

TRANS YOUTH

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Trans Identities

A trans person has a self-identified gender which does not match the sex they were assigned at birth. So a trans person whose gender is female, but was assigned male at birth, might identify as a trans woman. Someone's gender identity can also lie outside distinct 'male' or 'female', and they may identify as non-binary, or if identity fluctuates, genderfluid. Not all non-binary people will identify as trans.

Non-binary Identities

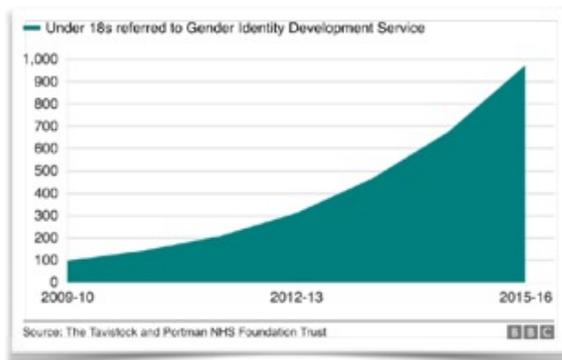
An increasing number of young people will identify as non-binary, i.e. not 100% male or 100% female. Not all will identify as trans, although the stigma and lack of understanding and awareness faced is similar. Social media, whilst often viewed as a negative factor in young people's lives, has proven to be a lifeline for many LGBTQ+ youth, but in particular trans and non-binary young people who can find other people facing similar challenges and share experiences and get support.



image from BonnieTartan.com

Transgender Youth

Shifts in societal views and greater representation of trans people in film, TV and online are giving an increasingly strong voice to transgender youth, and young people are coming out and seeking help with their gender identity earlier. Referral rates to the Tavistock's Gender Identity Development Service have risen 50% year-on-year since 2009, and 100% year-on-year since 2015. Trans youth face substantial healthcare inequalities. Waiting lists for referral to Gender Identity Clinics are astronomical, but due to the prejudice and discrimination often faced on a daily basis, trans youth are at significant risk of poor mental health, self-harm and suicide.





#NotADebate

Transgender people, in particular trans youth, have recently been the target of fierce attack and misrepresentation by some newspapers and documentaries. Responses have been to 'debate' the subject, with many myths and falsehoods being perpetuated as a result. In reality, trans existence should not be up for debate.

(image by @theFoxFisher)

#ProtectTransKids

There is good evidence to show that legislative changes have direct consequences for health & wellbeing of LGBTQ+ youth. Recent removal of protections for transgender youth in the United States will only exacerbate the already poor conditions that many trans youth have to endure.



Definitions: Sex, Sexuality & Gender

Sex is a biological categorisation, usually assigned at birth, although is not a clear binary (e.g. there are a number of intersex conditions). Biological sex relates to DNA and chromosomes, hormones, genitalia and gonads, and secondary sex characteristics such as hair distribution and fat deposition.

Gender describes someone's identity and does not have to match their natal sex. This is also not a binary, and there are a range of gender identities, including gender fluidity and agender or non-gender. Gender expression is how an individual expresses their identity, which can also be fluid, and usually relates to dress, appearance and behaviour.

Transgender youth have a gender identity that does not match the sex that was assigned to them at birth. Medical and surgical transition is not required for someone to identify as transgender. Some people will not use the term 'transgender' to describe their gender.

It is important to remember that sexuality and gender are entirely separate, and that a transgender girl, for example, can be straight, lesbian, bisexual or any other sexuality.



Home & School

Half of all trans young people are abused at home. This includes physical abuse, sexual abuse, emotional abuse and neglect. Three quarters of trans youth are abused at school and a quarter have been physically attacked. Trans youth are at high risk of sexual assault.

Eating Disorders

Trans young people are four times more likely than their cisgender (non-trans) peers to develop an eating disorder. This is sometimes related to attempts to control development of secondary sex characteristics (such as fat distribution pattern), or to stop menstruation for trans boys who don't have access to the pill.

Sports & Exercise

There are significant barriers in access to sports team & exercise facilities for trans youth. Rules often exclude trans youth from sport. Changing rooms and other facilities present a significant obstacle to trans people, particularly youth who may not have transitioned.

Drugs & Alcohol

Trans youth have increased risk of alcohol and drug misuse. Binge drinking amongst all students is higher in areas where schools are not affirmative of LGBTQ+ youth.

