

# National Ambulance LGBT Network



The Ambulance Service Trans Toolkit - Book 1

## Understanding Trans People

A Professional Development Resource

Josh Barraclough



## **The Ambulance Service Trans Toolkit A Professional Development Resource**

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**National Ambulance  
LGBT Network**

# Understanding Trans People

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## ◀ Introduction from Network Chair ▶

Those of us involved in setting up the National Ambulance LGBT Network back in 2015 will remember the many searching discussions we had about supporting the different elements of LGBT. We knew that the 'T' component was one area that was going to put us all to the test and required considerable attention.

Back then we imagined three things: some practical guidance for all ambulance clinicians, some research to help management teams understand why we need to make changes, and a professional development resource that would turn our workforce into people more than capable of understanding and supporting the needs of transgender people. Five years on, I am absolutely delighted to be writing an introduction to the third of these ambitions.

This particular resource has been a joy to produce. When I explained the brief to Josh Barraclough in 2019 I had no idea just how much effort and energy he was going to put into getting this right. Josh has put his heart and soul into this task and the result is simply stunning. I am not going to say more. Have a look for yourself as the work speaks for itself.

Along the journey to produce all the resources I have met, and worked with, so many wonderful trans people. I feel privileged that you let me understand your struggles and vision for what would make things so much better.

As the Government's LGBT Action Plan takes hold we can look forward to all health services becoming more accepting and understanding towards trans people. I am also immensely proud that our ambulance services have lead the way in trying to make a difference where it really is needed.

Thank you once again to Josh for this outstanding work and I hope you enjoy this new professional development resource.

With best wishes



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**Alistair Gunn**  
**Chairperson**  
**National Ambulance LGBT Network**

## ◀ Acknowledgements ▶

I would like to start by expressing my biggest gratitude to Alistair Gunn for giving me the opportunity to develop this resource. Thank you for advising me, mentoring me and giving me an exemplary example of leadership. You have put so much work into the development of this project and in doing so, we have produced something that I am extremely proud of.

Thank you to Steph Meech who had already created so many wonderful resources for the National LGBT Ambulance Network which provided a brilliant foundation for this work. Thank you for giving insightful feedback which helped refine the final outcome.

Thank you to all the employees and patients who took the time to share stories and I hope that this resource will improve services for transgender patients in the future.

Thank you to Kathleen Henwood, Jonny Holmes and Sally Smith whose previous work has shaped some of the content of these new resources.

A special thank you to my friends, Jessica Tapp, Michael Whyatt, James Madin and Sherridon Wallis-Newton for their support and encouragement with this project

and their unwavering friendship over the years. Particular thanks to Jessica who is a teacher and helped me with ideas for some of the activities in this resource.

Finally, my deepest gratitude to my family: my mum Linda, who is my best friend and biggest supporter in everything I do; my dad Roger, who gives the best advice and helps me survive in the adult world; my brother Greg and his wife Harriet for their continued support, and my beautiful niece Heidi who inspires me to be the best I can.

This pack is dedicated to my close friend and partner in crime Jake; a young trans man who sadly took his life in December 2017.

If this pack can help prevent one trans person taking their own life, then it will have been worth the many hours of work that have gone into it.

I wrote this one for you Jake.

We miss you.

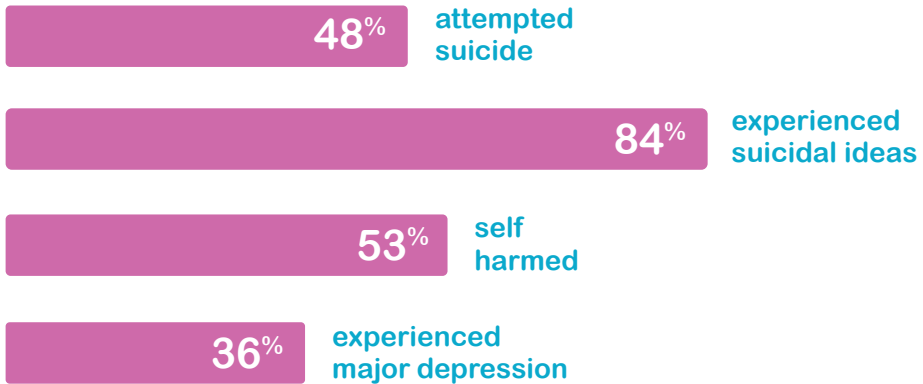


**Josh Barraclough**  
Author

## ◀ Health Inequalities ▶

The lives of trans people are often misunderstood. Lack of awareness means that people worry about what to say, and services are often seen as unsupportive because the people delivering them are not informed.

These statistics are from the Trans Mental Health Study (2012: [www.gires.org.uk](http://www.gires.org.uk)) - the first major study into the lives of trans people:



The findings reveal an alarming rate of self-harm and poor mental health. This rate of suicide attempts is **four times** the level for the general population. It is important that we understand why, and how, we can improve this experience.

Remember, you could be called to deal with a trans person at any time. How can you make that experience better for people?

