

Meeting the Requirements of Equality Legislation

A Fairer NHS Greater Glasgow & Clyde 2013 – 2016

Briefing Paper:
Gender Reassignment and
Transgender

June 2013

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Demographics / Health needs

Definition

The term transgender refers to a number of characteristics. These include transsexual women and men, intersex people, androgyne people and cross-dressing (transvestite) men and women.

Transsexual people are usually distinguished from other transgender people by their strong desire to live completely and permanently as the gender opposite to that which they were originally labeled at birth. The process of permanently transitioning from one gender to another is called gender reassignment. A female-to-male (FTM) transsexual man (trans man) is someone who was labeled female at birth but has a male gender identity and therefore is transitioning to live completely and permanently as a man. A male-to-female (MTF) transsexual woman (trans woman) is someone who was labelled male at birth but has a female gender identity and therefore is transitioning to live completely and permanently as a woman. As part of gender reassignment (transition), a patient will usually take hormones and may also elect to undergo various surgical procedures.

The Equality Act 2010 defines a person as having the protected characteristic of gender reassignment if the person is proposing to undergo, is undergoing, or has undergone a process (or part of a process) for the purpose of reassigning their sex by changing physiological or other attributes of sex. The Act provides protection for transsexual people from discrimination and harassment in areas such as employment or the provision of goods and services. The Act does not require a person to be under medical supervision to be protected, so someone who simply changes the gender role in which they live without ever going to see a doctor is protected. The Act offers new protection from discrimination for people who associate with transsexual people and people who are perceived to be a transsexual person. It also offers new protection from indirect discrimination because of gender reassignment.

NHSGGC has a legal obligation as set out in the Act's Public Sector Equality Duty to take due regard of: the need to eliminate discrimination, harassment and victimisation; the need to promote equality; and the need to promote good relations for people with the protected characteristic of gender reassignment.

NHS Greater Glasgow and Clyde were the first NHS Board in Scotland to publish a Transgender Policy which sets out our commitment to ensure equality of access to services that are both appropriate and sensitive. The policy is currently under review, a revised policy will be available in August 2013.

A Scottish National Gender Reassignment Protocol (GRP) was developed in 2011/ 12 to improve practice and ensure consistent, timely and equitable access to gender reassignment care.

Demographics

There is no reliable information on the number of transgender people in Scotland.

In the UK, the number of people aged over 15 presenting for treatment for gender dysphoria is thought to be 3 in 100,000. This would equate to approximately 150 per annum in Scotland. In developing a new Gender Reassignment Services Protocol, NHS Health Scotland and its partners completed a scoping exercise which found this number to be slightly higher, approximately 200 per annum.

The median age for transitioning is 42, although those who are treated for gender dysphoria recall experiencing gender variance from a young age.

There is also a lot of uncertainty regarding the total number of transsexual people in Scotland currently requiring gender reassignment surgery (i.e. the backlog of 'cases') and of the number of new transsexual people that are likely to be identified each year.

Not all trans people request surgery, for example, some may be content with cross-dressing. Those who do wish to 'transition' are termed transsexuals and usually require medical intervention.

The best estimates are that there are between 136 and 200 new transsexual cases per year in Scotland, of which the number requesting some type of surgery is between 30 and 105.

Statistics from the Sandyford Initiative in Glasgow identified that there were 282 attendees to the gender reassignment service in 2010 of which 78 were new referrals. In 2011 there were 56 new referrals from a total of 309 attendees.

The Scottish Transgender Survey found a ratio of trans women to trans men of 4:1.

It is recognised by the Scottish Government and the Equality and Human Rights Commission that there is limited evidence into the health of transgender people in Scotland.

Currently, there is no fully tested recommended question with which to collect information on gender identity in surveys or other data sources.

Available data has identified a number of factors that have significant effect on the health of trans people, including:

- Inconsistent funding and access to gender reassignment services throughout Scotland.
- Lack of access to essential medical treatment for gender identity issues, i.e. electrolysis for trans women
- Lack of awareness and understanding of care providers so that transgender people are in appropriately treated in single gender out-patient and in-patient services.
- Lack of social work service to support children, young people, adults and families with gender identity issues.
- Mental health problems including suicide, self harm anxiety and depression.
- Experiences of social exclusion, violence and abuse and the resulting negative impact on health and well-being.

