standards of care have been determined internationally by the World Professional Association for Transgender Health (WPATH). A consultation is currently being undertaken by the Royal College of Psychiatrists to develop standards that take account of society's changing attitudes and of NHS commitments to patient-centred care. Christine Burns[11,12] has outlined the criteria against which services should be provided. Services should be: accessible, appropriate and recognise the diversity of patients, their needs and choices.

(f) Barriers to routine healthcare

Health professionals hold polarised views of transsexualism ranging from considerable empathy to strong moral disapproval.[13] As a consequence, there are many examples of inappropriate healthcare:

- (FTM) trans men are rarely included in breast screening programmes;[14]
- (MTF) trans women are rarely offered prostate screening;
- intersex women report being repeatedly asked about their last period and their contraceptive use, some are given smears (although they do not have a cervix).[15]

Physical examinations and screening tests should be offered to patients on the basis of the organs present rather than their perceived gender.[16]

Health care discrimination against trans people has included the refusal of care such as smear tests, breaches of confidentiality and the practice of placing trans women on male wards, and trans men on female wards.

One trans man describes being admitted to a female ward for a hysterectomy:

There was the nurse explaining to her colleague as they left my room, 'Oh, that's a woman who wants to be a man', clearly audible both by me and by other patients and visitors … my door had two signs on it: one had my name, the other read 'gynaecology patient' – just in case anyone was in doubt that the man inside was a weirdo … it was totally wrong and unnecessary to admit me to a female ward. I could have received the care I needed on any surgical ward. On a mixed or male ward I would have been unremarkable – just another patient. As it is I was labelled, humiliated and isolated. I … have lived as a man all my adult life; I have a high profile job … But this experience was deeply upsetting.[17]

Consequently, many trans people are reluctant to seek healthcare.

(g) Communicating and engaging with trans people

More than 30% of trans people in one study had experienced discrimination from professionals who were insensitive to trans issues when they were:

- trying to get information from their GP;
- obtaining funding for gender reassignment surgeries;
- accessing ordinary non-trans related healthcare.

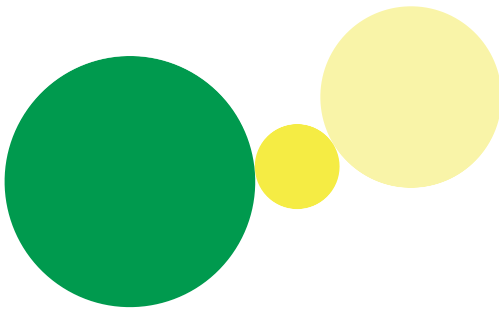
Trans people also complained of healthcare professionals:

- persisting in using male pronouns rather than female, ie using 'he' rather than 'she' and vice versa;
- being critical about appearance, in particular about style of dress;
- asking for their 'real' name.

They also report being made to wait longer than other patients when accessing health services or surgery, and that doctors assume that any presenting health problem is related to their trans identity and often regarded as psychosomatic.[9]

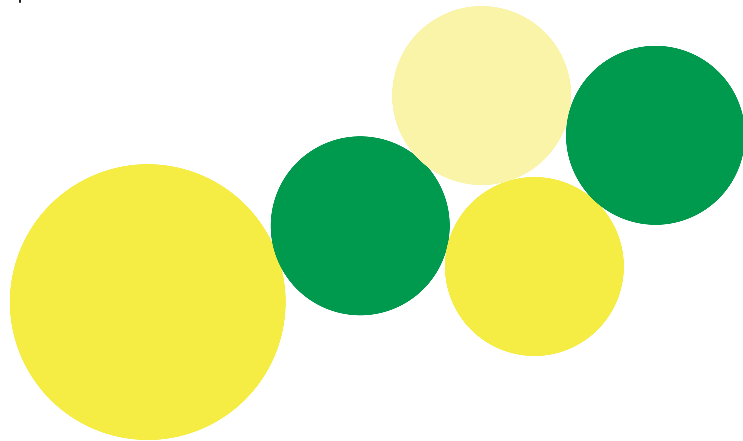
Recommendations included regular training for healthcare staff on how to work with trans patients on issues of dignity, particularly the right to be treated as a member of their new gender, and privacy needs. Good communication for health professionals includes:

- using the name and title that the person who is transitioning deems correct (eg Mr, Mrs, Miss or Ms);
- using transsexual as a descriptive term, ie transsexual people, transsexual individual or someone who is transsexual;
- avoiding the terms disorder (as in gender identity disorder) or disease.



