

# National Ambulance LGBT Network



The Ambulance Service Trans Toolkit - Book 2

## Better Care to Trans Patients

A Professional Development Resource

Josh Barraclough



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

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**First Edition - March 2020**

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**National Ambulance  
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# Better Care to Trans Patients

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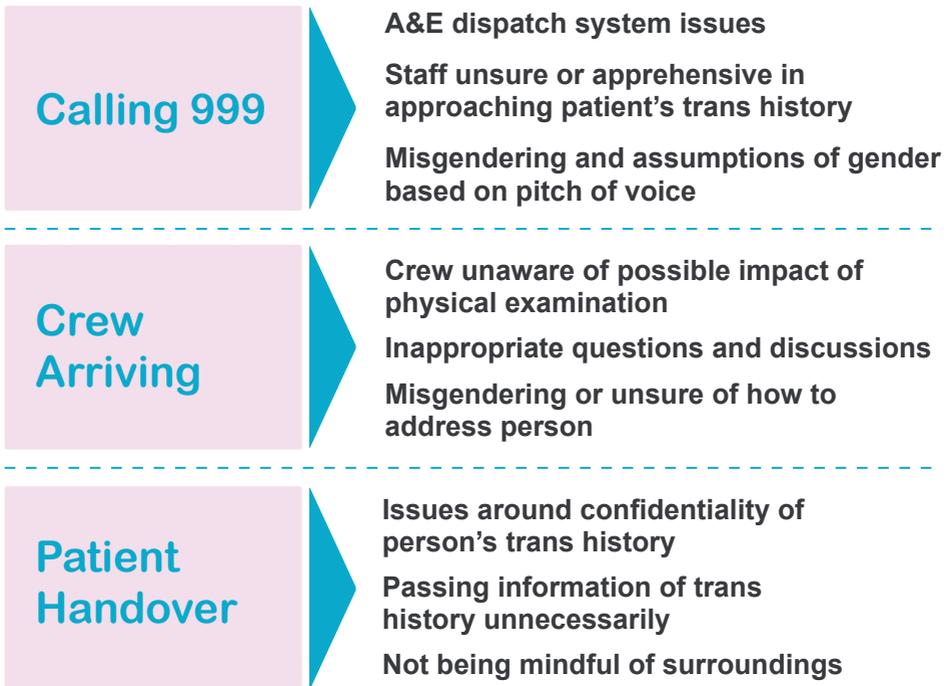
# ◀ The Patient Experience ▶

**Our staff treat patients from many diverse backgrounds every day and the principles of non-judgemental and neutral practice remain the same when treating patients who identify as trans.**

Ofentimes, we find that staff can feel unsure, apprehensive and don't have the knowledge to provide trans service users with the best possible care.

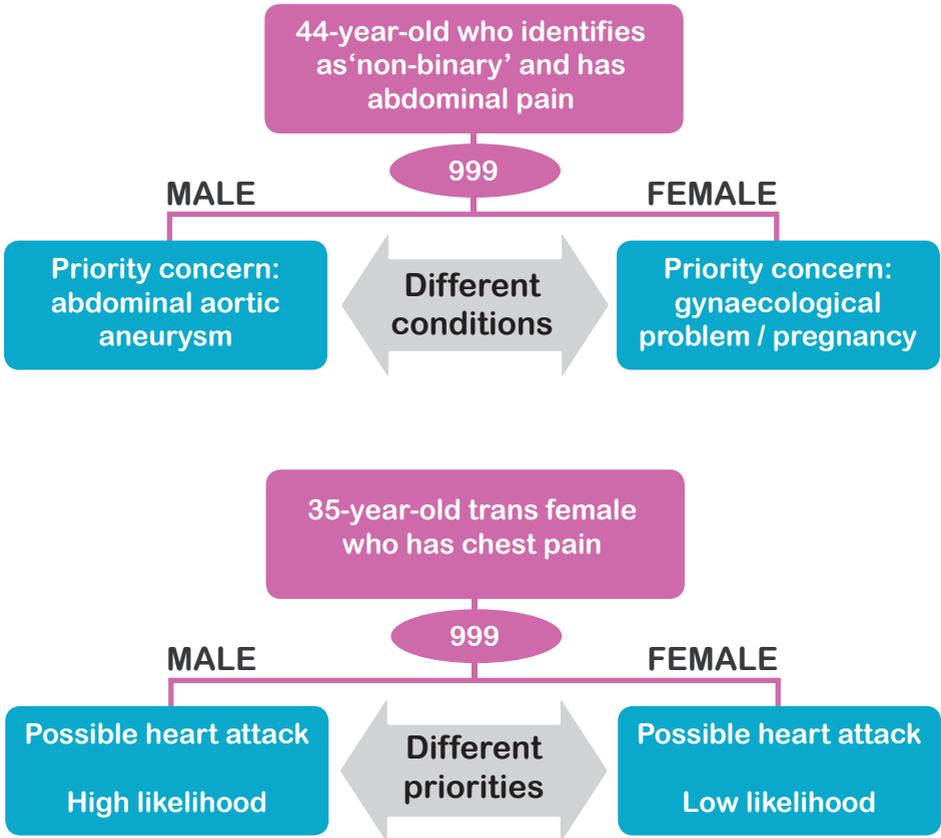
By looking at some of the problem areas, we can address these issues and provide the information required to improve our services and provide better care to any trans service users.

