

Supporting transsexual and non-binary patients with advanced disease

Northern
Region Gender
Dysphoria
Service



NHS
Cumbria, Northumberland,
Tyne and Wear
NHS Foundation Trust

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Outline

- Who we are
- Where gender identity services fit in
- Who we treat
- Who we don't see
- Basic definitions
- Hints and Tips
- The law
- Impact of advanced disease



Gender Identity Clinics

- 7 nationally in England
- Adults 17+
- Dedicated service for under 17s (Tavistock and Portman national with Leeds satellite)
- Commissioned nationally and can take referrals from throughout England
- Act as gatekeepers for hormone treatment, physical interventions delivered locally and specialist surgery



We offer a psychologically informed treatment pathway, to a population who experience high rates of psychiatric, psychological and developmental co-morbidities, focussed on improving the mental and physical wellbeing of the people we serve. Robust clinical governance, differential diagnosis, complexity and mental capacity are essential components of the service, which require specialist knowledge and skills. This is not to be confused with psycho-pathologisation of diversity of gender identity which we do not advocate.



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- **SEX**
 - The classification of an individual as male or female on the basis of anatomic, functional, hormonal, and chromosomal characteristics
- **GENDER**
 - Biological sex
 - Personal, social or legal status
 - “Psychological type”
 - Can be based on body and behaviour, not on genital and/or erotic criteria



- **GENDER IDENTITY**
 - Universal human quality
 - Self-defined and integral to personality
 - The inner conviction that one is male, female, neutral or ambivalent as distinguished from biological sex
 - One of the most basic aspects of self determination, dignity and freedom
 - Closely linked to gender role

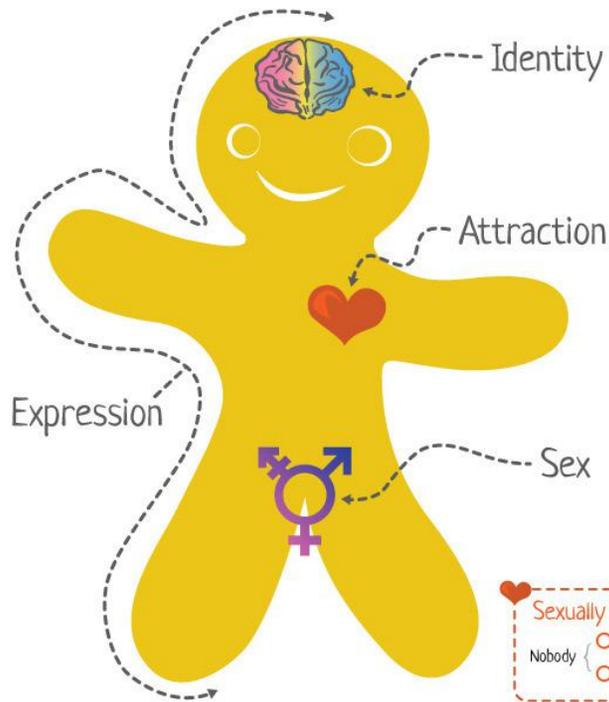


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The Genderbread Person v3.3

by its pronounced **METROsexual**.com

Gender is one of those things everyone thinks they understand, but most people don't. Like *Inception*. Gender isn't binary. It's not either/or. In many cases it's both/and. A bit of this, a dash of that. This tasty little guide is meant to be an appetizer for gender understanding. It's okay if you're hungry for more. In fact, that's the idea.



For a bigger bite, read more at <http://bit.ly/genderbread>

Plot a point on both continua in each category to represent your identity; combine all ingredients to form your Genderbread. 4 (of infinite) possible plot and label combos

Gender Identity

How you, in your head, define your gender, based on how much you align (or don't align) with what you understand to be the options for gender.

Woman-ness
Man-ness

Options: "woman", "man", "two-spirit", "genderqueer"

⊖ Indicates a lack of what's on the right.

Gender Expression

The ways you present gender, through your actions, dress, and demeanor, and how those presentations are interpreted based on gender norms.

Feminine
Masculine

Options: "butch", "femme", "androgynous", "gender neutral"

Biological Sex

The physical sex characteristics you're born with and develop, including genitalia, body shape, voice pitch, body hair, hormones, chromosomes, etc.

Female-ness
Male-ness

Options: "male", "female", "intersex", "MIF Female"

Sexually Attracted to

Nobody {
 (Women/Females/Femininity)
 (Men/Males/Masculinity)

Romantically Attracted to

Nobody {
 (Women/Females/Femininity)
 (Men/Males/Masculinity)

In each grouping, circle all that apply to you and plot a point, depicting the aspects of gender toward which you experience attraction.



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Gender diversity

- There is a wide range of gender variations in gender identities and expressions.
- It can be helpful to think of gender as a continuum, a scale or a spectrum.



Non-binary identities

- A non-binary person does not identify solely as a man or a woman.
- They may identify as both, neither, or as a gender somewhere in between.
- They may identify as transgender but might not.
- In one US study of a transgender population, 40.9% of respondents described a “non-binary gender identity.”
- Particularly vulnerable to discrimination.



Transgender/Trans

- Describes a person whose gender identity and assigned sex at birth do not correspond. (cf Cisgender/Cis)
- Can be used as an umbrella term to include diverse gender identities.
- Trans is noun or adjective (trans woman)
- Does not indicate the presence of gender dysphoria.