(h) Evidence and statistics

Much of the research into trans people's health relates to medical needs; there is comparatively little research relating to their health and social care needs. In the late 1990s, trans people's health was included in research with lesbian, gay and bisexual people, but researchers often achieved only small samples of trans people and failed to identify their needs separately. Although there are some similarities in experiences of discrimination in access to healthcare, it is important that the distinctiveness of trans people's health needs is acknowledged and evidenced. This is the reason for this separate booklet.



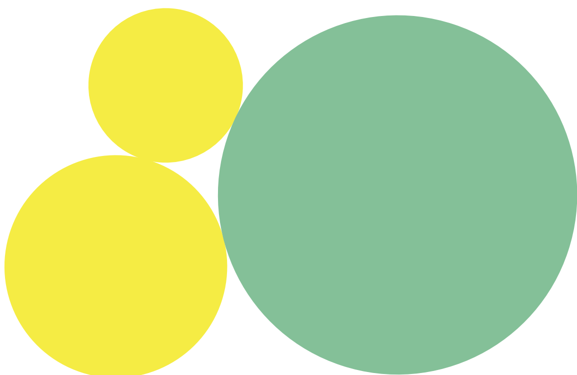
(i) Policy and legislation

The Sex Discrimination (Gender Reassignment) Regulations 1999 amended the Sex Discrimination Act 1975 (SDA) and protects transsexual people against discrimination in employment and vocational training. The SDA now protects individuals from being discriminated against in the workplace on the grounds that they:

- are intending to undergo gender reassignment;
- are currently undergoing gender reassignment; or
- have already undergone gender reassignment.

In 1999 the Court of Appeal held that gender identity dysphoria is an illness under the National Health Service Act 1977, and that gender reassignment treatments, including surgery, are the appropriate medical response. The Court further held that it is unlawful for primary care trusts to have a blanket refusal of funding for treatments in such cases.

(See R v North West Lancashire Health Authority ex pA, D and G [2000] 1 WLR 977.)



The Gender Recognition Act (GRA) 2004 enables trans people to apply for 'gender recognition' and those born in the UK can obtain a new birth certificate. In order to qualify, a trans person has to show that they have been diagnosed as having gender dysphoria **and**:

- they have lived in their acquired gender role for two years; **and**
- they intend to do so permanently for the remainder of their life.

Gender recognition means that trans people must be treated as of their new gender (sex) for **all** legal purposes, including health and social care.

The Act imposes new responsibilities to maintain client confidentiality. Section 22 of the GRA 2004 makes it a crime for any individual who has obtained information in an official capacity to divulge that a person has a gender recognition certificate, ie is a trans person, or do anything that would make such a disclosure. This includes social and health care agencies, or a person employed by such an agency or prospective agency.[18]

The Gender Recognition (Exceptions to Offence of Disclosure) Order 2005 creates an exception to s.22 for healthcare professionals, including nurses, where the person making the disclosure has a **reasonable** belief that:

- either consent has been given or that consent cannot be given by that person; **and**
- the disclosure is made to a health professional for medical purposes.

The Gender Regulations 2007 (forthcoming)
The Government is committed to amending the SDA 1975 before the end of December 2007 to prohibit discrimination on the grounds of gender reassignment in the provision of goods and services – including health and social care.