By looking at the journey of a trans patient - from calling 999, the crew arriving on scene and patient handover at the hospital - we have pinpointed several areas which can be improved, as outlined below:



## ◀ System Issues ▶

The A&E dispatch system used by some Trusts does not currently differentiate for trans or non-binary people. Here are some specific examples:



The Academy of Priority Dispatch Guidelines state that because there are some gender-specific protocols and questions contained within the dispatch systems, and a patient's response can change dependant on their natal sex, that we should select their natal gender if the information is offered, but then must address the patient by their preferred gender.

## ◀ Calling 999 ▶

**Telephone conversations can be a delicate situation for trans people.**

**In fact, some trans people have reported that they avoid making phone calls altogether due to past misunderstandings and ignorance.**

Trans people experience high levels of discrimination and ignorance during their daily lives. Those who are not transgender are unable to understand how difficult even the smallest of tasks can become for anyone who does not fit into society's expectations of gender. Even the simple act of making a phone call can cause angst due to a higher likelihood of being misgendered.

In an emergency, a trans person may not have a choice other than to call 999 for help. We would not want anyone from being deterred to call for help when needed, so it is important that we can make this process as inclusive as possible.

We know that call handlers do not wish to cause offence by using the wrong pronoun for a patient, so if in doubt, always ask how a person wishes to be addressed:

▼▼  
**How would you prefer to be addressed?**  
▼▼

▼▼  
**May I ask what the best way to address you is?**  
▼▼

▼▼  
**What pronouns would you like me to use for you?**  
▼▼

If a mistake is made or a person complains about being misgendered, politely apologise and reassure the caller:

▼▼  
**I apologise for offending you.  
What should I do differently next time?**  
▼▼



## Tips for Call Handling in Regard to Gender Identity

- ▶ **Always ensure privacy of gender identity.**
- ▶ **Ensure dignity and respect is maintained.**
- ▶ **Try to use gender-neutral terms if unsure ('they' and 'them').**
- ▶ **Do not act surprised or uncomfortable.**
- ▶ **Do not ask questions out of curiosity.**
- ▶ **Do not make assumptions.**

## ◀ Matching Voice and Gender ▶

**Inevitably, there will be times when a call handler may be unsure how to address a patient or may address the caller by the incorrect pronouns due to the pitch of the patient's voice.**

This can be upsetting, especially for the trans person involved, but can also cause embarrassment for the call handler.

This seems most likely to occur when call handlers are speaking to transgender females as it is particularly difficult for those assigned male at birth to raise the pitch of their voice.

Female hormones which may be taken by trans women do not affect the voice and will not raise the pitch, so for the call handler, who cannot see the patient their voice may sound masculine and misgendering may occur inadvertently.

However, the voices of trans men do respond to male hormone treatment and are more likely to have a pitch that matches their gender

presentation. How low the voice drops is thought to be down to genetics. Some trans males will have very deep voices and others may not. There may also be transgender males who have not begun hormone therapy because they are waiting for treatment, cannot for medical reasons or do not want to take hormone therapy.

Trans people are often particularly sensitive to being misgendered when using the telephone, it can happen often for some trans people and can become an area of their life which causes a large amount of gender dysphoria.

We know that call operators do not wish to cause any offence or embarrassment to anyone but that a perception of gender may be made in the first few moments of speaking to the caller. In some cases, this may be inappropriate for transgender callers, especially trans women. The call handler may assume they are speaking to a man in the first few moments of the call due to the pitch of the caller's voice.

If the caller's gender is not obvious or does not match any name/title given this may cause difficulty for the call operator.

If in doubt, the best response is to ask the caller how they wish to be addressed.

▼▼  
**How would you like me to address you?**  
▼▼



"My dad's collapsed", but then continues "her name is Mary Baker", the call operator should use female pronouns when referring to the patient throughout the call.

On the rare occasions where an ambulance may be called by a trans man who is about to give birth, male names, titles and pronouns should still be used in accordance with his gender status.

If the caller complains that a mistake has been made. The best response would be to apologise and to ask the caller how they would prefer to be addressed.