When we look at healthcare, we see that transgender people often face challenges that many other people do not whilst being treated under the NHS. Health inequalities are the unjust and avoidable differences in people's health across the population and between specific population groups. These inequalities mean transgender people face poorer health outcomes.

In January 2018, Stonewall produced a report based on the experiences of 5,000 LGBT people living in the UK. When it comes to trans and non-binary people they found that in the previous year:

- ▶ **12%** of trans people made an attempt to take their own life
- ▶ **71%** of trans people experienced anxiety
- ▶ Non-binary and trans people were more likely to feel that life was not worth living: **64%** and **60%** respectively.

When it comes to accessing healthcare the report also found that:

- ▶ **48%** of trans people and **36%** of non-binary people had experienced inappropriate curiosity from healthcare staff.
- ▶ More than 1 in 4 trans people (**27%**) had been outed without their consent by healthcare staff.
- ▶ **62%** of trans people said they had experienced a lack of understanding of specific trans health needs by healthcare staff.
- ▶ 1 in 6 trans people (**16%**) had been refused care by a healthcare service because they are trans.
- ▶ **37%** of trans people had avoided treatment for fear of discrimination.
- ▶ **32%** of trans people had experienced some form of unequal treatment from healthcare staff.

As we can see, a significant number of trans people face poor treatment when accessing services, despite the legal duty of all health and social care organisations to provide equal treatment and tackle discrimination.

Trans people are often expected to educate and explain trans issues to healthcare staff who are lacking in education.

Many trans people also find that when accessing services for health issues unrelated to their trans history that healthcare staff only address their presenting condition through a ‘trans filtered lens’: that unrelated medical problems are somehow related to the person’s trans history. This can lead to inadequate care especially in the mental health sector.

# Gender Dysphoria

**Most trans people have experienced a condition known as gender dysphoria before their trans history begins.**

Gender dysphoria is defined as:

**The condition of feeling one's emotional and psychological identity as male or female to be opposite to one's biological sex.**

Questions regarding a person's trans identity, surgery or life before their trans history began can make trans people uncomfortable, so unless a trans individual wishes to discuss these things it's best not to bring these up inappropriately.

The NHS definition of gender dysphoria is as follows:

**A condition where a person experiences discomfort or distress because there's a mismatch between their biological sex and gender identity.**

Many people who experience gender dysphoria refer to the stigma of admitting this. The fear of negative reaction, or being taken seriously, stops many people from seeking help.

Each trans and non-binary person has a separate and individual journey and, for those that do decide to find treatment and start transition, the process is a long one and requires a lot of support. In fact, to start any medical transition requires the support of two clinicians and current wait times at some gender identity clinics in the UK are two to three years for an initial assessment appointment.

Suppressing feelings of gender dysphoria can be very painful to live with. Without the correct support, many transgender people and those who suffer with gender dysphoria experience mental health problems.

Trying to subdue these feelings and conform to societal expectations can lead to depression, self-harm and suicidal thoughts.

Trying to describe what gender dysphoria feels like to someone who has never felt it can be very difficult. It is like trying to describe



a new colour to someone, a colour they have never seen before and may never see.

What we can do however is acknowledge that gender dysphoria is a real condition, and although we might never experience it, we can appreciate how painful and distressing it can be to live with.

There is often a misconception that when a trans person decides to transition that they are changing from one gender to another. For many trans people this isn't the case. Many trans people feel that by transitioning they are aligning their bodies with who they truly and authentically know that they are, whether that is male, female or non-binary.

Trans people often prefer to say they were 'assigned gender at birth', rather than 'born a boy/girl who changed', because their relationship with their body and gender is more complicated than that. Referring to them as anything but who they authentically feel they are can bring on feelings of gender dysphoria for some trans individuals.

Author David Levithan talks about gender dysphoria in his book 'Boy Meets Boy':



**It is an awful thing to be betrayed by your body.**

**And it's lonely, because you feel you can't talk about it.**

**You feel it's something between you and the body. You feel it's a battle you will never win ... and yet you fight it day after day, and it wears you down.**



There are many ways in which trans people experience gender dysphoria; body dysphoria and social dysphoria are two of the main ways.

**See descriptions on page 8**



## Body Dysphoria

Many trans people who experience body dysphoria, describe it as powerful sort of revulsion about certain aspects of their body.

It's not a lack of body positivity. Things are really, really wrong.

Some trans people describe body dysphoria as feeling like they're trapped in an awful and uncomfortable costume that you can't take off, because the costume is your body.

## Social Dysphoria

Social dysphoria is the sense of dysphoria specifically linked to social situations.

It is typically caused by social assumptions relating to gender, such as pronoun use, assumption of social roles or body language.



### Thought Exercise

## Thinking About Your Own Gender

It can be difficult for people who are not trans to imagine what it can feel like. Imagine what it would be like if everyone told you that the gender that you've always known yourself to be was wrong.

What would you feel like if you woke up one day with a body that's associated with a different gender? What would you do if everyone expected you to act like that gender? How would you feel?