(j) Links

Gender Trust
PO Box 3192, Brighton BN1 3WR
Tel: 01273 424024 (office hours)
Helpline: 07000 790347
Offers advice and support for transsexual and transgendered people, especially 'male-to-female', and to partners, families, carers and allied professionals. Has a membership society and produces a magazine, 'Gems'.
www.gendertrust.org.uk

FTM Network
BM Network, London WC1N 3XX
Helpline: 0161 432 1915 (Wednesdays 8pm – 10.30pm only)
Offers advice and support to 'female-to-male' transsexual and transgender people, and to families and professionals. Also has a 'buddying' scheme, a newsletter called 'Boys Own' and an annual national meeting.
www.ftm.org.uk

Beaumont Society
27 Old Gloucester St, London WC1N 3XX
Helpline: 01582 412220
Provides advice and support for transvestite people, but also has some transsexual members. Runs local groups and produces a newsletter and publications.
www.beaumontsociety.org.uk

Mermaids
BM Mermaids, London WC1N 3XX
Helpline: 07020 935066 (12 noon – 9pm when staffed)
Support and information for children and teenagers who are trying to cope with gender identity issues and for their families and carers. Please send SAE for further information.
www.mermaids.freeuk.com

Press For Change
BM Network, London WC1N 3XX
In emergencies ONLY, ring 0161 247 6444
Campaign for equal civil rights for transsexual and transgendered people. Also provides legal help and advice for individuals, information and training for professionals, speakers for groups. Produces a newsletter and publications. Please send SAE for further details.
www.pfc.org.uk

Depend
BM Depend, London WC1N 3XX
An organization offering free, confidential and non-judgmental advice, information and support to all family members, partners, spouses and friends of transsexual people.
www.depend.org.uk

(k) Resources

Understanding that Trans Health Matters
(forthcoming)
This training course developed by Health First includes a DVD (produced by TransFabulous) featuring trans people discussing their experiences of healthcare.
www.dh.gov.uk/equalityandhumanrights

Beyond Barriers
Beyond Barriers have produced an accessible resource about trans issues.
www.beyondbarriers.org.uk

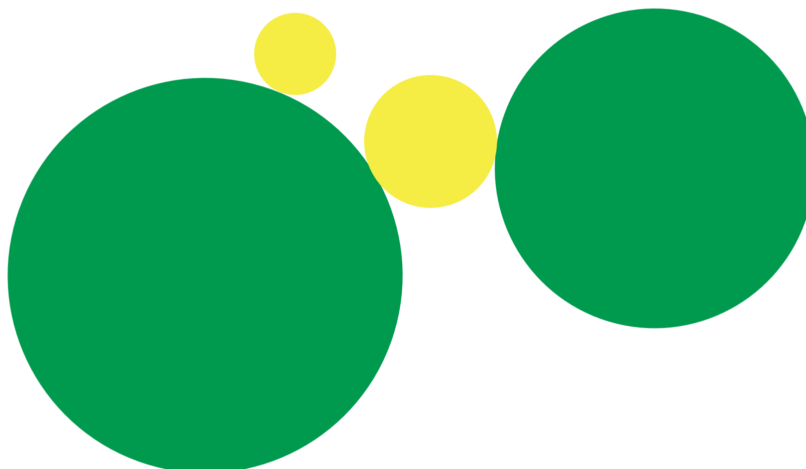
Transgenderzone
A UK-based resource containing information on many aspects of trans living, including health and social care.
www.transgenderzone.com

LGBT Health Resource Center, Philadelphia, USA
Preliminary evidence suggests rates of smoking and getting help to stop smoking are concerns for trans populations. The website includes materials on helping trans people to stop smoking.
www.safeguards.org

The World Professional Association for Transgender Health (WPATH)
WPATH has established internationally accepted standards of care (SOC) for the treatment of gender identity disorders and they are available here. It also provides comprehensive ethical guidelines concerning the care of patients with gender identity disorders. Membership includes receiving the *International Journal of Transgenderism*, the regular Members Update, and access to the members area, which includes research reports and other medical and healthcare papers.
www.wpath.org

FTM*International*
This website has a large library on trans men's healthcare issues.
www.ftmi.org

Parliamentary Forum on Transsexualism (2005)
Guidelines for health organisations commissioning treatment services for individuals experiencing gender dysphoria and transsexualism.
www.pfc.org.uk



