



Trans health

"After tests following a head injury, the doctor wrote to my GP starting with: 'This transsexual...' which was completely irrelevant to the injury."¹

Key message:

There is a lack of awareness and continued discrimination facing trans women in healthcare provision which needs to be addressed

What discrimination and problems do trans women face in healthcare?

- Services for treatment and support are haphazard in the UK with many GPs having no knowledge of trans issues and there is a general lack of information within health services.²
- In one study 20% of trans people found their GP unhelpful, 21% of respondents' GPs did not want to help, 6% refused any help, and another 14% said that their care was negatively affected by clinicians knowing that they were trans.³
- 84% of GPs and hospital staff are against the funding of transition.⁴
- Many trans people feel that their gender identity adversely affects the way that they are treated by healthcare professionals and there are often problems receiving funding for treatments from Primary Care Trusts (PCTs) and waiting times for assessment or treatment have not improved over time.⁵

"I had to change GP because he just could not accept gender dysphoria as being real."⁶

- Trans people may be heavily involved in certain areas of the healthcare system in various ways. In order to gain a Gender Recognition Certificate (GRC), people need to demonstrate to the Gender Recognition Panel that they are serious about living permanently in their new gender. However, they still frequently have bad experiences such as being addressed incorrectly, being put on an inappropriate single-gender ward or

blatant prejudice from staff.⁷

- There are long waiting lists for gender reassignment surgery in the UK (e.g. a nine year waiting list in Sheffield).
- After transition trans people may face problems accessing routine healthcare as they continue to be seen through a trans lens in terms of their health and may still be discriminated against.
- There is little information yet on services for trans women other than information about hormone treatment and surgery. However, this is problematic, as for many trans people such treatment is inappropriate but it may be perceived as the only option.

Private care

- 23% of adults who present with gender dysphoria obtain treatment from the private sector.⁸
- Private surgery is expensive which can occasionally result in trans people going into sex work to pay for surgery.⁹
- Trans people may be unlikely to disclose to service providers and many seek treatment outside the NHS and private clinics. For example they may self-prescribe hormonal treatments acquired over the internet, which can be dangerous, or obtain surgery abroad without proper medical support or follow-up when they get home.

Mental health

- Young people aged 12 and over experiencing gender dysphoria are at an increased risk of self-harm and overdose, other figures show 35% of the trans population reporting having made at least one suicide attempt prior to accessing the treatment they are seeking.¹⁰
- After 'coming out', trans people are at high risk of being shunned by family and friends and so are susceptible to depression and suicide related to extreme levels of discrimination and isolation (see trans briefing).
- Only 10% of people who seek professional medical help obtain counselling outside of this and many are not offered any at all.¹¹
- Mental health services also provide a 'gatekeeping' role in terms of access to further services and treatment and so relationships to them can be complicated and based on assumptions on both sides.

How can health services support trans women?

- Most trans people start by seeking help from a GP to begin the process of obtaining gender reassignment surgery (GRS) or other relevant services. Indeed, it is crucial to have the support of a GP for referrals and monitoring general health.
- Healthcare providers need training about trans people's issues, their rights as patients and privacy obligations.¹²
- Trans people who undergo transition require specific medical support and case law confirms that the NHS should provide hormones, and where necessary, surgery.
- This has implications for service provision as commissioners and providers of health services need to know how many people are likely to seek these different types of medical care.¹³
- Services that are community-based and patient-centred using a social model of health are recommended. This places the emphasis on changes that can be made in society and in people's own lifestyles to make them healthier.

- There are specific gender clinic services for trans people and many support groups may also be helpful. Unsurprisingly the mental health of trans people actually improves when they receive the help that they are seeking.
- The Department of Health has produced a practical guide for the NHS on trans issues and healthcare delivery which is useful:
http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_089941
- General information and advice can also be found on the websites of many of the organisations that support trans people (see trans briefing).

What healthcare support for trans women is available?

Trans-health -

International online magazine providing information about health and fitness for trans people
www.trans-health.com

Press for Change -

Have a 'health and social care' section on their website
<http://www.pfc.org.uk/node/613>

Department of Health guide for young trans people -

http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_074258

Department of Health 'Transgender Experiences' leaflet -

http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_097169

NHS film about trans -

<http://www.nhs.uk/video/pages/medialibrary.aspx?Page=1&Filter=&Id={3E6D2FB3-4A85-4CA9-BOE8-C6C02F98FBA1}&Tag=&Uri=video%2f2009%2fJune%2fPages%2fTransgender-Jaystory.aspx>

The Parliamentary Forum on Transsexualism

has produced guidelines for health organisations commissioning treatment services for trans people
<http://www.pfc.org.uk/files/medical/pf-guide.pdf>

- 1 Respondent in Whittle, S. Turner, L. and Al-Alami, M. *Engendered Penalties: Transgender and Transsexual People's Experiences of Inequality and Discrimination* (2007) Equalities Review
- 2 Ibid
- 3 Ibid
- 4 Doctors.net survey (2004) reported in the *Daily Telegraph*
- 5 Whittle, S. Turner, L. and Al-Alami, M. *Engendered Penalties: Transgender and Transsexual People's Experiences of Inequality and Discrimination* (2007) Equalities Review
- 6 Ibid
- 7 Ibid
- 8 GIRES. *Guidance for GPs, Other Clinicians and Health Professionals on the Care of Gender Variant People* (2008) Department of Health: London
- 9 <http://www.transgenderzone.com/library/st/fulltext/-60.htm>
- 10 Reed, B., Rhodes, S., Schofield, P. and Wylie, K. *Gender Variance in the UK: Prevalence, Incidence, Growth and Geographic Distribution* (2009) GIRES
- 11 Ibid
- 12 Whittle, S. Turner, L. and Al-Alami, M. *Engendered Penalties: Transgender and Transsexual People's Experiences of Inequality and Discrimination* (2007) Equalities Review
- 13 Reed, B., Rhodes, S., Schofield, P. and Wylie, K. *Gender Variance in the UK: Prevalence, Incidence, Growth and Geographic Distribution* (2009) GIRES