▼▼  
**I am sorry for misgendering you.**  
**How should I address you in future?**  
▼▼



If the caller is referring to another person for whom medical care is required and says, for example,

## ◀ Crew Arriving ▶

**The principles remain the same from call handling, with some additional specific medical needs that are unique to the trans community.**

A medical examination can be an extremely vulnerable time for many trans people, especially those suffering gender dysphoria. As we know, transition can take many years and many trans people do not transition physically at all. For this reason, it's important to bear in mind that a transgender individual may still have some or all the secondary sex characteristics from the gender they were assigned at birth. It is important to be sensitive and delicate when physically examining someone who trans. They may be reluctant or show that they are uncomfortable through their body language.

If a trans person requires medical attention for something unrelated to their trans history (for example, a broken leg) it is important to treat the medical condition they are presenting with and not view it through a 'trans filtered lens'. Many transgender people often find that medical problems unrelated to their trans history are only seen as part of their gender identity.

Questions regarding a persons 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.

### **Example**

A good example is a trans male who has chest pain.

They may or may not have had any hormone replacement therapy or surgery to construct a male appearance of their chest. If they are on hormone replacement therapy only, they may have body hair like those assigned male at birth but still have a female appearing chest. If they have had surgery to reconstruct the chest, they may have scarring.

Language referring to female anatomy, such as breasts, may make them feel dysphoric or distressed. An ECG on this patient would need to be handled with dignity and sensitivity. Whilst medically necessary, it is important that the patient feels as comfortable as possible. It's crucial that assumptions are not made, so if in doubt ask the person how you can make them feel most at ease.

## ◀ Patient Handover ▶

**A further area that requires improvement is when trans patients are being handed over to staff on arrival at the hospital.**

It is essential that crew are sensitive to a person's trans history. Confidentiality surrounding a person's gender identity needs to be handled with care and consideration. If this information is not handled in such a way it could potentially leave trans patients at risk of discrimination and abuse.

On arrival at the hospital, in addition to the usual information that is passed on to the medical staff, any known relevant medical information regarding a person's trans history may be passed on - with the permission of the person concerned - unless he or she is unable to consent. It is only necessary to share this information if it is relevant to their chief complaint or if it means being able to provide the correct service/treatment for them.

Be mindful of the surroundings. Do not discuss confidential information in a public area or where it may be overheard by other patients or staff not involved in the patients care.

Again, failure to do so may put the patient at risk and at the very least be humiliating or distressing for them.

Staff caring for trans patients must ensure that they have access to appropriate facilities whilst in their care, which aligns with their gender identity.

Bear in mind that whilst crews need to take into consideration this information, a trans person's experience should not differ from anyone else's. Be mindful and respectful of their individual needs and preferences.

▼▼  
**The paramedics were lovely, but they asked a lot of questions about my transition that were nothing to do with why I rang, but you get used to that as a trans person.** ▼▼

**See the Handover Checklist on page 8** ▶



## Handover Checklist for Trans Patients

1

Is the chief complaint relevant to their trans history? Is it important that hospital staff know about the person's trans identity?

2

Has the individual given consent for me to pass this information on? Are they able to consent?

3

Is the environment appropriate to share confidential information? Could it be heard by others? Is there somewhere more appropriate to have the conversation?

4

If necessary, does the patient have access to appropriate single-sex facilities that align with their gender identity?

## ◀ NHS 11 and Other Services ▶

**When a trans patient contacts NHS 111 or any other service, the principles of call handling again remain the same as those for 999.**

However, one issue that has been reported is that *Pathways*, the system which is used by health advisors and clinicians to assess patients, only has gender specific pathways for those assigned with that gender at birth.

A trans male could ring NHS 111 with vaginal bleeding and be registered as male on his NHS records. Due to him being registered as male, the vaginal bleeding pathway would not be an option for the operator to select for assessment. The only way the operator could assess vaginal bleeding would be by changing the gender on the assessment to female.

Similarly, a trans female may call NHS 111 with genital issues. If she has not undergone any gender confirmation surgery, there would be no pathway to assess these issues without changing her gender to male.

Currently, *Pathways* and the software developers have no plans

to tackle this issue. However, clinical advice should always be sought by any operator who needs assistance, and if the condition the patient is calling with is relevant to their trans history it may be necessary and more appropriate for a clinician to assess.

If the patient is referred to any further services (for example GP out-of-hours) it may be useful to inform the service of the trans identity of the patient if it is relevant to their medical condition before they attend, including how to address the patient. This may make accessing the service easier and more comfortable for the patient if the service is aware of their trans identity in advance. However, this should only be done if the patient gives consent for that information to be passed over on their behalf.

**When medical staff come into contact with trans people they are unsure what to expect.**

**On the next few pages you'll find information regarding trans women and men which may be useful for anyone assessing a transgender patient.**

## ◀ Trans Women ▶

**Trans women are those that identify as women but were assigned male at birth. Trans women may have physically transitioned, may be undergoing transition, may have not started to transition or may not be transitioning at all.**

They may not have had genital surgery, so their secondary sex characteristics may be male. If this is the case, they may wear restrictive underwear to conceal their genitalia and may engage in what is known as ‘tucking’ to conceal the male genitalia and give the area a more feminine appearance.