## Experience



### Josh's Story

I worked every day on the phone to patients. It was difficult before I began testosterone therapy because my voice was much higher in pitch and callers would always assume I was female. I would introduce myself as 'Josh' but would always get called 'Jess' due to my voice. I would often get referred to as 'the lady on the phone' by patients. Before starting testosterone, I didn't have a single call where I was referred to as male. Always female. Every time, it would feel like a nail in my chest. I'd go bright red and feel humiliated. For me gender dysphoria feels like a very deep-seated disgust. It's like wearing dirty, rotten clothes I could never take off.

I had always been dysphoric about my voice but those few months before starting testosterone were the worst. Every day, each call slowly chipped away at me. I made sure my feelings didn't impact any of my calls or patients and although my colleagues were very supportive, they just couldn't understand. I finally started on testosterone gel but after two months my voice hadn't got much lower. I remember being in work one day and being misgendered numerous times on the phone. I felt disheartened. The next day I walked into work and said hello to my manager, and she was taken a back. 'Josh... your voice has broken'. I had been too tired to notice until then, but she was right. Overnight my voice had got considerably deeper. I had the biggest grin on my face all day. I went to my desk and started taking calls. The first patient I spoke to that day almost immediately referred to me as, 'the young lad on the phone'. I was never referred to in female terms again whilst at work and it felt like a massive weight had been lifted of my shoulders. I'd get a little buzz whenever someone called me, 'fella' or 'chap'. It just felt right. My voice continued to drop over the next year and I can now honestly say it is one of my favourite things about myself.

**Josh Barraclough - Trans Man**  
**IUC Call Handler, Yorkshire Ambulance Service NHS Trust**



## ◀ Trans Mental Health ▶

**The statistics clearly show that trans people are at higher risk of mental health problems than the general population, including depression, anxiety, stress, suicide and self-harm.**

The internal turmoil transgender individuals can experience is serious. We know that some experiences faced by trans people can increase this risk. Transphobia, discrimination, lack of acceptance and regular abuse all contribute to mental health issues for gender-variant people.

### **Self-Harm**

Self-harm is an issue which affects many people in the UK. However, statistics consistently show that trans people are more at risk of self-harm behaviours than others.

The reasons for self-harm are complex and often misunderstood. When it comes to transgender people, self-injurious behaviour can often be focused on the genitals or breasts. Other trans people, particularly those who suffer from gender dysphoria, describe a feeling of powerlessness, frustration, anger toward their body or a feeling of detachment. Other reasons trans people self-harm can be varied. We know that trans people are more likely

to suffer from depression, anxiety and other mental health problems due to some of the difficulties they face day-to-day. Self-harm may then become a coping mechanism to deal with uncomfortable or overwhelming feelings.

**In 2014 the suicide of Leelah Alcorn in Ohio, USA, attracted international attention.**

Leelah was a 17 year old transgender girl who was assigned male at birth. She was raised in a conservative family who rejected her trans identity and sent her to conversion therapists. She was taken out of school, cut off from friends and support. Prior to her death on 28 December 2014, Alcorn scheduled for her suicide note to be automatically posted on her Tumblr account at 5:30pm...

▼▼  
**The only way I will rest in peace is if one day transgender people aren't treated the way I was, they're treated like humans, with valid feelings and human rights.**  
▼▼



## Experience



### Nathaniel's Story

About a year ago I tried to take my own life via overdosing.

When the paramedics came out to me they consistently used she/her when referring to me even though I had told them I'm a trans man and my name and gender are legally changed on my NHS record.

Bearing in mind, this was at the lowest I'd ever been since I'd just tried to kill myself.

**Nathaniel**  
**Trans Man, Leicester**



## ◀ Need-To-Know Terminology ▶

### **Chest binding**

Encompasses any activity that involves the compression of breast tissue to create a flatter appearance of the chest. This is a common practice amongst trans men, trans-masculine people and some non-binary communities as a means of gender expression.

### **Cisgender**

The opposite of transgender; that is someone who is not transgender and is comfortable with their birth assigned gender. Cisgender is often shortened to 'cis' and used as an adjective e.g. 'cis person'

### **Crossdresser**

A term for someone who does (at least partially) identify with their assigned gender and who presents in ways typically associated with a different (generally binary) gender (e.g. through dress, make-up, hair). Crossdressers often only present in this way part of the time and may present in a way more typically associated with their assigned gender in most of their day-to-day life. Crossdressers may or may not identify as trans.

### **Gender**

The cultural and sociological understanding of where people identify on the spectrum of masculinity and femininity.

### **Gender assigned at birth**

The gender a child is identified as at birth, which usually relates to the sex they are assigned. This is deduced through identifying bodily characteristics made up of the primary and secondary sex characteristics.

### **Gender dysphoria**

A recognised medical condition referring to distress caused by a person's birth assigned gender not being aligned with the gender the person feels themselves to be. A person may feel particularly dysphoric about their physicality as it does not reflect that which society expects for someone of their gender, or they may feel dysphoric in certain social situations or hearing certain gendered words.

