

Transgender Awareness Training

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Definitions and terminology

Adapted from (1)(2)(3: p17-38)

Affirmed Gender: The gender identity or status of a trans person; after coming out and and/ or transitioning.

Assigned at birth: The sex (and therefore gender) that a baby is assigned at birth and, based on the appearance of external genitalia.

- **AMAB:** Assigned Male At Birth “it’s a boy!”.
- **AFAB:** Assigned Female At Birth “it’s a girl!”.

Cisgender: Someone who is **not** transgender. Cisgender people have gender identity that aligns with the sex/gender they were assigned at birth (i.e. AFAB and identifies as a woman).

Cross-dresser: Someone who occasionally wears clothes, and accessories culturally associated with the opposite sex. Most often specifically referring to cisgender men who wear women’s clothing. Not the same as being transgender.

Drag Queen: Someone who temporarily uses highly exaggerated cultural signifiers associated with women (such as dresses or makeup), for the purposes of entertainment or performance. Associated with gay and bisexual men, but people of all genders, both cis and trans can be drag queens. Not the same as being trans.

Drag King: Someone who temporarily uses highly exaggerated cultural signifiers associated with men (such as prosthetic penises or facial hair), for the purposes of entertainment or performance. Similar to drag queens, people of all genders both cis and trans can be drag kings but it is not the same as being trans.

Gender Affirming Surgery: Surgical procedures that change one’s body to better fit one’s gender identity and alleviate gender dysphoria. Also known as Gender Confirmation Surgery. Can include genital reconfiguration, removal of breast tissue, shaving down the adam’s apple etc.

Gender Dysphoria: The discomfort and/or distress experienced when an individual’s sex/gender assigned at birth does not align with their gender identity. Most trans people (including non-binary people) but not all experience this.

Gender Expression: The way someone outwardly expresses themselves through behaviour, mannerisms, interests, and clothing etc. Can be masculine, feminine or anywhere in between.

Gender Identity: A person's internal, deeply held sense of their gender. Who you are.

Gender Non-conforming: People whose gender expression is different from conventional expectations of their gender identity. Can refer to both cisgender or transgender people. A cis woman who prefers to dress in traditionally masculine clothing would be one example of gender non-conformity. Another Example would be a trans man who dress in traditionally feminine clothing; this would not make him any less of a man.

Intersex: People whose anatomy or physiology differ from societal expectations of what constitute typically male and female. Not the same as being trans, though some people are both trans and intersex.

Non-Binary: Any gender identity that is not either man or woman. Can be either AMAB or AFAB. Binary here refers to the binary of man or woman, so being non-binary is to exist outside of these categories.

Sex: Typically, male or female, encompassing reproductive organs, hormones and chromosomes etc. At birth infants are assigned a sex based on the appearance of external sex organs.

Sexual Orientation: A persons physical and/or romantic attraction to another person. Examples of sexual orientations would be gay, straight or bisexual.

Transgender: An umbrella term for someone whose gender identity does **not** align to the sex/ gender they were assigned at birth. Trans for short.

Transition: The undertaking of changing your body/ gender role/ gender expression to align with your gender identity.

Transphobia: Dislike of or prejudice towards a trans person.

Trans Man: A person assigned female at birth who now identifies as a man.

Trans Woman: A person assigned male at birth who now identifies as a woman.

Terms to avoid

Transsexual: A term many consider outdated that was/is used to describe those trans people who have undergone surgical or hormonal intervention. You may see “transsexualism” as this is the current diagnosis used for trans adults as set out in the ICD-10 (the ICD – 11 will replace this with “gender incongruence”. You may also see “transsexual” in the context of the Equalities Act 2010 and related materials, where it refers to someone with the protected characteristic of “gender reassignment” (see legal requirements section): *use transgender instead.*

Transvestite: *use cross-dresser instead*

Transwoman Transman”, trans is an adjective: *use trans woman/ trans man instead*

“The Surgery”/ Sex Change Operation/ gender reassignment surgery: *use gender affirming surgery instead*

Never use

Tranny/ Shemale/ He-she/ Hermaphrodite: These are slurs.