Trans women may take a hormone-blockers and oestrogen. If they do, they are likely to have some breast development. All people who have taken oestrogen are at risk of breast cancer and can increase the risk of deep vein thrombosis (DVT), strokes, prolactinoma, gallstones and liver problems. In most circumstances, hormone treatment should not be interrupted, however, prior to planned surgery it is usually stopped for a few weeks. The hormone blocker may continue until the surgery and sometimes for a short while afterwards.

Those who have transitioned in middle age or later may need to wear wigs or hair systems which can be taped or glued in position for extended periods. Try to ensure that, wherever possible, these stay in place whilst providing care.

Trans women may have hair removal treatment, however some trans women may not have had this and may still have thicker body hair in some areas which is similar to that of men.

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.



# Experience



## Liz's Story

Two years ago, an ambulance came to my home.

The two men who arrived were very uneasy that I was transwoman. I had not been out long and I was very early in my transition. I was very embarrassed and uneasy.

They treated me, but the way they did it made me feel like I had some contagious disease. I saw them look at each other when they saw me and realised I was trans.

They wanted to do a heart trace and I just couldn't allow them to. You don't realise how hard that would be for some trans people. They seemed annoyed and frustrated with me that I would not allow them to do the heart trace.

If they had been more understanding I may have been able to allow them to do all their tests.

Paramedics are meant to make you feel safe and cared for. I felt embarrassed and humiliated.

**Liz**  
**Trans Woman, North Yorkshire**



## ◀ Trans Men ▶

**Trans men, that is those who identify as men but who were registered female at birth, may have had genital surgery, but many do not because it often involves many complex procedures and complications are common.**

This means that many trans men will have external genitalia which is female in appearance. It is important to note though that if they are taking testosterone their clitoris will usually enlarge.

Testosterone will usually lead to infertility, however, this usually takes a few years and thus a trans male may be able to get pregnant and give birth during this time. Gamete storage is usually discussed with the patient before starting testosterone by the clinical staff treating them.

Some trans males may undergo hysterectomy and oophorectomy to avoid any risk from endometrial hyperplasia, usually within a maximum of four to five years after starting testosterone.

Testosterone masculinises the appearance, so trans men often have facial and body hair, and some

develop male pattern baldness. In order to slow male pattern baldness and increase facial hair some trans males do start using medications such as Minoxidil which can be bought 'over the counter'.

Trans men who are taking testosterone are at slight risk of polycythaemia and liver problems. Testosterone also increases the risk of obstructive sleep apnoea (stopping breathing during sleep) which can lead to heart problems or sudden death.

Many transgender men have surgery to reconstruct a male chest appearance. Until that point, they usually wear chest 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 considered when removing or replacing a catheter or clothing.



## Experience

### Wes's Story

I had an emergency a few months ago that required an ambulance. I couldn't bind as the pain was located around similar areas and it was too painful. The paramedics were great: took my name and details without any questions, asked for my gender to which I then explained that I'm trans, and they said 'so you identify as a male?' And that was that. They were great with pronouns and any physical tests they did that were around my chest area they made sure I was 100% okay with and they were extremely respectful.

The only questions asked about my gender were how long I've been out, and if I was happier. They were lovely and it did vastly improve my confidence when ringing for an ambulance.

I've had a couple of negative experiences when I've been a bystander, for example when I called an ambulance for my mum a couple of years ago. As they were treating her they continued to refer to me as a woman and when I asked them to stop and refer to me as a man they got quite awkward and stayed silent. I felt uncomfortable but I don't think it was malicious - more confusion, as again I wasn't binding and I passed way less then.

Overall, I've had good experiences, I've never had any ambulance staff be outright transphobic or disrespectful, but it's come close to happening, and I'm thankful you guys are helping to get more training for folks!

Wes  
Trans Man, Manchester



## ◀ Non-Binary Individuals ▶

**Most people, including transgender people, are either male or female. However, some people don't fit neatly into these categories.**

Some people have a gender that blends elements of being a man and a woman, or a gender that is different than either male or female. Some people don't identify with any gender. Some people's gender changes over time.

People whose gender is not male or female use many different terms to describe themselves, with **non-binary** being one of the most common. Other terms are **genderqueer**, **agender**, and **bigender**. None of these terms means exactly the same thing but all refer to an experience of gender that is not simply male or female.

Non-binary people aren't confused about their gender identity or following a new trend; non-binary identities have been recognised for millennia by cultures and societies around the world.

Some, but not all, non-binary people undergo medical procedures to make their bodies more congruent with their gender identity. While not all non-binary people need medical care to live a fulfilling life, it's critical and even life-saving for many.

It's important when treating a non-binary person to not assume any of the physical characteristics they may have. They may take cross-sex hormones or have had surgery; they may not have. They may have both male and female sex characteristics and can present in any number of ways; whatever makes them feel most comfortable.