Patient experience

Our dialogue with transgender people has identified general satisfaction with regard to treatment within transgender specialist services. There are still reported experiences of lack of awareness of transgender issues and negative attitudes from staff. Improvement in staff awareness and attitudes (including GPs) were cited as one of the most important factors that would improve trans people's experiences within NHS settings.

Continuing lack of appreciation from NHS generally as to the importance of services and treatments such as electrolysis to trans women and its importance to the process of transitioning was also cited as a significant issue. There is a general sense that such services, that are seen as vital to patients are still seen as cosmetic by many NHS providers.

The experiences of NHSGGC patients are generally reflective of the data gathered from recent research carried out by Scottish Transgender Alliance (STA).

An online survey of transgender people conducted by the STA in 2011 identified that:

Once seen at a Gender Identity Clinic, 46% of respondents felt that they had experienced difficulties obtaining the treatment or assistance that they needed. These included administrative errors, restrictive protocols, problematic attitudes, and unnecessary questions/tests. Nearly half of respondents (40%) thought that barriers and delays to treatment were the greatest challenge they had experienced with regard to transgender health care.

A frequent problem reported was that General Practitioners lack knowledge about transgender health needs, for example in regard to long-term prescription of hormones and also post-operative care and possible complications after genital surgeries. In the second phase of this survey in June 2011, almost half of respondents (47%) thought awareness-raising of transgender issues would be most important amongst GPs. Respondents felt that awareness-raising was most needed on the gender reassignment process itself, followed by general healthcare treatment for transgender people.

The major problem reported was difficulty getting NHS records fully updated to correctly reflect a change in gender.

The same survey identified that just over half of respondents (53%) thought that GPs were doing an excellent or good job in addressing their health needs.

Experiences of discrimination

Transgender people will face discrimination and prejudice across their life course and will often experience high levels of abuse before transitioning due to a rejection of their gender at an early age. In this way, many trans men and women will experience homophobic attitudes (because of how society expects their gender to behave) before transitioning and experiencing both transphobic and homophobic attitudes during and after transitioning.

As cited in some of the research mentioned in the previous section such experiences of discrimination can have significant impact on the health needs of transgender people, contributing to mental health issues such as depression and impacting on their wider life experiences.

Resources

A wide range of resources on gender reassignment are available on the Equalities in Health website –

http://www.equalitiesinhealth.org/public_html/What_is_gender_reassignment.html

Training available in-house

NHS staff can access an E-learning module on transgender on StaffNet –

<http://www.staffnet.ggc.scot.nhs.uk/Human%20Resources/Learning%20and%20Education/E-Learning/Pages/E-Learning%20Homepage.aspx>

Involvement

NHS Greater Glasgow and Clyde engages with transgender patients in a number of ways. The Corporate Inequalities Team Equalities Health Reference Group has representation from the transgender community. Trans people have been consulted with in the development of our Equality Outcomes and in the updating of NHSGGC's Gender Reassignment Policy.

Activity to address discrimination

- Don't make assumptions about how trans people view gender – listen carefully to what they actually tell you about their gender identity.
- Don't make assumptions about the sexual orientation of a trans person or their partner; they could be gay/ lesbian, bisexual or straight.
- Always use the correct pronouns when addressing a trans person and use the name provided by them.
- Always let trans people decide which toilet is the most appropriate for them to use. Legally, they are allowed to.
- Please look at NHSGGC's Gender Reassignment Policy for clear information regarding staff's duties and responsibilities when working with transgender patients.

1. Age
2. Asylum Seekers and Refugees
3. Bowel Screening
4. Gender Reassignment and Transgender
5. Homelessness
6. Inequalities Sensitive Practice
7. Learning Disability
8. Prisoners
9. Roma and Gypsy Travellers
10. Sensory Impairment
11. Sexual Orientation