Transgendered: Often used when referring to trans youth, and implies being transgender is something that is done to you. *use transgender instead*

Trans Statistics

Hate Crime

- Two in five trans people (41 per cent) have experienced a hate crime or incident because of their gender identity in the last 12 months. (4)
- Most trans people - four in five (79 per cent) - don't report it to the police. (4)

A study into the under-reporting of trans hate crime, and police interactions with trans people cited the following as possible causes:

- Constant low-level hate incidents that would require an unfeasible amount of reporting ("background noise" of day-to-day discrimination against trans people) (5: p.60)
- Not understanding parts of the reporting process, or finding it too difficult (5: p.60)
- Negative perceptions of, or previous bad interactions with the police ("the bad stories circulate and grow") (5: p.62)

Trans people experience high rates of discrimination and violence across the board, including verbal, physical and sexual. This can range from things like being pointed & laughed at; to assault; or even attempted murder or murder.

This is not always evenly spread amongst the trans population, with some demographics experiencing higher rates of violence against them. One example would be; A 2018 report from the Human Rights Campaign Documented that in the 6 years prior, there were 128 documented cases of anti-transgender fatal violence in the USA; at least 103 of which were black trans women. (6)

Familial Rejection and homelessness

- More than one in ten trans people (11 per cent) who are out to their family, aren't supported by any of their family members. Only one in four trans people (26 per cent) say that all their family members who know that they are trans, are supportive. (7: p15)
- Two in five trans people (42 per cent) who would like to undergo medical intervention as part of their transition haven't done so yet because they fear the consequences it might have on their family life. (7: p15)
- One in four trans people (25 per cent) have experienced homelessness at some point in their lives. (7: p15)

The high rate of homelessness in the trans population is often due to being thrown out by family, or leaving due to domestic abuse. Additionally, trans people struggle to access housing due to discrimination, with 1 in 4 being discriminated against whilst seeking rental accommodation. (7: p10)

Mental Health and Suicide

- Almost half (48 per cent) of trans people in Britain have attempted suicide at least once. (8)
- 84 percent have thought about it. (8)
- More than half (55 per cent) have been diagnosed with depression at some point. (8)

Of note, being Trans is not a mental health condition, though the experience of Gender Dysphoria for some does contribute to the higher incidence of poor mental health in the trans population. The vast majority of trans people (70%) are more satisfied with their lives after transition, with only 2% being less satisfied. (9: p16)

Some factors contributing to poor mental health in trans people are:

- Aforementioned experiences with hate crime, homelessness and familial rejection (9: pg39,50)
- Wait times to be seen by a Gender Identity Clinic for treatment (some can wait in excess of 3 years after referral for their first appointment) (9: pg57)
- Anti-trans discrimination from mental health professionals (9: p58)
- Employment discrimination and resulting financial hardship (9: p56)

Legal Requirements

Equality Act 2010

The Equalities act 2010 is legislation that pulled together a number of previously separate bills and acts that made up anti-discrimination law in the UK; as well as extending the protections offered in some areas. It covers protections for those who fall under the 9 protected characteristics outlined in the act, in the workplace and in the provision of services. It also places a duty on public sector organisations to have due regard to eliminate unlawful discrimination, as well as advance equality of opportunity and foster good relations between people who share a protected characteristic and those who do not. (10)

It is against the law to discriminate against anyone on the basis of:

- Age
- Disability
- Gender Reassignment
- Being married or in a civil partnership
- Being pregnant or on maternity leave
- Race including colour, nationality, ethnic or national origin
- Religion or belief
- Sex
- Sexual orientation

Trans people who meet the descriptor of “proposing to undergo, undergoing or having undergone a process (or part of a process) for the purpose of reassigning a person’s sex”, are protected by the Equality Act 2010 under the protected characteristic of “gender reassignment”. (11)

For this protection to be in place, the trans person does not have to have undergone any specific treatment or surgery, and can be at any stage of transition from proposing to transition onwards. (12)

The law protects those under the category of gender reassignment, protects people from discrimination on the basis that someone believes they are under the category of gender reassignment (discrimination by perception), and people connected to someone under the protected characteristic of gender reassignment (discrimination by association). (12)

In practice this will cover most binary trans people, as coming out would either be “proposing to undergo” gender reassignment, or protect them from discrimination by perception as someone would reasonably believe that they are under the category of gender reassignment. It was previously the case that it was uncertain whether non-binary people had the same protections; however in the landmark 2020 Taylor v Jaguar case, the Employment Tribunal affirmed that the Equality Act 2010 does indeed protect non-binary and gender fluid people from discrimination under the protected characteristic of “gender reassignment”. (13)

Discrimination based on gender reassignment will be treated as equivalent to that based on disability, age, race or any other protected characteristic, by both the law and your employer.

