

The aim of this leaflet is to help operational ambulance staff when supporting trans people. We know that many people do not feel equipped to deal with a trans patient and this causes people to 'clam up' and fear saying the wrong thing.

This card is designed to help raise your awareness and explain best practice. Please keep this handy as we hope you find it useful.

Understanding the Terminology

Transgender: Someone whose gender identity or behaviour is different from those typically associated with their assigned sex at birth.

Transgender Male: person transitioning to become male.

Transgender Female: person transitioning to become female.

Transsexual: An older term for someone who is proposing to undergo or has undergone gender reassignment.

Cross-Dresser: Someone who enjoys wearing clothes associated with the opposite sex for personal comfort and pleasure. This replaces the term 'transvestite'.

Intersex: People born with a physical sex anatomy that doesn't fit the 'typical definition' for a male or female body.

Gender Expression: How a person represents or expresses their identity to others.

Non-Binary: Someone who does not identify as exclusively male or female. Examples include people who are gender neutral, gender fluid, pangender, polygender or bi-gender.

Transition: The time when a person begins to live as the gender with which they identify rather than the gender they were assigned at birth.

Gender Reassignment Surgery: Surgical procedures that change someone's body to better reflect a person's gender identity.

Gender Recognition Certificate: A Gender Recognition Certificate (GRC) legally recognises a person's acquired gender.

Gender Dysphoria

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

Gender dysphoria is defined by the NHS as:

'Gender dysphoria is a condition where a person experiences discomfort or distress because there is 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.

Those people that do decide to have treatment and start the process of transitioning, find the process is a long one and requires a lot of support. The wait for treatment can often take several years.

Some trans people may have a fear of disclosing to medical professionals because of previous bad experiences or because they believe it will impact on their transition treatment

The National Ambulance LGBT Network has produced a range of resources and professional development activities. These can all be found on our website at:

www.ambulanceLGBT.org

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Understanding the Health Inequalities

As well as understanding some of the terminology it also helps to reflect on the health inequalities commonly experienced by trans people

- 81% of people surveyed have suffered from silent harassment*
- 84% have experienced suicidal thoughts*
- 53% have self-harmed*
- 36% have experienced major depression*
- 12% have been physically attacked by a colleague or customer in the last year**
- 51% have hidden their identity at work for fear of discrimination
- 25% have experienced homelessness**
- 86% of trans ambulance staff report experiencing 'negative behaviours' compared to the LGBT average of 45%^
- * Trans Mental Health Study, 2012
- ** Stonewall LGBT in Britain, Trans Report, 2018
- ^ NALGBTN Staff Survey, 2018

The Trans Star of Life



In 2018 the National Ambulance LGBT Network launched the trans star of life to raise awareness of, and show support for, the trans community.

Good Practice Guidance

Research shows that **41%** of trans people feel that healthcare staff lacked understanding of specific trans health needs. We know that operational ambulance staff lack confidence when dealing with trans people and this can cause embarrassment and be perceived as a lack of compassion by the patient. Some very simple steps can help you to deal with these situations more confidently and provide a better service.

- Address the patient by the gender they wish to be identified as, or use gender neutral terms. Ask what their 'preferred pronouns' are.
- Ensure dignity and respect is maintained at all times.
- Don't ask intrusive questions unless it is appropriate to the presenting condition. Curiosity is not a good reason to ask questions.
- Many trans people will not undergo gender reassignment surgery so don't assume. Build a rapport with the person before talking about this, if appropriate to do so.
- Don't be afraid to apologise if you misgender someone.
- Never make fun of, or be unkind about, a patient's choices.
- Gender reassignment is one of the nine legally protected characteristics and we have a responsibility under the Equality Act (2010) to ensure we provide an equitable service to trans people.

Letting someone know you are a safe person to talk to is all about using appropriate language:

'Can we talk about your trans history?'

Clinical Presentations

Likely Presentation	Consider
PV bleed and pelvic pain in trans men	Post-surgical complications can result in these presentations due to post-surgical adhesions with or without gastrointestinal symptoms, or endometriosis and/ or pelvic floor muscle dysfunction.
Shortness of breath	Trans male: Higher rate due to possible binding of breasts. Trans female: Could be wearing corsets to project a more 'feminine' silhouette.
Abdominal pain	Complications resulting from self-medication with non-prescribed drugs purchased online.
Dehydration	Consider hormone overdose due to diuretic and androgen inhibitors. Drug related complications including black market products / steroid use.
Self-mutilation	Trans male: Higher rate of self-mutilating breasts. Trans female: Self-mutilation of genitalia/removal of penis/testes.

This leaflet only provides a snapshot and you can find out more detailed information on clinical presentations of trans people at: www.ambulanceLGBT.org/resources/supporting-trans-people