### **Gender expression**

Gender expression is the external manifestation of gender such as dress, body language, hair and make-up (or lack of thereof). How society constructs the social cues that specify whether an act is represented as masculine or feminine is culturally dependent. Gender expression does not have to be aligned with a person's gender identity.

## Gender identity

Gender identity is understood to refer to how each person understands their own internal and individual experience in relation to gender and their own identity. This may or may not correspond with a person's gender assigned at birth.

## Gender Identity Clinic (GIC)

Specialist clinics across the UK that trans people are referred to from mainstream services / GPs for gender-related care. They can diagnose gender dysphoria and are often the way trans people receive a prescription for hormone therapy.

## LGBT

An acronym for Lesbian, Gay, Bisexual and Transgender.

## LGBT+

This is the abbreviated form of the acronym **LGBTQQIAAP** which stands for Lesbian, Gay, Bisexual, Transgender, Transsexual, Queer, Questioning, Intersex, Ally, Asexual and Pansexual.

## Non-binary

An umbrella category for gender identities other than man or woman, thus outside of the gender binary.

Some people identify their gender as non-binary and others use specific gender terms which are part of this category.

## Transition

Transition relates to the process a transgender individual undertakes to align themselves with the gender they are, as opposed to that which they have been assigned at birth. Transition includes some or all of the following cultural, legal and medical adjustments: telling one's family, friends and/or co-workers; changing one's name and/or sex on legal documents; hormone therapy and possibly (though not always) some form of surgical gender affirmation.

## Transgender

Often abbreviated to 'trans'. Umbrella terminology relating to a wide range of people whose gender identity differs from the gender they were assigned at birth in some way.

## Transsexual

A term historically used to describe a transgender person. It is now generally considered outdated and transgender is more widely accepted.

## Transphobia

A fear or dislike directed towards trans people or towards their perceived lifestyle, culture or characteristics. This can affect trans people's lives on a daily basis. Transphobic attitudes and actions range from the deliberate misgendering of a trans person to theft, serious assaults and sexual abuse.

# ◀ The 'Ask / Don't Ask' Debate ▶

**When it comes to interacting and treating trans patients it is often noted whilst we mean well, sometimes we lack confidence in our approach. What can we ask? What should we avoid? These worries can often lead some people to clam up and get embarrassed.**

Trans people often get asked questions regarding their gender identity and trans history. Many of these questions can be inappropriate and trans people spend a lot of time answering similar questions repeatedly to anyone who is curious. Questions around gendered body parts, surgeries and lives before their trans history begun can all be uncomfortable for trans people.

Unless there is a medical need, it's best to avoid these questions. If there is a medical need, let the patient know that you understand it may be a sensitive and difficult discussion to have. Listen to them, let them discuss things at their own pace.

They may use different words for body parts they feel uncomfortable with. Try to find out if this is the case and use those terms with the patient to put them more at ease.

## Do

- ✓ Ask the person which pronouns they would like you to use.
- ✓ Address the patient either by a neutral term or the gender they wish to be identified as.
- ✓ Ensure dignity and respect is always maintained.
- ✓ Acknowledge that medical settings can be a vulnerable time for many trans people.
- ✓ Use gender neutral collective terms for groups of people (e.g. everyone, people).

## Don't

- ✗ Be afraid to apologise if you have made a mistake.
- ✗ Ask if they have had surgery unless it is relevant to the presenting condition.
- ✗ Ask about someone's birth name unless there is an administrative need.
- ✗ Ask any intrusive questions unless it is relevant to the presenting condition.
- ✗ Make fun, or be unkind, about a patient's choices.



# ◀ Respecting Trans People ▶

## Don't out anyone

Whether a trans person wants to disclose their history or not is up to them. Please be careful if you know someone is trans. If there is a medical reason to share this information, do so privately, discreetly and with respect. Asking a trans person if you can share this information beforehand is essential. Being careless with this information can not only be offensive and upsetting but can also leave trans people vulnerable to acts of transphobia and discrimination.

## Know what is offensive

Before you pose a question to a trans person, ask yourself: am I objectifying this person with the question I am about to ask? Would I ask this of other people or is it purely this individual's trans history which makes me curious and want to ask?

## Challenge transphobia

Remember, being an ally is a sustained and persistent pattern of action. It means standing up for trans people even when there are none present. It means politely pointing out what is acceptable and what isn't no matter who is listening.

## Listen to trans people

Trans people need allies and as much support as possible, but since trans people have hardly been visible in history they also need their own voices to be heard. Listen to trans and gender variant individuals this shows respect for their experiences.

## Know your terminology

You don't need to be an expert in trans issues, however learning a bit about the trans community and the issues they face will help break down barriers and aid effective communication with any gender-variant people. In the past, trans people and their rights have barely been visible. Demonstrating to a trans person that you have basic awareness shows you respect them.