A non-binary person who was assigned female at birth may wear a binder or may not, and may take testosterone or may not. A non-binary person who was assigned male at birth may take oestrogen and hormone blockers or may not. It is all based on the individual and how they feel most comfortable presenting their gender to the world. If you're not sure how to address them, it's best to ask. Many non-binary people prefer gender neutral pronouns such as 'they' or 'them'.

Not all transgender people are non-binary. Many trans people have a gender identity that is either male or female and should be treated like any other man or woman.

Being non-binary is not the same thing as being **intersex**. Intersex people have anatomy or genes that don't fit typical definitions of male and female. Most intersex people identify as either men or women.

## ◀ Binding ▶

**Binding** is a practice many trans men engage in to flatten breast tissue thus giving a more male appearance of the chest area.

It is commonly done by trans men who have not had any surgery to reconstruct the chest. Some non-binary people also wear binders.

Commercial binders are an extremely tight, elastic type of underwear that compress the chest into a different shape. This flattens breast tissue, making it less visible. Many trans men experience psychological distress about their breasts as part of gender dysphoria. Wearing a binder can alleviate this dysphoria and mean they are less likely to be misgendered by society in their day-to-day lives. However, there are significant risks associated with binding which is useful for any staff that may need to medically assess trans men and those who may wear binders regularly such as:

- ▶ Back, chest or shoulder pain
- ▶ Overheating
- ▶ Shortness of breath
- ▶ Fungal skin infections
- ▶ Rib fractures
- ▶ Respiratory infections

There are different styles of commercial binders but most look like very tight vests. Some are full length and cover the entire torso, whilst others cut off just below the chest. They usually have a panel of thick material at the front which helps to bind and flatten the chest. Binders are extremely tight and are usually very difficult to put on and take off. This needs to be considered when treating a patient who is wearing a binder. It may be necessary to cut the binder off to avoid further injury to a patient by trying to remove it over the head or in an emergency where access to the chest is required quickly.

Some trans people who bind can also use bandages or tape to flatten their chest. In recent years, some trans masculine people have started using kinesiology tape (which is usually used by athletes for sport injuries). Using bandages or tape to flatten the chest is not recommended and increases chances of health risks but is still practised especially by those who may be unable to afford a commercial binder. They may also wear binders longer

than advised (usually no more 6 hours), may wear a binder which too small, or two binders in hopes of flattening out the breast tissue more. This can increase risks of health problems, injuries and can cause increased shortness of breath and pain.

## ◀ Tucking and Corsets ▶

**Tucking** is a practice many trans women and feminine people engage in to reduce the visibility of the penis and testes by ‘tucking’ them into a less visible position. This can help to reduce any distress cause by gender dysphoria and means that trans women are less likely to be misgendered.

Tucking involves pulling the penis backwards between the legs. Usually, the testes (testicles) are also moved forwards. Many people are able to partly or completely insert the testes into the entrances to the inguinal canals to further hide them.

To keep the genitals held in this position, tight underwear or shorts and/or medical tape are normally used. Some trans women also purchase a specialised item of clothing called a gaff, designed specifically to hold the penis in place.

Possible health risks associated with the practice of tucking are:

- ▶ Skin irritation and fungal infections, particularly if tape is being used
- ▶ Defects or hernias at the external inguinal ring
- ▶ Infections such as epididymitis, prostatitis or cystitis
- ▶ Chronic testicular pain

Some trans women and non-binary people may wear corsets or waist trainers to thin the waist and create a feminine figure. There is little or no medical research into the health effects of wearing corsets, however there are some reported side effects, especially if the garment is not fitted correctly, these include:

- ▶ Skin irritation, chafing and fungal infections
- ▶ Bruising
- ▶ Acid reflux
- ▶ Numbness
- ▶ Shortness of breath

## ◀ Prosthetics ▶

Some trans people wear **prosthetics** to alleviate any feelings of dysphoria and to fit more comfortably into societies expectations of their acquired gender. Meaning they are less likely to be misgendered. When treating a transgender patient, be aware that they may be wearing prosthetics and ensure dignity and respect is maintained at all times.

### Trans Men

Some trans men may wear what are known as packers or STP (stand-to-pee) devices. These prosthetics create a male genital profile and STP devices mean trans men can urinate in public urinals. There are different kinds of packers such as:

- ▶ DIY packers: homemade packers such as a rolled up sock.
- ▶ Packers with an in-built STP: these packers usually look like a penis but are designed with a built-in funnel and tube that allows the trans person to urinate out of them while standing.
- ▶ Prosthetic packers: these attach to the body using an adhesive so that they stay in place. More expensive models can be highly realistic and custom designed to match skin tone.

Trans men may also wear a harness for their packer or STP or may wear specially made underwear which a pouch for any prosthetic.

