



Looking after TRANSGENDER (TRANS) PEOPLE in the care of SECAMB

LEGISLATION

People who propose undergoing, are undergoing or have undergone gender reassignment are said to have the protected characteristic of gender reassignment under the Equality Act 2010. These people, often referred to as trans, or transgender, men and women are also protected by the Human Rights Act 1998. Equality legislation has a broader reach than just this group; those associated with them, for instance, family members or carers, are also protected, as are those who are perceived - even if wrongly - to be trans, and they suffer 'a detriment' as a result.

This legislation ensures that the privacy of trans people and their families is respected, and that they are treated with dignity on all occasions. In any event, these are standards of behaviour that SECAMB is proud to deliver to all its service users.

NUMBERS

At least 1% of the population experiences gender feelings that conflict with the way that they look, even though they may not reveal that publicly; a few of your colleagues and service users may feel this way too. A small number of the people in whom the feeling of discomfort is extreme, will 'transition' to live in accordance with their gender identity (their sense of self, as men, women, sometimes both, and occasionally neither). This means that there will be a wide variety of gender presentations that do not conform with society's expectations.

SOCIAL INTERACTIONS and PRONOUNS

It is crucial to use the correct pronouns, names and titles when speaking to trans people. Nothing is more distressing than being regarded as a man, when you identify as a woman, or vice versa. You will usually be guided by the person's name, dress and presentation, but if you are not sure, ask politely, "How do you like to be addressed?" Sometimes relatives can help, but occasionally they do not approve of the person's change of gender status, and may give misleading information.

PHYSICAL CHARACTERISTICS

Trans women, that is those who identify as women, but were registered 'male' at birth, may or may not have had genital surgery, so their secondary sex characteristics may be male. (Even if they have had such surgery, their prostate glands remain). They may wear very restrictive underwear to conceal their genitalia. Usually trans women are taking a hormone-blocker (gonadotrophin hormone releasing analogue) plus oestrogen and are likely to have some breast development as a consequence. After genital surgery has taken place, they usually remain on oestrogen for the rest of their lives which slightly raises their vulnerability to circulatory conditions, such as DVT and CVA. In most circumstances, hormone treatment should not be interrupted, however, prior to planned surgery, it is usually stopped for a few weeks.

Those who have been on oestrogen for some time are likely to have breast tissue, or they may be wearing some form of prosthetic bra. Those who take hormones but who do not change their gender role, are also likely to have breast tissue despite presenting as men.

Those who have transitioned in middle age or later, may need to wear wigs. Try to ensure that these stay in place in all circumstances.

Following genital surgery, inserting a catheter may be done in the same way as for any other woman, although, sometimes the urethra retains its upwards direction at the point of insertion.

Trans men, that is those who identify as men, but who were registered 'female' at birth, may have had genital surgery, but the majority do not, and their external genital appearance will be female. However, they may wear a 'packer' in their pants to create a male genital profile. Most undergo hysterectomy and oophorectomy, but some retain their reproductive capacity for a few years and may become pregnant and have babies. Trans men usually take testosterone to masculinise their appearance, so they often have facial and body hair, and develop male pattern baldness. Usually they remain on testosterone for life. If they wish to become pregnant they stop testosterone to re-establish menses. Trans men are at slight risk of polycythaemia.

They may have early surgery to reconstruct a male chest appearance. Until that point, they usually wear breast binders which are extremely constricting. These would probably need to be cut off before any resuscitation could take place.

Those who have had a phallus constructed may have a urethra that is placed through the phallus, or it may still be positioned under the phallus, at its base. During the first year after surgery, the phallus will only gradually be regaining skin sensation, so great care is needed to prevent accidental damage to the tissue. This needs to be taken into account when removing or replacing a catheter or clothing.

HANDOVER

On arrival at the hospital, in addition to the usual information that is passed on to the medical staff, any **relevant** medical information regarding a person's trans history may be passed on, with the express permission of the person concerned, unless he or she is unable to consent.

Make sure that trans people have access to appropriate facilities which accord with their full-time presentation. If a person is to be hospitalised in single-sex accommodation, this also should be in accordance with their full-time presentation, unless there are medical reasons for not doing this. A guide for hospital accommodation for trans adults, children and adolescents can be found at:

<http://www.equalityhumanrights.com/advice-and-guidance/before-the-equality-act/guidance-for-service-users-pre-october-2010/health-and-social-care/being-treated-with-respect/hospital-accommodation-for-trans-people-and-gender-variant-children/>