Types of discrimination:

- Direct Discrimination – When someone treats a you worse than another person in a similar situation.
 - A trans person comes out in the workplace, and against their wishes is moved to a non-client facing role; as the employer doesn't wish the trans person to have client contact.
- Indirect Discrimination – When a policy which applies in the same way for everybody has an effect which particularly disadvantages people with a protected characteristic.
 - A UK company organises a conference in a country where it is illegal to be transgender.
- Harassment – When someone makes you feel humiliated, offended or degraded as a result of being trans.
 - An employee uses slurs to refer to a trans staff member or service user.
- Victimisation – When you are treated badly as a result of making a complaint of gender reassignment discrimination under the Equality Act.
 - An employee makes a complaint against their manager for transphobic harassment, and as a result is fired.

A government Equalities Office leaflet: “Providing services for transgender customers” offers as examples of Direct Discrimination:

“Examples:

- Deliberately not using someone's chosen name and pronoun when you use the correct terms for everyone else.
- Refusing to update someone's gender details on your system.
- Refusing to serve someone or excluding them from services because of gender reassignment.
- Refusing to allow a woman to use female facilities because staff perceive her to be male” (14)

And reads:

“In 2014, a transgender woman was awarded damages of £1,500 by a County Court after a publican had refused access to a ladies' toilet and had barred her when she complained following complaints from other customers. The County Court judge found that she had been discriminated against and had subsequently been victimised by the pub management. The judge issued a declaration of discrimination and awarded damages.” (14)

Exemptions:

The equalities act contains a number of specific and limited exemptions whereby people with the characteristic of gender reassignment can be lawfully excluded. One of these exceptions is for the provision of single sex services (Schedule 3, part 7, sections 26-28 of the Act). Another of these exceptions is for the provision of communal accommodation (Schedule 23 of the Act).

Single sex services:

The Act states:

“1) A person does not contravene section 29, so far as relating to gender reassignment discrimination, only because of anything done in relation to a matter within sub-paragraph (2) if the conduct in question is a proportionate means of achieving a legitimate aim.

(2) The matters are—

(a)the provision of separate services for persons of each sex;

(b)the provision of separate services differently for persons of each sex;

(c)the provision of a service only to persons of one sex.” (15)

The Explanatory notes to the act elaborate:

“This paragraph contains an exception to the general prohibition of gender reassignment discrimination in relation to the provision of separate- and single-sex services. Such treatment by a provider has to be objectively justified.” (16)

What constitutes an “objectively justified” “Proportional means of achieving a legitimate aim”?

An example of the legal exclusion of a person with the characteristic of gender reassignment as given by the guidance notes:

“A group counselling session is provided for female victims of sexual assault. The organisers do not allow transsexual people to attend as they judge that the clients who attend the group session are unlikely to do so if a male-to-female transsexual person was also there. This would be lawful.” (16)

The Equality and human rights commission have produced a Statutory Code of Practice (whereby they “provide detailed explanations of the provisions in the Act and to apply legal concepts in the Act to everyday situations”), which state:

“If a service provider provides single- or separate sex services for women and men, or provides services differently to women and men, they should treat transsexual people according to the gender role in which they present. However, the Act does permit the service provider to provide a different service or exclude a person from the service who is proposing to undergo, is undergoing or who has undergone gender reassignment. This will only be lawful where the exclusion is a proportionate means of achieving a legitimate.”

“The intention is to ensure that the transsexual person is treated in a way that best meets their needs. Service providers need to be aware that transsexual people may need access to services relating to their birth sex which are otherwise provided only to people of that sex. For example, a transsexual man may need access to breast screening or gynaecological services. In order to protect the privacy of all users, it is recommended that the service provider should discuss with any transsexual service users the best way to enable them to have access to the service.”

“Service providers should be aware that where a transsexual person is visually and for all practical purposes indistinguishable from a non-transsexual person of that gender, they should normally be treated according to their acquired gender, unless there are strong reasons to the contrary.”

“As stated at the beginning of this chapter, any exception to the prohibition of discrimination must be applied as restrictively as possible and the denial of a service to a transsexual person should only occur in exceptional circumstances. A service provider can have a policy on provision of the service to transsexual users but should apply this policy on a case-by-case basis in order to determine whether the exclusion of a transsexual person is proportionate in the individual circumstances. Service providers will need to balance the need of the transsexual person for the service and the detriment to them if they are denied access, against the needs of other service users and any detriment that may affect them if the transsexual person has access to the service. To do this will often require discussion with service users (maintaining confidentiality for the transsexual service user). Care should be taken in each case to avoid a decision based on ignorance or prejudice. Also, the provider will need to show that a less discriminatory way to achieve the objective was not available.” (17)

Communal Accommodation:

Communal accommodation in the context of the Equalities Act is “Residential accommodation which includes shared sleeping accommodation which should only be used by members of one sex for privacy reasons”.

