



# Hauora Tāhine

Pathways to Transgender  
Healthcare Services

**Jove Horton**

**He/him**

**Transgender Health Key Worker**

**Auckland Sexual Health Service**

# Topics include:

- Terminology and statistics
- Some background
- Depathologising
- Minority stress, mental health and wellbeing (Understanding our narratives)
- Creating an affirming and inclusive environment
- Providing trauma informed care
- Take-home messages



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# 101 Terminology

- **Transgender (trans)** An umbrella term for someone whose gender differs from their sex assigned at birth. Often used as an umbrella term, recognising that people may describe themselves in many ways including indigenous terms. Transgender people may be binary or non-binary and some opt for some form of medical intervention.
- **Cisgender (cis)** A person whose gender identity aligns with their sex assigned at birth.
- **Non-binary** An umbrella term for gender identities which are neither male nor female, or exclusively male or female. This includes people who have no binary gender at all(eg; sit entirely outside of male or female) and people who have some relationship to binary gender, such as some trans feminine and trans masculine people.
- **Sex assigned at birth:** All babies are assigned a sex at birth usually based on a visual examination of genitalia. A person's gender may or may not align with their sex assigned at birth.
- **Gender expression :**Refers to a person's presentation of gender through physical appearance. Gender expression may or may not conform to a person's gender, and may or may not conform to social expectations of behaviour and expectations typically associated with being either solely male or female.



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# Terminology

- **Gender:** Is a person's deeply felt, personal and individual concept of their self as male, female, a blend of both or neither. The term **gender** is gaining in usage rather than **gender identity**, as trans people are frequently described as 'having a gender identity' while cis people 'have a gender.'
- **Trans feminine:** a term used to describe the spectrum of trans femininity that includes binary trans women and also trans feminine people who do not identify as binary women.
- **Trans masculine:** a term used to describe the spectrum of masculinity that includes binary trans men and also trans masculine people who do not identify as binary men.
- **Transition:** steps taken by trans people to live or be affirmed in their gender. Here is no right or wrong way to transition : each person will have their own personal goals.
- **Gender affirmation :**the process of someone being seen and validated in their authentic gender. Used instead of transition. While transition is commonly used by cis and trans people, the use of affirmation is intentional- **many people, trans and cis view the trans experience through a lens of medical intervention.**

*"Being trans is about the relationship we have with ourselves and who we know ourselves to be, being trans is not about what we do with that."*



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**Counting Ourselves Survey** (*Conducted in association with University of Waikato, September 2019, that had 1,178 participants*)

The following was selected by respondents:

- Non-binary 40%
- Transgender 35%
- Trans man 25%
- Trans woman 22%
- Gender diverse 13%
- Transsexual 6%



# Population estimates

- Conservative estimates say 1.2% of NZ's population are transgender and non-binary people
- Youth'19 Survey found that 1 out of every 100 students identified as transgender, non-binary or gender diverse. A further 0.6% reported they were not sure of their gender.



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# Gender Affirmation

- As a clinician, if you are one of the first people a trans person approaches to discuss their gender identity, your affirming response can make a significant difference to their wellbeing.
- No gender affirmation is the same – it is deeply personal. Some trans and non-binary people don't undergo any medical affirmation, and some do; and medical affirmation may or may not include surgeries.



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# Components of gender affirming health care

- Exploring gender identity – affirming approach to being authentic self
- Providing information and medical intervention where needed
- Supporting families
- Supporting social transition in schools, work place
- Supporting connections – peer groups
- Supporting emotional wellbeing/address comorbidities
- Support harm minimisation/health information



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# Informed Consent

A series of conversations to ensure.....

- that people have enough information to make an informed decision about starting a hormone that will permanently change their body
- that there is capacity to consent
- that any significant medical and mental health issues are being managed
- Age considerations