## Myth Busting

### ▶ **It's easy to tell if someone is trans**

There are many trans people living in society and each one is unique. Some may not be able to or want to transition physically. Some may be at different stages of their transition journey. Try to focus on the person in front of you and show them respect.

### ▶ **Trans is a sexual orientation**

Being trans is about who you are and your gender identity. Sexual orientation is about who you are attracted to. You can be trans and have any sexual orientation.

### ▶ **All trans people have surgery**

Being trans doesn't necessarily mean you will have any operations or take hormones to change your body: some people do, some people don't. It's a personal choice, and whatever a person decides it doesn't make them any more or less trans.

### ▶ **Being trans is a mental illness**

Being trans is seen as a 'culturally diverse human phenomenon [that] should not be judged as inherently pathological or negative.' (World Professional Association for Transgender Health, 2012). It's not a mental disorder. But often the stigma, transphobia and discrimination faced by trans people can cause significant health problems.

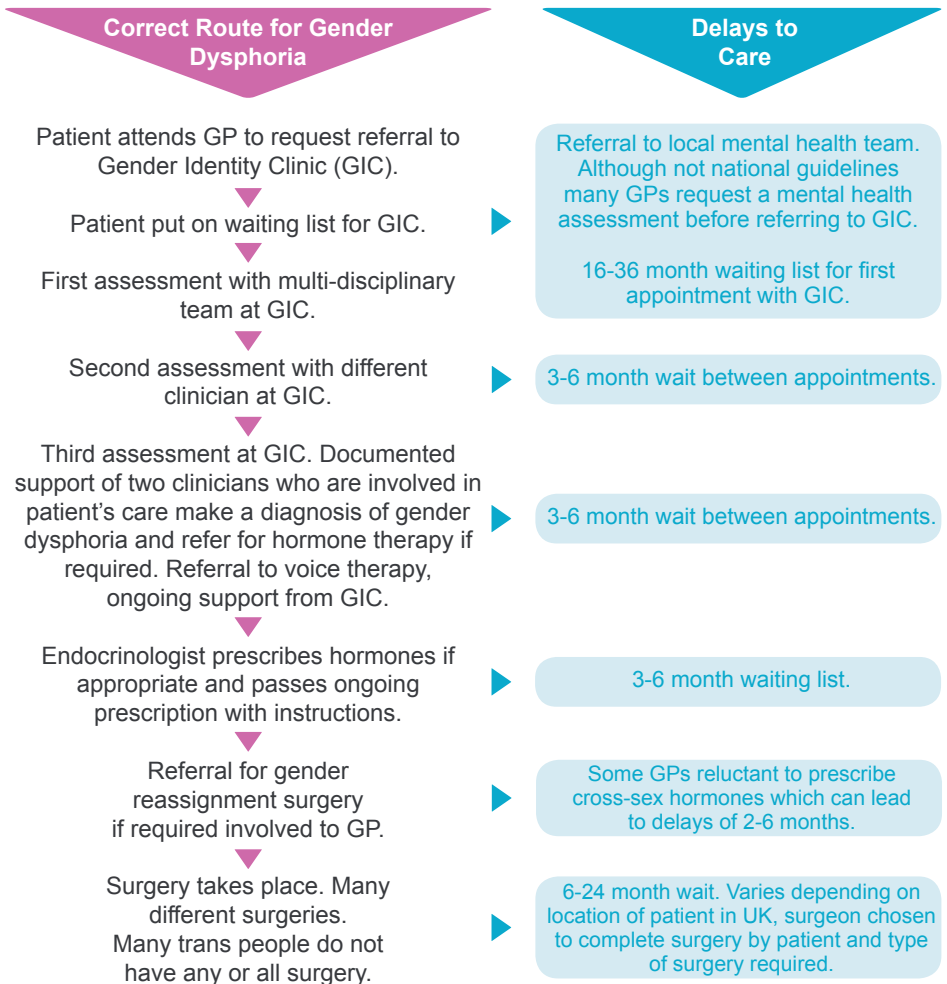
### ▶ **It seems too easy to transition**

The process of transition is a long and difficult one. Long waiting lists for assessments and treatments mean it can often take years to transition to a point where an individual feels comfortable.

# ◀ Accessing NHS Services ▶

**This flowchart shows the journey of one trans person who is currently accessing services for gender dysphoria on the NHS.**

Although each transition process is unique, many transgender people will have experienced a similar route to NHS treatment. Often, GPs and other professionals don't have a good understanding of the treatment route for trans patients which often leads to incorrect referrals and increased waiting times.





# Experience



## Steph's Story


To be honest, trans history is very scarce - we are making it as we speak. We are the pioneers of our history. I mean, before the introduction of the internet, all the information that was around was in newspapers, and when I was growing up there was never a positive spin on anyone who was trans. I remember headlines such as 'Postman Patricia' with a photo of a stunned trans postie plastered all over the news – ironic, as I was working for Royal Mail at the time.