Exclusion of those under the category of gender reassignment from communal accommodation should be treated in a similar manner to the provision for single sex services; and again has to be “objectively justified”. (18)

Gender Recognition Act 2004

The gender recognition act allows a trans person (who meets certain criteria) to apply for a gender recognition certificate, which allows them to change the sex on their birth certificate and offers greater privacy measure.

Having a gender recognition certificate is *not* required in order for a trans person to have the protections set out in the Equalities Act 2010; the Gender Recognition Act provides protections *in addition* to the EA 2010.

Under the Gender Recognition Act, unauthorised disclosure of the trans status of someone who has a Gender Recognition Certificate is a **criminal offense with a maximum fine of £5000**; with the following exceptions:

- “The information does not enable that person to be identified
- That person has agreed to the disclosure of the information,
- The information is protected information by virtue of subsection (2)(b) and the person by whom the disclosure is made does not know or believe that a full gender recognition certificate has been issued
- The disclosure is in accordance with an order of a court or tribunal,
- The disclosure is for the purpose of instituting, or otherwise for the purposes of, proceedings before a court or tribunal,
- The disclosure is for the purpose of preventing or investigating crime,
- The disclosure is made to the Registrar General for England and Wales, the Registrar General for Scotland or the Registrar General for Northern Ireland,
- The disclosure is made for the purposes of the social security system or a pension scheme,
- The disclosure is in accordance with provision made by an order under subsection (5), or
- The disclosure is in accordance with any provision of, or made by virtue of, an enactment other than this section.” (19)

There are also specific exemptions to the prohibition of disclosure that apply to medical professionals which are as follows:

“(1) It is not an offence under section 22 of the Act to disclose protected information if—

(a) the disclosure is made to a health professional;

(b) the disclosure is made for medical purposes; and

(c) the person making the disclosure reasonably believes that the subject has given consent to the disclosure or cannot give such consent.

(2) “Medical purposes” includes the purposes of preventative medicine, medical diagnosis and the provision of care and treatment.

- (3) “Health professional” means any of the following—
- (a) a registered medical practitioner;
 - (b) a registered dentist within the meaning of section 53(1) of the Dentists Act 1984(a);
 - (c) a registered pharmaceutical chemist within the meaning of section 24(1) of the Pharmacy Act 1954(b) or a registered person within the meaning of article 2(2) of the Pharmacy (Northern Ireland) Order 1976(c);
 - (d) a registered nurse;
 - (e) a person who is registered under the Health Professions Order 2001(d) as a paramedic or operating department practitioner;
 - (f) a person working lawfully in a trainee capacity in any of the professions specified in this paragraph.” (20)

A government Equalities Office leaflet: “Providing services for transgender customers” says the following in relation to Gender Recognition Certificates and providing services to trans people:

“As a service provider, in most practical situations, it is not appropriate to treat a person without a GRC differently from one with a GRC. A GRC does not make a trans person any more or less visible as a trans person, or any more or less vulnerable to hostile situations or discrimination. A person is not required to provide their GRC to banks, the Driver and Vehicle Licensing Agency, the Passport Office and other service providers. Establishments will need to change the name of their client, gender marker (M/F) and title (Mr, Mrs, Miss) on paperwork; not to do so could be unlawful discrimination.” (14)

Inclusive Practice

Names

Not all trans people choose, or are able to change their name legally. This can be for a variety of reasons, including not being out in the workplace or to their family. You should refer to a trans person using the name they ask you to.

If needed, you can respectfully ask about a trans person's name if they don't match your records: "could your record be under another name?". (21)

Where someone goes by a name that is not their legal name, and it is possible to do so; you should ask if you can make a note somewhere on their record of their chosen name so that anyone who brings their record up will be able to access this information. To be clear, the record still would have their legal name in the name field, but if there is room elsewhere to record chosen name in addition to this, then do so. (22)

Changing name and Gender Marker on records

When a trans person requests to change their name, title and/or gender marker on their medical records; a GP practice is obligated to comply, when provided the right supporting documents. Evidence for changing name could include a deed poll or other evidence such as an updated birth certificate or passport. No evidence is required for changing title or gender marker. These should be done upon request.