### Trans Women

Some trans women may wear prosthetic breasts, also known as breast forms, which can be attached to the chest with adhesive or worn in the bra, therefore creating a more female appearing chest. If the chest area needs to be examined for medical reasons, bear in mind that a trans woman may be wearing prosthetics. There are different variations of breast forms:

- ▶ Bra inserts which can be inserted into the bra to enhance breast tissue which may already be developing as a result of hormone therapy.
- ▶ Breast forms which can be attached to the skin using adhesive.
- ▶ Bras with integrated prosthetic breasts.
- ▶ Breast plates which can be worn like a vest with built in breasts.



# Experience



## Patient Stories

They let me keep my shirt on when doing the ECG which I was grateful for. But I think more than anything they tried to avoid acknowledging I was trans, if that makes sense?

**James**  
**Trans Man, South Yorkshire**

An ambulance came out to my mum last year and kept referring to me as 'your son' when they spoke to my mum. I didn't dare correct them, but my mum did. When she told them I was her daughter, they fell silent. It was a very awkward ride to the hospital. This then happened again in A&E.

**Sammy**  
**Trans Woman, Derby**

When the crew asked what meds I was on I told them about my testosterone. They asked why and I told them I was trans and the lady was like 'I won't write that down as its not relevant to your treatment' which I thought was nice and made me feel more comfortable.

**Ade**  
**Trans Man, East Midlands**



# ◀ Clinical Presentations ▶

Likely Presentations	Consider
<b>PV bleed and pelvic pain in trans men</b>	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.
<b>Shortness of breath</b>	<p><b>Trans male:</b> Higher rate due to possible binding of breasts. Are they wearing a binding? Is it a commercial binder or homemade? Are they using non-recommended means to bind such as bandages or tape? Is the binder the correct size or too small? Are they wearing more than one binder? Have they been wearing the binder longer than advised (usually 6 hours)?</p> <p><b>Trans female:</b> Could be wearing corsets or waist trainers to project a more 'feminine' silhouette. Is it the correct size? Are they wearing it too tight? How long have they been wearing it for?</p>
<b>Abdominal pain</b>	<p>Complications resulting from self-medication with non-prescribed drugs purchased online.</p> <p><b>Trans male:</b> Are they taking testosterone? Has it been prescribed by a clinician or have they purchased it online?</p> <p><b>Trans female:</b> Are they taking oestrogen or hormone blockers? Has it been prescribed by a clinician or have they purchased it online?</p>
<b>Dehydration</b>	Consider hormone overdose due to diuretic and androgen inhibitors. Drug related complications including black market products / steroid use.
<b>Self-mutilation</b>	<p><b>Trans male:</b> Higher rate of self-mutilating breasts.</p> <p><b>Trans female:</b> Self-mutilation of genitalia / removal of penis / testes.</p>

## Be Mindful of Difference

It is important when treating any trans patient to be mindful and diplomatic of any physical differences they may have. It is important to respect their acquired gender and treat them with dignity. Try to keep in mind physical differences such as body hair, if they are wearing a wig, body shaper, or prosthetics, and how you can treat them with the utmost respect.

## ◀ Mental Health Issues ▶

Trans people struggle with disproportionate levels of mental health problems than the general population. Trans people are at a much greater risk of **self-harm**. Studies also show that transgender people have a higher rate of self-harm to parts of their body that may be associated with the gender they were assigned at birth due to feelings of gender dysphoria.

The reasons people self-harm are often complex and this is same for trans people. Trans people who suffer gender dysphoria often describe self-harm as a means of expressing thoughts of powerlessness, feeling imprisoned by their bodies, which in turn may become the target of their frustrations. Many trans people describe a feeling of anger or betrayal at their body.

As well as self-harm, **gender dysphoria** can impact a trans person's mental health in other ways. We know that trans people have much higher rates of depression and anxiety than the general population. Feelings of isolation and misunderstanding are common amongst trans people. This can then lead to self-harm, suicide ideation and in some cases suicide attempts.

### Trans Male

**Self-harm to breasts:**  
including but not limited to cutting, burning, punching, pulling.

**Self-harm to hips:**  
including but not limited to cutting, burning, punching.

### Trans Female

**Self-harm to penis:**  
including but not limited to cutting, burning, punching, pulling.

**Self-harm to testicles:**  
including but not limited to cutting, burning, punching, binding or restricting blood flow to testicles and/or penis.

**Self-castration:**  
removal or attempted removal of testes or penis.

## Suicide

The prospect of someone taking their own life can depend on several risk factors. Protective factors are those which make people less likely to consider suicide as an option. When it comes to trans people, we can see that they face not just the same risk factors as the rest of the population, but additional risk factors specific to their trans history.