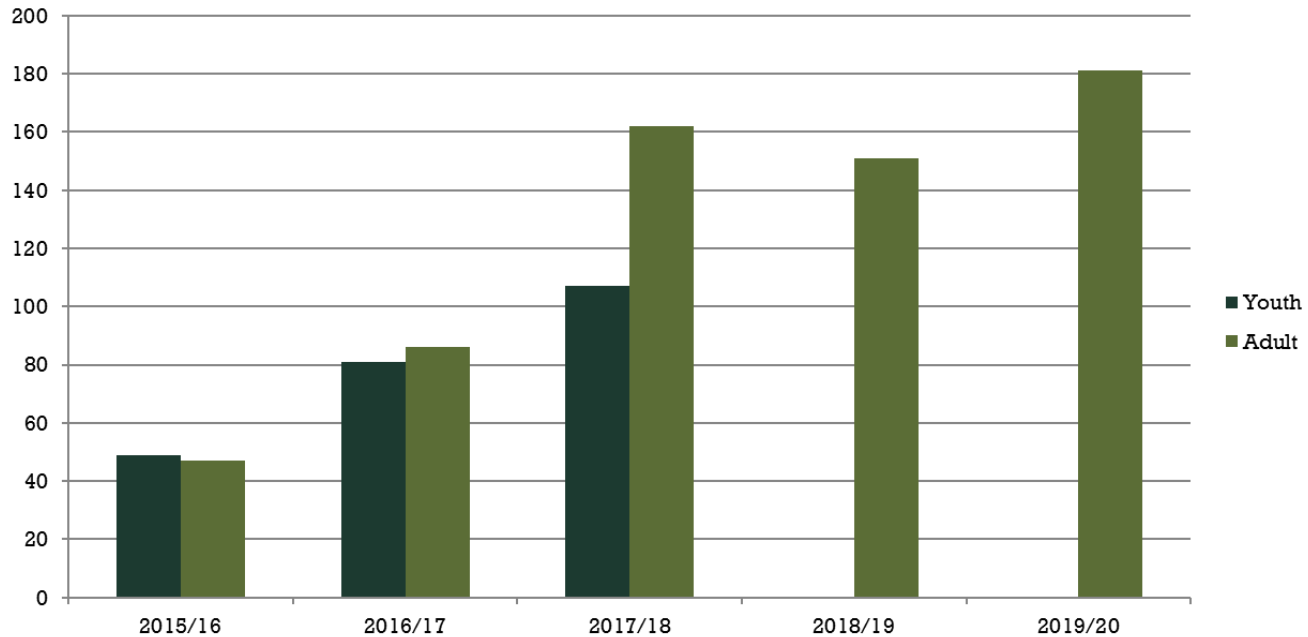
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## Initial Assessments - Metro Auckland





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- Regional service with clinics: Glenfield, New Lynn, GCC, Mangere
- See anyone > 18 yrs
- Team – Key worker, Drs, NPs, nurses, psychologists
- GP referrals



# Hauora Tāhine MDT at Big Gay Out 2021



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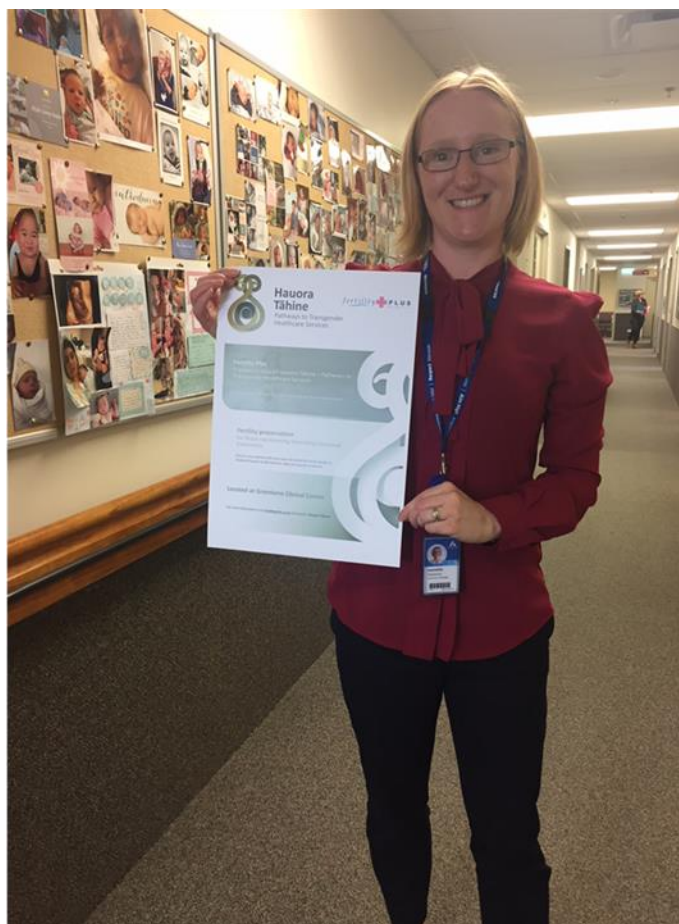
# Fertility PLUS