In addition to changing name, title and gender marker; a trans patient can then be issued with a new NHS number to further protect their privacy. If the patient's records have not automatically updated with any hospital or other healthcare service, the patient accesses; they should be changed upon being notified of the change.

You should not challenge the person making the request based on their current appearance or presentation; neither should you enquire about Gender Recognition Certificates, surgery, or any other medical interventions as this is not a requirement. (23)

To then comply with data protection regulations, the old name should be expunged and entirely replaced by the new name on all systems/ records. Further guidance on this process are available from the NHAIS. (24)

Implications of changing gender marker

Changing a trans patients gender marker can have implications for their care due to the limitations of some NHS IT systems. For routine screening, trans people may not be invited for the relevant tests. For example, a trans woman registered as Female may receive unnecessary requests for cervical smears, and not be automatically invited for necessary abdominal aortic aneurism screening. Should the same trans woman be registered as male instead, she may not be automatically invited for necessary breast screening. The implications of changing or not changing gender

marker should be discussed with the patient, and they should be provided with guidance and support to ensure they receive appropriate care. (25)

Pronouns/ Inclusive Language

You should never assume a person's gender, as someone being trans may not be immediately obvious. As such, it is best to use gender neutral language when referring to service users not known to yourself/ of unknown gender. Some examples of this would be:

Gendered Language	Inclusive Language
"the lady with the yellow scarf on the third row"	"the person with the yellow scarf on the third row"
"yes, sir" or "yes madam"	"yes, of course"

If you are not sure about someone's pronouns, using they/them is a good approach. If you have the opportunity to do so privately, asking "what pronouns do you use?" is preferable.

Never refer to someone as "it".

When gender is known, use the pronoun that matches a trans persons affirmed gender. This means referring to **trans women using she/her/hers**, and referring to **trans men using he/him/ his**, (unless otherwise requested, though this would be unlikely). The same applies to titles, whereby a trans woman should be referred to as miss/ms/mrs and a trans man as master/mr.

It is increasingly common for people who have a **non-binary gender identity to use the singular form of they/them** as their pronouns. Alternatively, some non-binary people use neo-pronouns such as **xe/xem/xrys**. Mx is becoming more widespread as a gender-neutral title.

You may hear the term "preferred pronouns", but do not treat using the correct pronouns for a trans person as optional. Using correct pronouns is a matter of basic respect, and if not respected you will receive a negative response.

What to do if you get it wrong/ misgendering/ deadnaming

Misgendering is the act of using gendered language or pronouns that do not correspond to a trans persons gender identity e.g. calling a trans man "madam" or "she".

Deadname is a term used in the trans community to refer to the name they were given at birth, and now no longer use. **Deadnaming** is the act of using this old name.

If you get someone's name or pronouns wrong; or use inappropriate gendered language, you should apologise briefly, move on, and then make every effort to not

repeat the mistake. Apologising repeatedly or at length can draw further attention to the issue, which only worsens the situation for a trans person, particularly if you are not in a private area.

Misgendering a trans person can cause them a great deal of distress (26), but unfortunately many trans people find misgendering a common occurrence. Repeated misgendering of a trans service user, even accidental is a serious issue and should be avoided.

Disclosure and outing

It is not always apparent that a person is transgender based on their appearance, and someone's trans status is "sensitive personal data" for data protection purposes. This information must be used and accessed "lawfully, fairly, only if necessary and with explicit consent", in line with other information on a trans person's health records.

All staff should be aware of their responsibilities around data protection (including that mandated by the gender recognition act; see Legal Requirements Section), and apply the Caldicott principles in their handling of a trans person's information (27):

You should never disclose a patient's trans status or gender history to anyone unless they explicitly need the information for the patient's care. Consent to share this information should be sought wherever possible.

1. Justify the purpose/s for using a person's confidential information
2. Only use it when absolutely necessary
3. Use the minimum that is required
4. Access should be on a need to know basis
5. All staff must understand their responsibilities
6. All must understand and comply with the law

Outing a person as transgender can put them at risk harassment or violence.

Further considerations should be made when a trans person receives visitors whilst they are an inpatient. It may be the case that a trans person is not out to visitors, therefore wishes for you to use a different name and different pronouns when certain people visit them; this should be respected. Alternatively, an out trans person's family may be misgendering them against their wishes, in which case you should refer to the patient as they have requested you to. **If there is an incongruence between the way a trans person has asked you to refer to them, and the way friends or family refer to them; you should ask the trans person privately how they would like you to proceed when they have these visitors.**

It is also very important that correspondence is sent out with the correct name. It may be the case that a trans person living in a house-share is not out to their housemates and receiving correspondence in their deadname due to an administrative error could put them at risk.