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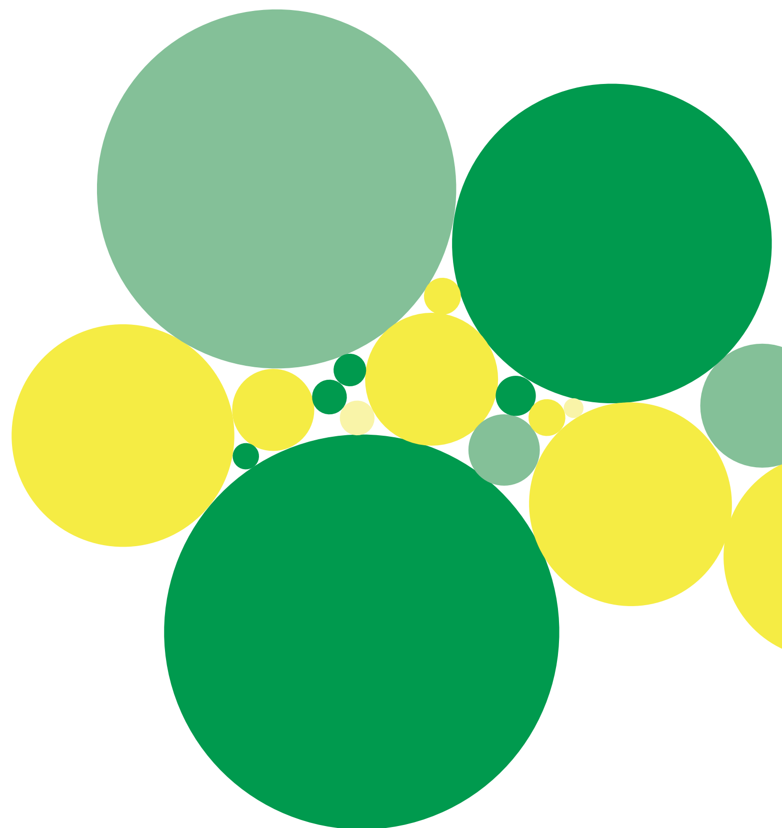

(m) Further reading

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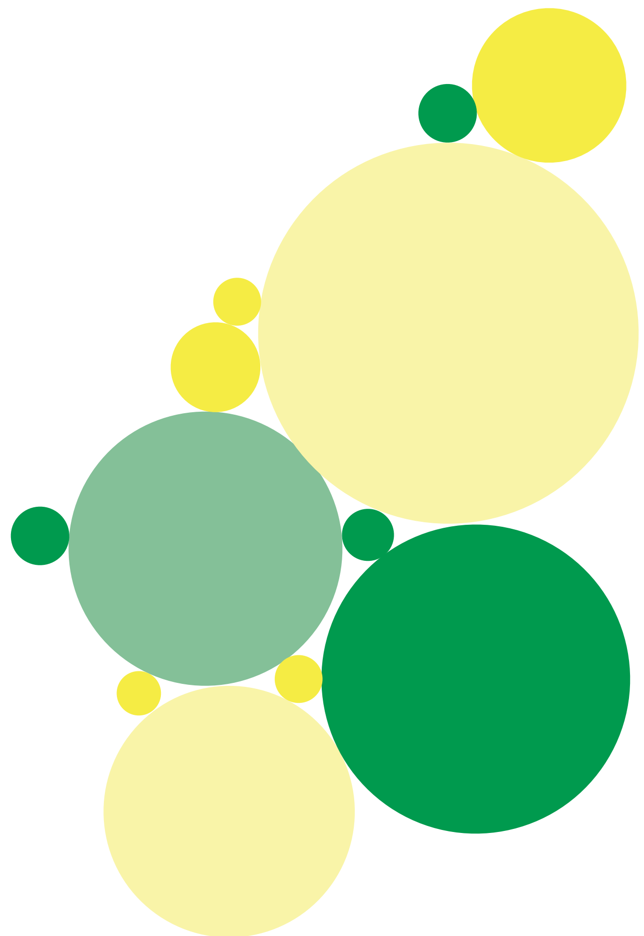

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