Growing up there were no real role models to look up to but I remember a TV program called 'A Change of Sex' in 1979. It followed trans woman, Julia Grant, on her journey from male to female, and it was then that I realised that I was not the only person with these feelings.

So, moving on to the ambulance service. I had become good at keeping my identity a secret because I had a real fear that if my true self was ever exposed I would be sacked immediately. To all intents and purposes I was Steve and that was it. My life outside was completely different and I lived as Steph to my close family. It was a well-guarded secret but only a matter of time before my true identity was rumbled.

I remember the phone call I had from one of my friends saying some photos of me dressed as a female were being shared around by a colleague to all members of staff and at the local hospitals. With my secret now out, I had to make the difficult decision to have a meeting with my team leader and tell her the news.

The reception I got was nothing short of amazing. There was no ridicule, just genuine concern for my welfare and for any support I might need.





My next hurdle was my station officer and I remember he looked me straight in the eye and said ‘well I would of never have guessed that from you. Now how can I help?’

My acceptance from the ambulance service has been nothing short of amazing and I have made some awesome friends along the way who all stand by me. Don’t get me wrong there, have been times when people have been less than favorable with their comments but they are in a minority.

Since coming out, my acceptance from the ambulance service has gone on from strength to strength. In 2017 I was elected Vice Chair for SECAMbs Pride Network, and re-elected last year.

I was invited to attend a meeting of the National Ambulance LGBT Network a few years ago and was lucky to become a member of the committee. This has led on to me being elected Trans National Lead for which I am eternally grateful. This role allows me to get the message out there to other members of staff who may be fearful of the reception they would get if they came out as their true selves. I also get the opportunity to talk to others to give them an understanding of what it truly means to be part of the transgender community today.

Remember, the work that we are doing today is the history of our future.

**Steph – Trans Woman**  
**Specialist Paramedic**  
**South East Coast Ambulance Service NHS Foundation Trust**



## ◀ Medical Transition ▶

**One of the most common misconceptions surrounding trans people is the idea that they all have ‘the surgery’ at some point.**

This is incorrect. The assumption all trans people have had or will have one special surgery to complete their transition process is frustratingly far from the truth.

To start with, there are many different surgeries trans people can investigate during their transition, some of which can involve many procedures over months or years. Many trans people will not have any surgery due to medical issues, other obstacles or simply because they don't want to.

Some trans people will start hormone therapy to align their secondary sexual characteristics closer to their gender identity whilst others may not be able to or want to.

A study from 2011 completed by the National Centre for Transgender Equality in the USA looked at how many trans and non-binary people living in the USA had medically transitioned in some way.

Although we do not have current statistics for trans people living in the UK, a similar trend has been noticed.

The survey found that 61% of trans respondents reported having medically transitioned via cross-sex hormone therapy, and only 33% said they had surgically transitioned in some way.

It also reported that approximately 14% of trans women and 72% of trans men said they didn't ever want full genital construction surgery, meaning nearly three-quarters of trans men don't plan to have full genital construction surgery.

# ◀ Hormone Replacement Therapy ▶

Once a trans person has been assessed by a gender identity clinic they may choose to begin cross-sex hormones with the consent of the staff at the specialist service.

If they choose to undergo hormone replacement therapy a trans person will develop the secondary sex characteristics of their acquired gender.

## Hormone Treatments for Trans Women

Below are some of the hormone treatments available for trans women and the effects they have, and the time to realise the desired outcomes. Every trans woman will be treated individually and their may treatment differ in some ways, but this gives a general overview:

Drug	Administered	Effect	Comments
<b>Estradiol</b>	Oral Gel Transdermal patches	Feminising effect on secondary sex characteristics	Gradually increased to achieve a maximum degree of feminisation. Particularly relevant for breast development.
<b>Leuporelin (GnRH Analogue)</b>	Subcutaneous injection	Suppression of the secondary male sexual characteristics.	Introduced after or alongside estradiol. Goal is to achieve equivalent female levels of testosterone.
<b>Finasteride</b>	Oral	Discourages male pattern hair loss and testosterone dependent body hair growth.	Recommended for a time-limited period only, prior to introduction of GnRH analogues to reduce male pattern hair loss.

Effect	Expected Onset	Expected Maximum Effect
<b>Body fat redistribution</b>	3-6 months	2-5 years
<b>Decreased muscle mass/ strength</b>	3-6 months	1-2years
<b>Softening of skin/decreased oiliness</b>	3-6 months	Unknown
<b>Decreased libido</b>	1-3 months	1-2 years
<b>Decreased spontaneous erections</b>	1-3 months	3-6 months
<b>Male sexual dysfunction</b>	Variable	Variable
<b>Breast growth</b>	3-6 months	2-3 years
<b>Decreased testicular volume</b>	3-6 months	2-3 years
<b>Thinning and slowed growth of body and facial hair</b>	6-12 months	Unknown
<b>Decreased sperm production</b>	Variable	Variable
<b>Male pattern baldness</b>	Loss stops 1-3 months, no growth	1-2 years

Note: This is a general guide and the timing of introduction of GnRH analogues may influence timescales.