Mental Health

Mental health issues are disproportionately present in LGBTQ+ youth compared to heterosexual and cisgender peers, and particularly for trans youth. There is little done about transphobic bullying of students in schools as teachers often have had little or no training, and there are even incidences of teachers themselves bullying and abusing trans students.

Over half of all trans young people self-harm. The majority of trans young people have considered suicide. Due to the poor acceptance of differences between biological sex and gender identity in society, transgender young people often face extreme social isolation, discrimination, and victimisation. This is often compounded by the extreme distress of gender dysphoria. As a result, 48% of transgender youth in the UK have attempted suicide.

If trans youth have a supportive family, an understanding doctor, timely access to gender identity services and subsequently a timely start to transition, all of the above mental health challenges are alleviated. A large study of trans youth who had family support and medically transitioned at the appropriate time found that those young people ended up as, if not *more*, psychologically well-adjusted as their cisgender (non-trans) peers.



It's Not About Toilets

Access to appropriate toilets and facilities can be difficult for trans youth, and the challenges posed can create significant distress. Without access to mixed gender bathrooms, or if legislation and

policy is in place to dictate which bathroom to use, trans people are at risk of verbal and physical abuse. The debate currently raging, particularly in America, is not really about toilets, rather it's a means to express inherent transphobia and to discriminate.

Pronouns & Names

Asking transgender, non-binary or gender variant patients which pronouns they use is helpful. Pronouns are what we use to refer to other people, such as he/him or she/her, but there are a range of others such as xe/xim or they/them. Asking trans youth what their pronouns are, and then using them, helps to affirm your respect for them as a person. Using a trans person's name, regardless of what is recorded on their details (often the name they were given at birth) is also important.

#TransDocFail

Confusion about gender, transition, gender history, language, and so on often leads to healthcare inequalities for trans people when doctors and other healthcare staff deliver different care than they would for a non-trans person (often subconsciously). The #TransDocFail trend online highlighted the many negative experiences of trans people in healthcare. Examples included a trans woman being asked at length about her gender history when presenting with a simple broken arm.



image by ThinkAgainTraining.com

Trans Myth-Busting

Myth: Trans Kids Are Just Gay & Confused

Gender and sexuality are different. A trans young person can be gay, straight, bi or any other sexuality, whilst also being transgender. Navigating feelings and identity is difficult at the best of times, and confusion and questioning are natural. Expressing gender identity does not necessarily correlate with sexuality.

Myth: 80% of Trans Kids Change Their Minds

Some studies have suggested that up to 80% of trans children change their minds, also known as 'desistance'. It is a figure often quoted by opponents of transgender support. It is simply an untrue statistic. The studies are old and highly methodologically flawed. They also were studies mainly of 'gender non-conforming' children. Gender non-conforming is when a child expresses behaviour outside traditional gender constructs (e.g. a boy who wears dresses or a girl who plays with trucks). They do not tend to express a wish to be a different sex. Trans children have a persistent feeling of being a gender different to their sex, that causes significant distress (gender dysphoria). The studies looked at majority gender non-conforming children, although labelled them as trans, and any who were lost to follow-up were counted as 'no longer transgender'. In other words, the studies are complete bunk. There is very little evidence of transgender young people 'changing their minds'. It should be noted that if someone is told they are wrong, sinful, a shame, or bullied into changing their mind, they may well say that they are not trans anymore. This is not the same as genuinely changing their mind.

Myth: Being Trans Can Be Cured

'Cure Therapies' have been used in attempts to 'treat' transgender young people. 'Therapies' include nausea-pain aversion, electric shock therapy, exorcism and psychological torture. They have been banned in the UK but the practice still persists in some areas.

Myth: Trans Is A Psychiatric Disorder

The World Professional Association for Transgender Health state that being transgender is "a common and culturally diverse human phenomenon that should not be judged as inherently pathological or negative". Gender Dysphoria,



Remote & Rural Life

Remote and rural life can present additional challenges and barriers for trans young people. Limited access to appropriate healthcare and support is an issue. Distance from gender identity clinics is a problem, and travel barriers, particularly if family support is lacking, can make medical transition even harder.

Religion has historically been a significant contributor to oppression and abuse of LGBTQ+ people. Religious reasons are often cited for peoples' negative views towards gender in particular.