Risk Factors	Protective Factors
Mental illness	Access to effective care
Lack of social support	Coping skills
Isolation	Strong family support
Gender: men are much more likely to take their life	Strong social support
Loss of relationship	Restricted access to lethal means
Alcohol and drug misuse	
Physically disabling or painful illnesses	
Suicide attempts by people in their lives	
Previous suicide attempts by individual	

Additional Risk Factors and Protective Factors for Trans People	
Feelings of gender dysphoria	Access to effective and inclusive care
Delays in healthcare for treatment of gender dysphoria	Strong work/school support
Discrimination and transphobia	Increase in self-esteem
Homelessness due to gender identity	Strong support from being included in own community, which creates a sense of belonging
Problems with work/ gaining employment due to gender identity	
Bullying at school	
Family relationship breakdown	

It is often a combination of these factors rather than a single event which can lead to someone taking their own life. Whilst being trans itself is not considered a mental illness, trans people still face many difficulties living in society, which in turn can lead to additional risk factors of self-harm and suicide.

## Talking about Mental Health

Talking to anyone suffering mental health problems can be challenging. If a person is suffering mental health problems due to their gender identity it can often feel even more of a challenge.

Often, we worry about saying the wrong thing. The most important thing is to listen to the trans person and validate any feelings they may express including those of gender dysphoria.

Below are some things you could ask a trans person about their mental health to start a conversation and assess their risk of self-harm and suicide.



**Do you feel your trans history has had an impact on your mental health?**

**Are you undergoing any medical transition? How is that going? Are you on any waiting lists? How long have you been waiting for care? I imagine it can be a difficult time.**

**Do you suffer with gender dysphoria? What is that like for you?**

**Do you have people in your life who support you? Who have you told about your gender identity, your feelings?**

**Does your dysphoria ever make you feel so sad that you feel life isn't worth living?**

**Are you thinking about hurting/killing yourself? Have you thought about it recently?**



## Reaction to Clinicians

When assessing a trans patient it is important to understand that they may react negatively to a clinician trying to physically assess them. Watch carefully for signs that the patient is uncomfortable and distressed.

Some trans patients may be defensive, and physical examinations may be very distressing for them. They may react adversely to you trying to examine a part of their body they are not comfortable with. They may refuse to let you examine this area of their body or they may move their body away from you. In extreme cases they may push you away.

Is there anything you can do to make them feel more comfortable? Could you cover the area with a blanket? Are you in a private place? Try to calmly explain to the patient that you will treat them with the highest dignity and respect to build rapport and gain their trust.



### Thought Exercise

## Mental Health

Take a moment to imagine what it might be like day-to-day for a trans person. Imagine if your family or friends just couldn't accept the gender you are. Imagine every time you looked at your body you feel upset. It's a body you cannot escape because you carry it everywhere you go. Imagine trying to find clothes that often don't fit right. You avoid looking down when showering and avoid mirrors.

Now imagine that no matter how hard you try, people still call you the opposite gender. People point, stare or laugh when you go to the supermarket to pick up food. You make a phone call to the bank and the operator asks three times if you're the account holder because your voice and gender don't seem to match. You go out for lunch with a friend and daren't go to the toilet because you're fearful someone may say you're in the wrong bathroom. How do you think this would affect your mental health?

## ◀ Treat Me as a Person ▶

Every trans person is an individual just like everyone else. Treat any trans patients as individuals and don't make assumptions about who they are.

**I see your raised eyebrows...**

**Be mindful of your body language and facial expressions.**

Don't act surprised or shocked, it could be extremely embarrassing or humiliating for any trans patient.

**I see you nudging and pointing...**

**Be mindful of your actions. People often see much more than we realise.**

Don't point or whisper about a trans person. Treat them with respect.

**I hear your banter...**

**In some cases making a patient laugh can help build rapport.**

There are some things which are inappropriate to joke about however. Avoid jokes about someone's trans history or body. It may be something they are very uncomfortable with.

**I am not a label...**

**Trans people are much more than just trans.** Labelling can sometimes cause us to make false, unjustified and harmful assumptions.

**Conscious bias**

**Conscious biases are social stereotypes about certain groups of people that we form and are aware of.** Think of any stereotypes you may have thought or heard about trans people and try to challenge those beliefs.

**Unconscious bias**

**Unconscious biases are social stereotypes about certain groups of people that we form without being aware of it.** Be mindful of any stereotypes you make about trans people and try not to make assumptions.





## Experience



### Cameron's Story

Last January I rang the ambulance service for my fiancé.

When the crew arrived, they misgendered me and kept referring to me as 'she'. I tried to correct them, but they continued. They did not apologise and did not seem to care that they had upset me. It made me feel invalidated.

It is difficult as a trans person to never know how the world will see you. I just want to be seen as the man I am but when something like that happens it feels as if the world doesn't and might never see you for who you really are.

Later in the year, I rang NHS 111 after falling over and hurting my wrist. We later found out it was broken.

Although I had legally changed my name and updated my record at my GP surgery, I was still referred to as my birth name by the call taker. The woman on the phone still referred to me as 'she' and my birth name throughout the call. I was in a lot of pain and the time and it just made a bad situation even worse.