## Sperm freezing to preserve future fertility options



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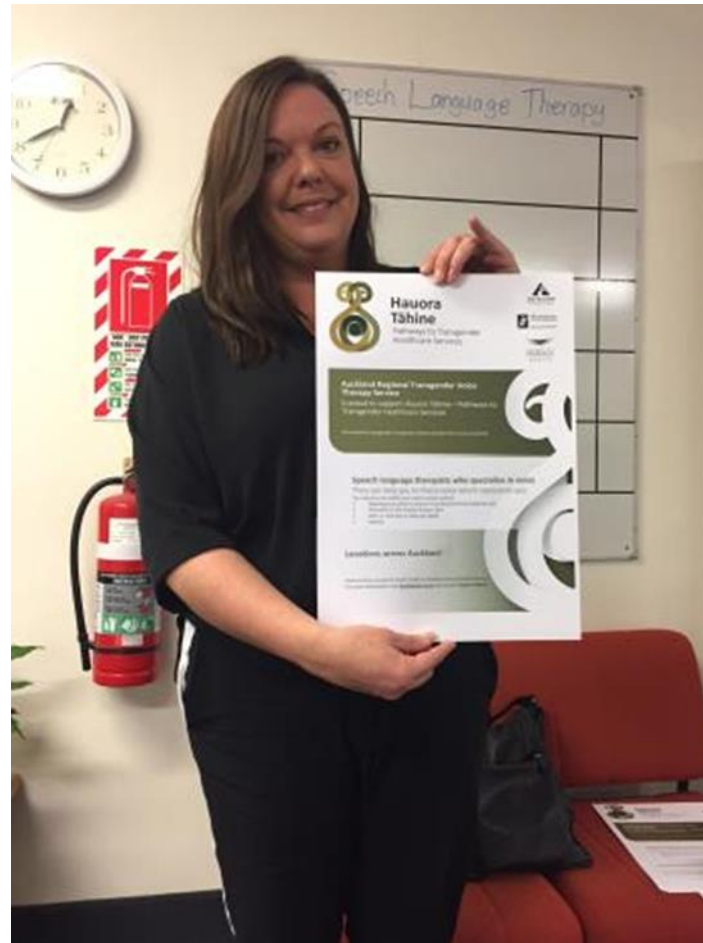
# Speech/language therapy

Support people to achieve pitch and communication style that is congruent with gender identity



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# Gender affirmation surgery

- Urology (3 x DHBs) – orchiectomy
- Gynaecology (3 x DHBs) – hysterectomy
- Regional plastic surgical service (CMDHB) - chest reconstruction surgery



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# Genital gender affirmation surgery