Single Sex accommodation

If your organisation provides single sex accommodation to service users, it should have clear policy on the provision of single sex accommodation for trans people, and ultimately this policy must be followed.

These policies can vary significantly between organisations, with some being more trans inclusive than others; you should familiarize yourself with the policy within your organisation.

Those responsible for creating/ updating such a policy must ensure it is compliant with the Equalities Act 2010.

Best Practice would be to:

- House a trans service user in the same-sex accommodation of their affirmed gender as default
- Offer to house them in accommodation related to their assigned gender at birth or a single/ private room if it is their preference.
- Treat the service user as their affirmed gender including for use of toilets and changing areas.

Do not tolerate discrimination from staff or other service users.

Phone Calls

Don't assume someone's gender based on their voice over the phone, there will be trans people who have voices that are deeper than you may expect; and those with voices higher pitched than expected. (28) It is inappropriate to refer to someone as "sir" because they have a deep voice, despite their records saying their name is Ms Katherine Sullivan, for example. If you are unsure of someone's gender, referring to them using their name avoids using gendered terms such as "sir" or "madam".

If you are concerned about data protection and that you are not speaking to the correct person, confirmation of personal details such as address or date of birth can be used.

Accountability

Correct your co-workers and other service users when they misgender a trans person, make an insensitive or discriminatory comment, or use the wrong name or pronouns.

Asking about sensitive information

Asking about a trans person’s body or past surgeries; particularly when pertaining to genitals, is a sensitive issue and in most contexts should be avoided entirely. However, one of the only environments where it may be appropriate to do so is in the context of providing healthcare.

Unfortunately, trans people are subjected to invasive questions about their genitalia and medical history in a variety of inappropriate contexts (e.g. when accessing public bathrooms or in casual conversation with acquaintances). Because of this trans people may be much more sensitive to such enquiries even when it is relevant for their treatment, so a greater degree of sensitivity may be necessary.

You should only ask for this information where it is necessary, but do not be afraid to do so.

It is good practice to explain how the information is relevant to treatment, which may both offer some comfort to the trans patient, and consequently may mean they are more forthcoming with relevant medical information. This should happen prior to any assessments, tests, or investigations.

It may be the case that a trans person wants you to use alternative vocabulary when referring to their body to alleviate gender dysphoria; this should be respected.

Consider alternative vocabulary, and always use the terms a trans person uses to refer to their body

If a trans person seems uncomfortable using certain vocabulary or is avoiding using it, you can ask “what do you call your genitals?”

Term	Alternative
“your penis”	“your genitals”
“breasts”	“chest”

Gendered waiting rooms/ surgery days

When an area of the hospital is gendered some or all of the time, consideration should be made for trans service users who may need to access these spaces.

For example, an AFAB non-binary person who is attending for a colposcopy could be offered the first or last appointment of the day, so that they don’t have to wait in a crowded waiting room fully of women, where they may feel uncomfortable and out of place.

The same AFAB non-binary person could easily have been told they were in the wrong area when they arrived. It is important to bear in mind that trans people will be accessing services, and not make assumptions as to what medical treatments a patient may require based on their gender expression.

“Trans Broken Arm syndrome”

Trans people may be reticent disclosing their trans status to healthcare professionals, as although the information can be relevant, it could result in them being asked invasive questions about their gender history unnecessarily. “Trans broken arm syndrome” is a phenomenon that many trans people report experiencing, whereby health issues from mental health conditions to stomach bugs to broken arms are attributed to being transgender or accessing transgender related medical interventions. (29) Repeated experiences like this may increase the likelihood of a trans person withholding relevant medical information down the line. (30)

To avoid this, you should make sure that the information you are asking for is relevant to treatment and is not due to unrelated curiosity.

Chaperones

Just like cisgender patients, trans patients may prefer to have a chaperone of the same gender as themselves for intimate examinations. However, with trans patients factors such as stage of social/ medical transition and having had genital surgery or otherwise may also affect preference. For instance, a trans man who has not undertaken hormone therapy or surgical interventions may well prefer a female chaperone when having intimate examination of his vagina. You should proceed as guided by the trans patients’ needs and personal preference.

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