## Hormone Treatments for Trans Men

General information regarding the hormone treatment and effects on trans men. Again, each trans man will be treated as an individual and their treatment may differ in some ways, but this shows a general overview of hormone treatment for trans males.

It is anticipated that trans men (like hypogonadal cis gender men) will remain on lifelong hormone replacement therapy with testosterone.

### Injectable Preparations

Drug	Administered	Comments
<b>Nebido®</b>	IM injection, 250mg-1000mg every 10-20 weeks	Not suitable for self-administration.
<b>Sustanon® 250®</b>	IM injection, 1ml every 2-6 weeks	The goal is for patients to self-administer. Practices may have to administer the initial injections and teach patients or a partner how to self-administer. Contains peanut oil.
<b>Testosterone Enantate 250mg</b>	IM injection, 1ml every 2-6 weeks	The goal is for patients to self-administer. Practices may have to administer the initial injections and teach patients or a partner how to self-administer

### Topical Preparations

Drug	Administered	Comments
<b>Testogel®</b>	50mg/5g 1% sachets of gel 1-2 sachets daily	Applied to clean dry skin on upper arms. Unable to shower, swim and have any skin contact on upper arm area with females for 6 hours after application.
<b>Tostran®</b>	10mg/0.5ml 2% metered dose gel pump 30-80mg daily	Applied to clean dry skin on upper arms. Unable to shower, swim and have any skin contact on upper arm area with females for 6 hours after application.

### Menstrual Suppression

Drug	Administered	Comments
<b>Leuprorelin (GnRH Analogue)</b>	Subcutaneous or IM injection	Usually only prescribed when introduction of testosterone has not led to cessation of the menstrual cycle.
<b>Triptorelin</b>	Subcutaneous or IM injection	Usually only prescribed when introduction of testosterone has not led to cessation of the menstrual cycle.

Note: All the medication listed is unlicensed for the indications for which they are being used and as such must be authorised by a gender identity clinic. *Porterbrook Gender Identity Service, Sheffield*





## Treatment Outcomes

The effects of masculinising hormones and the time to realise the desired outcomes are shown below.

Effect	Expected Onset	Expected Maximum Effect
Skin oiliness/acne	1-6 months	1-2 years
Facial/body hair growth	3-6 months	3-5 years
Scalp hair loss	12 months+	Variable
Increased muscle mass/strength	6-12 months	2-5 years
Body fat redistribution	3-6 months	2-5 years
Cessation of menses	2-6 months	n/a
Clitoral enlargement	3-6 months	1-2 years
Vaginal atrophy	3-6 months	1-2 years
Deepened voice	3-12 months	1-2 years

Note: This is a general guide and the timing of introduction of GnRH analogues may influence timescales. Other factors including age, genetics and amount of exercise are also of significance.

*Porterbrook Gender Identity Service, Sheffield*

## Emotional Changes

As well as the physical changes hormones can bring to trans women and men outlined above, they can also impact on emotions and mood. This varies from person to person; some people say that they experience large changes in emotions and mood whilst others feel no different. Hormone therapy will not change a person's personality. Misconceptions often include the idea that testosterone will make trans men angry whilst oestrogen will make trans women more emotional and sensitive. This isn't always the case.

Whilst many trans people report changes in moods during hormone therapy, the way they can affect a person is generally more individual. For example, some trans men have reported that they find it more difficult to cry once starting testosterone, but they are unlikely to get very angry or short tempered if it wasn't something they would do before starting hormone therapy.

# Gender Confirmation Surgery

As mentioned previously many trans people do not have any gender confirmation surgery.

For those that do there are many surgeries trans people can explore and opt to undergo as part of their transition process.

## Surgery options for trans women/ trans feminine people

### Breast augmentation

### Facial-feminisation surgery

**Thyroid chondroplasty** - reduction in size of Adam's apple

**Cricothyroid approximation** - raising the pitch of the voice

**An orchidectomy** - removal of testes

**A penectomy** - removal of the penis

**Vaginoplasty** - construction of vagina

**Vulvoplasty** - construction of vulva

**Clitoroplasty** - construction of clitoris with sensation

Trans women can also opt to have hair removal procedures done to reduce or permanently remove body and facial hair.

Not all these surgery options are available on the NHS. Some are funded nationally and are available to all those who meet the criteria

and are healthy enough to undergo surgery. However, for some of these procedures the patient would need to apply for funding through their local health care system or be treated privately.

## Surgery options for trans men/ trans masculine people

### Double-incision mastectomy

- removal of the breast tissue, more suitable to trans men with a larger chest area

**Periareolar mastectomy** - removal the breast tissue, more suitable for trans men with a smaller chest area

**Hysterectomy** - removal of womb

**Oophorectomy** - removal of ovaries

**Metoidioplasty** - complex surgery which lengthens and straightens the clitoris, urethra can also be constructed to allow urination. For a person to have this surgery they must have been on testosterone one to two years which causes enlargement of the clitoris. Testicular implants can also be added-metoidioplasty usually takes at least two operations and complications are common

**Phalloplasty** - complex surgery to create a penis, scrotoplasty can be performed at the same time. Usually takes several surgeries to complete, with healing time in-between meaning it can take over a year and complications are common.