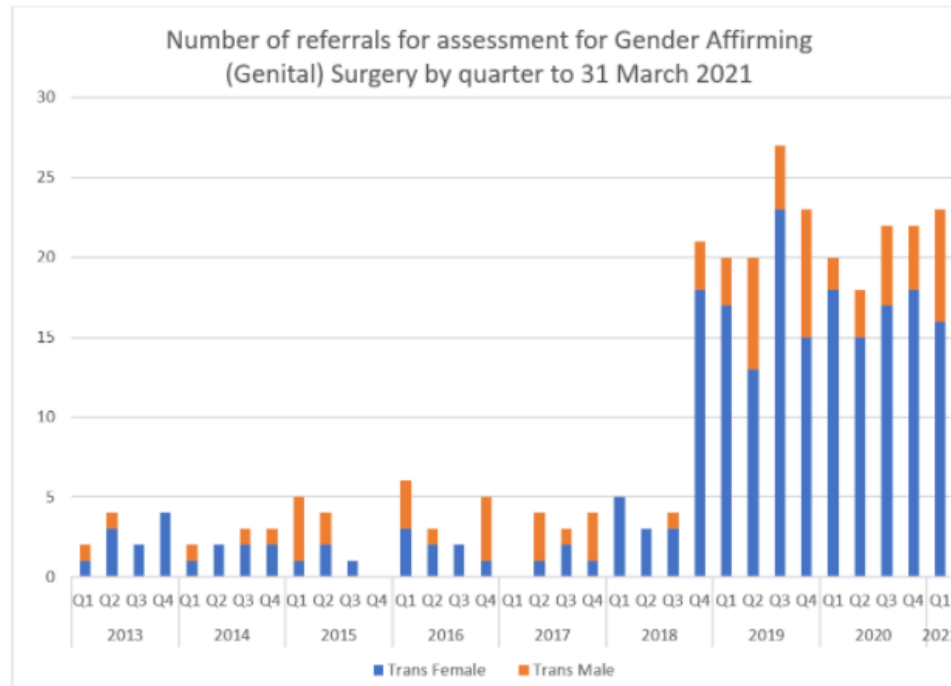
2019 Budget - \$3 million over 4 yrs

MOH wait list, national service



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# Healthcare Access

## Counting Ourselves:

- Over a third (36%) of participants had avoided seeing a doctor because they were worried about disrespect or mistreatment as a trans or non-binary person.
- 20% reported this had occurred in the last 12 months.
- Less than half of the respondents reported having GPs who consistently used the correct names and pronouns when referring to them.
- A quarter (26%) had experienced a healthcare provider referring to them as the wrong gender, either in person or in a referral.
- 21% reported a provider knowingly used an old name they were no longer comfortable with.
- 36% reported being asked unnecessary or invasive questions unrelated to their healthcare visit.
- 13% reported this had occurred in the last year.



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# Mental Health and Wellbeing

**Counting Ourselves** (10 item anxiety and depression questionnaire) asking about emotional state within last 4 week:

- 71% had scores of high or very high psychological distress. This is almost 9 times higher than the general population (8%)
- Disabled trans participants scored even higher(92%)

## **Youth'19:**

- Only 3 out of ten (32%) of trans and non-binary students always felt safe in their neighbourhoods.
- Over one in five (23%) trans students said they had been bullied at school weekly or more in the past year

## **Counting Ourselves:**

- only 44% of respondents satisfied or very satisfied with mental health or addictions service.
- Drug use, much higher than the general population. Cannabis use was 3 times higher than the general population.
- Binge eating: 46%. Suicide: 56% had seriously thought about attempting suicide in the past 12 months, a third 37% had attempted suicide at least once in their life.

**Youth'19:** More than half (57%) of trans students reported significant depressive symptoms and an equal proportion (57%) reported they had self harmed in the past year. One in five (26%) trans students reported they had attempted suicide in the past year (more than twice the rate for same-sex or both sex attracted young people.)



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## *10 Things You're Actually Saying When You Ignore Someone's Gender Pronouns:*

1. I know you better than you know yourself.
2. I would rather hurt you repeatedly than change the way I speak about you.
3. Your sense of safety is not important to me.
4. Your identity isn't real and shouldn't be acknowledged.
5. I want to teach everyone around me to disrespect you.
6. Offending you is fine if it makes me feel more comfortable.
7. I can hear you talking, but I'm not really listening.
8. Being who you truly are is an inconvenience to me.
9. I would prefer it if you stopped being honest with me.
10. I am not an ally, a friend, or someone you can trust.



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**YOU  
ARE  
TRANS  
ENOUGH**



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**Micro aggression** :a comment or action that subtly and often unintentionally or unconsciously expresses a negative or prejudiced attitude towards a member of a marginalised group and is typically not motivated by malice.

**A key part of what makes them disconcerting is that they happen casually, frequently, and often without any harm intended, in everyday life.**