Gender Dysphoria

- Is the experience of discomfort or distress which arises as a result of a mismatch between person's gender identity and the sex assigned at birth.
- There are varying degrees of dissatisfaction.
- Encompasses a variety of identities.
- Not all transgender people experience gender dysphoria.



Some figures

- Prevalence rates range from 0.05% to 1.2%
- Depends on the question asked, how it is asked and who it is asked to.
- The birth assigned gender ratio for trans people presenting in adulthood is ~ 3M:1F; in childhood is ~ 1M:1F
- Age of referral to adult (17+) gender services has fallen from mid 30s to mid 20s and the birth assigned gender ratio is moving towards 1M:1F
- Referral numbers steadily increasing – genuine change in incidence unlikely, more likely more awareness and permissiveness.



Associated Difficulties

- Autistic spectrum disorders – higher rates amongst gender diverse population. Higher rate of gender diversity amongst those with ASD. Unlikely to be simple causative relationship in either direction. Services for gender diverse people need to accommodate neurodevelopmental diversity and vice versa.
- Depression, anxiety and other common mental illnesses are over-represented in histories of those with gender dysphoria, the impact of minority discrimination is likely to be a major factor.
- Untreated gender dysphoria is associated with increased rates of suicidality and deliberate self harm.



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Sexuality

- Diverse sexual orientation is more common in trans populations.
- This can result in intersectional discrimination.
- “Sexual orientation is about who you want to go to bed with, gender identity is about who you want to go to bed *as*.”



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Social gender role transition

- Moving from one point on the gender spectrum, to another
- Coming out to family, friends, employers
- Change of name socially and legally
- Asking others to use the appropriate pronouns
- Changing name and gender on official documents
- Adapting to changes e.g. relationships, sexual functioning.
- Bringing outward appearance in line with internal identity
- Gender Recognition Certificate
- Some treatments may assist with this – psychosexual counselling, voice & communication therapy



Treatment for gender dysphoria

- The aim of treatment is
 - achieve lasting personal comfort with gender expression
 - maximize overall psychological well-being & self acceptance
- Diverse group with diverse needs
- Person-centred, within boundaries of limited evidence base and accepted treatment/guidance
- May address underlying causes of gender distress
- Physical treatments can form part of treatment even if the long term plan is not full time gender change.
- Does not mean permanent gender change for all
- Not all patients wish to access all the available treatments



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Hints and Tips



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During consultations

- Treat trans people in the same way you would treat anyone else.
- Keep the focus on this episode of care – do not ask questions out of curiosity.
- Do not ask transgender patients about their genital status (or other physical characteristics and anatomy) if it is unrelated to their care.
- Do not make assumptions about identity, beliefs, concerns, or sexual orientation of (transgender and gender non-conforming) patients.



Names & Pronouns

- Avoid “misgendering” and “deadnaming” the person.
- If you are unsure ask what name and pronouns your service user prefers.
- If you make a mistake, acknowledge it, apologise and move on.
- Do not ask for an “old” name/gender or “real” name/gender.
- “Birth assigned gender” “ Birth name” may need to be requested for certain medical purposes. This is OK but explain the reason.



Records & Correspondence

- Be aware of the process by which patients are entitled to change their name and gender on primary care records with allocation of a new NHS number.
- Be consistent in notes and records.
- Do not disclose a person's transgender status to anyone who does not explicitly need the information.
- Ideally ask for permission before any disclosure.



Gender Identity and The Law

- Gender recognition certificate
- The Gender Recognition Act – 2004
- The Sex Discrimination Act – amended 2008
- The Equality Act – 2010
- The Marriage Amendment Act – 2013



Gender Recognition Certificate

- It allows a transperson to change their legal birth gender and *“the person’s gender becomes for all purposes the acquired gender”*
 - Marriage / civil partnerships
 - Retirement / pensions / benefits
 - Obtain a new birth certificate (in the UK) showing his or her legally recognised gender
- *“It is an offence for a person who has acquired protected information in an official capacity to disclose the information to any other person.”*



Public Sector Equality Duty

- Created by the Equality Act 2010 and replaces the race, disability and gender equality duties (came into force in April 2011)
- It covers age, disability, gender, gender reassignment, pregnancy and maternity, race, religion or belief and sexual orientation
- Any organisation which carries out a public function



Exceptions

- Religious organisations
- In hospitals and establishments for persons requiring special care and attention it may also be permissible to take a less favourable approach towards transsexual people provided that to do so is **a proportionate means of achieving a legitimate aim**
- Similar limited exceptions are applicable to charities and communal accommodation



Our experiences of supporting patients with potentially life limiting conditions

- Patient with advanced pulmonary condition seeking hormone treatment
- Patient with dementia seeking hormone treatment
- Patient complex physical needs (cystic fibrosis) seeking hormone treatment
- Case of penile cancer in trans woman



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Potential considerations

- Families/close others who don't know
- A desire to die as affirmed gender and associated wishes e.g. marriage
- Terminal conditions that relate to biological characteristics not gender identity
- Personal care
- Impact of hormone treatment on risk e.g DVT
- Impact of treatment on hormone/gender characteristics



Thank you

Questions

?



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