- Doctors can work with religious groups to advocate and protect trans youth
- Equality laws in the UK should not be trumped by religious freedom laws, and the health & wellbeing of trans people must always be a priority

LGBTQ+ Youth are often forced to leave rural life for more accepting or anonymous urban areas. For trans young people, better access to appropriate care may be an incentive for leaving rural life.

which describes the symptoms of extreme distress experienced by trans people, has replaced 'Gender Identity Disorder' in the move from DSM-IV to DSM-V. 'Transsexualism' still exists under Mental and Behavioural Disorders in ICD-10 although the WHO are expected to remove this for ICD-11.

Myth: Trans Kids Get Surgery & Hormones

Numerous tabloid headlines have declared that children as young as nine, six, and four are given sex hormones and gender affirmation surgery on the NHS. This is false.

No physiological treatment is given under any circumstances pre-puberty. Gender Dysphoria can be present at any age but tends to become significantly more extreme at the onset of puberty.

At puberty (Tanner Stage II), if multiple criteria are met, Gillick competent young people can have access to Gonadotrophin Releasing Hormone antagonists (GnRHa), which are commonly known as 'blockers'. Blockers are not sex hormones, and have been used for many years in other conditions such as precocious puberty. They are safe, reversible, and do not cause sterility. Blockers are particularly effective at relieving many of the symptoms of gender dysphoria which relate to development of unwanted secondary sex characteristics (hair distribution, breast development, fat deposition patterns, voice changes etc.)

When a young person reaches 16, again if multiple criteria are met, they may have access to cross-sex hormones (testosterone for natal females, oestrogen for natal males). Cross-sex hormones bring about the puberty of the young person's identified gender, with the development of wanted secondary sex characteristics.

Only when a young person reaches 18 will there be the possibility of any form of surgery. Not all trans people will want surgery, and there are many types of surgery options ('top surgery' for breast tissue removal) where an individual may wish for.

It is important to remember that this is not a one way road which ends in genital surgery. Treatment is highly individualised and can help to relieve the extreme distress of gender dysphoria. Some trans people wish for no intervention at all.



Youth Groups

Specific LGBTQ+ Youth Groups are highly protective for health and wellbeing of young people. LGBTQ+ groups in schools, or 'Gay-Straight Alliances' are also important and have are incredibly popular in a number of schools and academies across rural Scotland. They can help young people explore identities safely.

Signposting & Resources

Charities & Organisations

Scottish Trans

www.scottishtrans.org

Stonewall Scotland

www.stonewallscotland.org.uk

LGBT Youth Scotland

www.lgbtyouth.org.uk

Gendered Intelligence

www.genderedintelligence.co.uk

Mermaids Gender

www.mermaidsuk.org.uk

GIRES

www.gires.org.uk

Reports & Further Reading

Trans Mental Health Study

www.gires.org.uk/assets/Medpro-Assets/trans_mh_study.pdf

Unhealthy Attitudes

www.stonewall.org.uk/sites/default/files/unhealthy_attitudes.pdf

Life In Scotland for Young LGBT People

www.lgbtyouth.org.uk/files/documents/Life_in_Scotland_for_LGBT_Young_People_Health_Report.pdf

Supporting Transgender, Lesbian, Gay and Bisexual Young People in our Services

www.healthyrespect.co.uk/Professionals/HealthyRespectNetworks/Documents/Supporting%20Trans%20and%20LGB%20Young%20People%20in%20our%20Services%20Guidance.pdf

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*Thanks to **Dr Charlotte McCarroll** from Glasgow University for providing additional proof-reading and input for this factsheet.*

RGPAS TOP TIPS

Five Things To Do Right Now

1. Display a poster in your waiting room stating your practice policy on promoting access to services for trans people. You can use the one provided at ruralGP.scot/lgbtq-plus
2. Speak to your local youth group leader and find out how you might be able to engage with youth group work. Find out whether the local school(s) include trans topics in sexual health lessons, and whether there is a LGBTQ+ group for students
3. Review the toilet/bathroom facilities in your practice. If they are individual rooms, consider making them all gender neutral (remember to include sanitary disposal bins with every toilet). Reflect this in signage, or use an additional poster to indicate this
4. Include protections for transgender and non-binary people in policies, and highlight these policies visibly for patients
5. Consider signing your practice up to the LGBT Youth Scotland charter of rights: <https://www.lgbtyouth.org.uk>