Listening and using the correct pronouns for trans people is important.

**Cameron**  
**Trans Man - Nottinghamshire**



## ◀ 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**

Alex is a 38 year old male who has telephoned 999 with severe chest pain. Two crew members, Joanne and Sophie, attend Alex. Whilst carrying out checks, Alex seems reluctant to take his shirt off so the crew can perform an ECG. He explains that he is a trans male and has a lot of gender dysphoria regarding his chest.

**What could Joanne and Sophie do to support Alex and make sure he receives the appropriate care? What would be inappropriate to do in this situation?**

### **Scenario Two**

Paul and Fauzia are on shift together when they are sent to a call from the Police for a woman who is suffering mental health problems. When they arrive on scene the woman (Abbie) talks about gender dysphoria and that she was assigned male at birth. She talks about difficulties at work and with her family. She states that she has been thinking about taking her own life because everything seems to be falling apart.

**What could Paul or Fauzia do or say in this situation to support Abbie and her feelings of gender dysphoria? What would be inappropriate to say in this situation?**

### **Scenario Three**

Ryan is a 999 call handler. He receives a call from a non-binary person who is experiencing severe abdominal pain. Ryan is unsure what to do since he isn't sure whether they were assigned male or female at birth and what anatomy the patient has. He doesn't want to cause any offence and isn't sure how to bring this up with the patient as they are crying with pain.

**What could Ryan do in this situation? What would be the best way to address the patient?**



# Experience



## Patient Stories

I think in general all medical professionals need to understand how to not misgender people. Too many times in medical experiences trans patients correct folks and get “she/he says she/he uses they pronouns”. It can exacerbate trans patient’s mental health and make medical conditions worse. Knowing not everyone is male or female is essential for improving medical relationships. Knowing and understanding that HRT changes people’s bodies and biology is also important.

### Vin

The ambulance staff were really professional and friendly. They called me by my name and used the correct pronouns. When they handed me over in hospital they spoke to the staff so I didn’t have to explain my trans status. I was treated as male all the way through my care, It was the best NHS experience I have had so far. Leaps ahead of my local GP.

### Dan

#### Trans Man, Cheshire

Paramedics took me to hospital after I was involved in a car crash. I told them I was trans, but I think they assumed that I had transitioned from female to male. I was assigned female at birth, but I identify as non-binary. One of the paramedics called me ‘she’ and then corrected himself to ‘he’. It would have been easier if they had just asked. Other than this their care was excellent, and they didn’t seem to mind I was trans. I just think they were a bit clumsy with pronouns.

### Kay

#### Non-Binary, West Midlands



## 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 have improved my knowledge of the trans community and understand the issues trans people face.**
  
- ▶ **I am aware of my own attitudes, feelings and behaviours towards trans people and how my own experiences shape my opinion towards trans people.**
  
- ▶ **I am aware of the areas within my service which need improving for trans people.**
  
- ▶ **I have improved knowledge of gender dysphoria and how it can affect transgender people.**
  
- ▶ **I am familiar with the physical characteristics that some trans people might have whilst undergoing transition.**

- ▶ **I have a good understanding of non-binary people.**
- ▶ **I have gained knowledge of some of the practices trans people undertake such as binding, tucking and wearing prosthetics to help them alleviate dysphoria and the risks associated with these practices.**
- ▶ **I have gained insight into some of the clinical presentations that I may recognise when treating trans patients.**
- ▶ **I feel confident talking to trans people about their trans history.**
- ▶ **I feel confident talking to trans people about their mental health and how their identity or dysphoria may impact upon that.**

For more information about the  
National Ambulance LGBT Network visit:

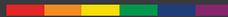
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### **Abdominal Aortic Aneurysm (AAA)**

A bulge or swelling in the aorta, the main blood vessel that runs from the heart down through the chest and stomach. It can get bigger over time and could burst (rupture), causing life-threatening bleeding.

### **Androgen Inhibitor**

Medication which blocks the effect of androgen (male) hormones.

### **Deep Vein Thrombosis (DVT)**

A blood clot in a vein, usually the leg.

### **Endometrial Hyperplasia**

An abnormality of the lining of your uterus or endometrium.

### **Endometriosis**

A condition where tissue similar to the lining of the womb starts to grow in other places, such as the ovaries and fallopian tubes.

### **Gamete Storage**

Freezing sperm, eggs or embryos for future use.

### **Hysterectomy**

A surgical procedure to remove the womb (uterus).

### **Oophorectomy**

An oophorectomy is a surgical procedure to remove one or both ovaries.

### **Polycythaemia**

Having a high concentration of red blood cells in your blood. This makes the blood thicker and less able to travel through blood vessels and organs.

### **Prolactinoma**

A benign tumour of the pituitary gland that produces a hormone called prolactin.

For more information about the  
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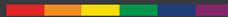
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