## ◀ Scenarios ▶

**Below are some scenarios. Imagine the following situations and explain what the most appropriate action would be. Try to put into practice some of things we have learnt during this learning resource.**

### **Scenario One**

Jessica is very close friends with Vincent. They have been friends for over 10 years and spent a lot of time together.

Whilst visiting Jessica one day Vincent explains to her that he has always felt female and that he wants to transition. Jessica has always known that Vincent was struggling with something but never thought he could be trans.

**What would be the best way to react to this news? How could she support her friend in transitioning to female? What should she avoid asking and discussing?**

### **Scenario Two**

Mikey and Jake are out with a group of friends for a meal.

One of their friends has brought a person called Ty. Mikey and Jake aren't sure whether Ty identifies as male, female or non-binary. It isn't obvious to them. Mikey accidentally calls Ty 'her' and there is an uncomfortable silence over the table. Mikey feels embarrassed but doesn't pry any further.

A few minutes later Jake politely asks Ty which pronouns they use. Ty explains he uses male pronouns, that he is a transgender man who is beginning his transition to male.

**What could Mikey have done when he realised he made a mistake and used the wrong pronouns for Ty? What did Jake do right?**

## ◀ Frequently Asked Questions ▶

### **How many trans people are there in the UK?**

It is estimated by the UK Government that there are between 200,000 and 500,000 trans individuals currently in the UK, whilst other statistics estimate approximately 1% of the population identify as transgender or gender-variant. Trans people are considered an 'emerging population' and in recent years society has become more accepting which has led to many more people feeling able to live as their true authentic self. The government is hoping to get a clearer picture of the number of trans people in UK following the 2021 census.

### **How old does someone have to be to know that they are transgender?**

People can realise they are transgender at any age. Some may have known from their early childhood while others may take several years or decades to come to terms with it. It takes a lot of self-reflection and can be a difficult and confusing for anyone questioning their gender identity.

### **Why are some people transgender?**

Many experts believe that biological factors such as genetic influences

and prenatal hormone levels, early experiences, and experiences later in adolescence or adulthood may all contribute to the development of transgender identities.

### **Why are there more trans people than there used to be?**

The experience of those who feel their gender does not match their body at birth has been documented for thousands of years across many cultures. Until recently, many transgender people lived in shame or secrecy or didn't think that living according to their authentic gender was a real option, but that doesn't mean there were fewer transgender people out there. Being transgender is not new and is not a fad. As trans people gain visibility and acceptance, more trans people feel safe being open about who they are.

### **How many gender identity clinics are there?**

In England there are currently seven gender identity services for adults and one for children and adolescents. There are four in Scotland, one in Northern Ireland and none in Wales, however one is due to open in Cardiff. People often have to travel some distance to be seen and waiting times are extremely long due.

# Safe Spaces Activity

Using the table below, rate how safe and comfortable you would feel in any of the given circumstances.

Put yourself in the shoes of different trans people and rate how safe you might think they would feel in the same situation. Imagine some of the difficulties trans people may experience day-to-day that others may not even be aware of (score 1 to 5: 1 = very unsafe/uncomfortable and 5 = very safe/very comfortable).

	Using public toilets	Using public changing rooms at the swimming baths	Going through airport security	Making a phone call to the bank	Being pulled over by Police whilst driving	Going to see your GP who needs to do an intimate examination	Going to a bar where there is a group of rowdy drunk people
Yourself							
A trans woman							
A trans man							
A non-binary person							
A trans woman from a BME background							
A trans man from a BME background							
A non-binary person from a BME background							
A trans women with a physical disability							
A trans man with a physical disability							
A non-binary person with a physical disability							





## Reflective Checklist

Use this checklist to consider the issues discussed in this resource. Assess how confident you feel in applying these points when providing support to trans people, and reflect on any areas that may require some improvement.

- ▶ **I am aware of the health equalities trans people face in the UK.**
- ▶ **I know what gender dysphoria is and recognise it can be distressing for those who experience it.**
- ▶ **I recognise that trans people are at higher risk of mental health problems than others.**
- ▶ **I know the facts regarding trans people, self-harm and suicide.**
- ▶ **I have improved knowledge of terminology around transgender issues.**
- ▶ **I have a better understanding of what is appropriate to ask trans people and what isn't.**

- ▶ **I have gained knowledge on how to respect trans people and how to support them.**
- ▶ **I can now identify some myths and assumptions about trans people and I am more knowledgeable about the facts.**
- ▶ **I recognise some of the issues trans people face whilst trying to access NHS services.**
- ▶ **I have learnt about some of the misconceptions surround trans people and surgery.**
- ▶ **I am more informed on medical transition, including hormone therapy and gender confirmation surgery.**

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National Ambulance LGBT Network visit:

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