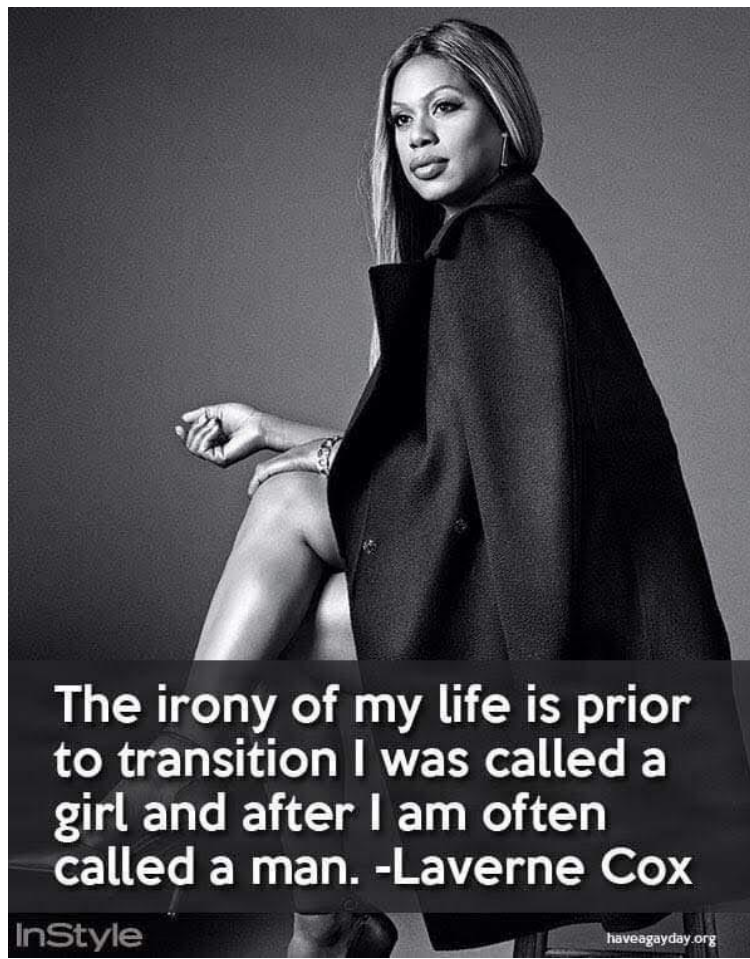
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## Some common micro aggressions include:

- Asking for a 'real name' or 'preferred' pronoun.
- Using words like real, regular or normal –*when used to mean cis gender, the implication is that trans gender people are inferior and abnormal.*
- Referring to members of the trans community as “transgenders” “transgendered” or “transgendering”
- Showing intrusive curiosity or expressing assumptions about sex and sexuality
- Focusing on gender and sexuality when it’s not an issue in treatment
- Expressing cis normative assumptions about trans people’s goals for transition
- Expressing assumptions about narratives
- Assuming who someone dates.





**The irony of my life is prior to transition I was called a girl and after I am often called a man. -Laverne Cox**



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## **Avoid compliments or advice based on stereotypes about trans people, or how men and women should act.**

- You look like a real woman! I would never have known you were trans.
- You wouldn't look so trans if you shaved more or got some electrolysis.
- You should get changed if you don't want people to know you're transgender, because a real man wouldn't wear that.
- You're pretty cute for a trans woman.
- I'd date him, even though he's transgender.
- You don't look non-binary!



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**"I am not beautiful despite my big hands, my big feet, my wide shoulders, my height, my deep voice and all the things that make me beautifully and noticeable trans. I am beautiful because of those things."**

**~Laverne Cox**



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“As a trans person,  
having just one  
person validate your  
life can mean the  
difference between  
life and death.”

---

Ky Peterson

rest for  
resistance



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# Clinical environments can include:

- Clinical spaces
- Offices, waiting rooms, and reception spaces
- Bathrooms
- Promotional material, including posters and targeted advertising
- Reading material available in waiting rooms
- Websites and social media
- Outreach and community interaction
- Follow up and post-visit services
- Referral pathways



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# Everyone is Welcome

at Auckland Sexual Health Service

Haere Mai Bula Maayong pag-abot Aere mai  
Malo e me'a mai Afio mai ยินดีต้อนรับ  
Fakaalofa lahi atu 欢迎 Ulu tonu mai



Haere Mai Welcome | Manaaki Respect | Tūhono Together | Angamua Aim High



**AUCKLAND**  
DISTRICT HEALTH BOARD  
*Te Toka Tumai*

## Here are a few tips to offer guidance:

- Remember that trans people are more likely to have been harassed, shamed, and even assaulted in healthcare settings, so ask permission before touching us and give clear information about any procedures that you need to perform. We appreciate your safe, responsive and affirming treatment.
- Don't bring additional personnel into the room without consent (including other doctors, medical students, or nursing staff). Treating trans people like case studies can feel like you are de-personalising, shaming, or harassing us.
- Respect that trans people may prefer to bring a “safe person” or patient advocate into appointments.
- Show you care. Seeing our lives represented and affirmed goes a long way toward helping us feel comfortable and welcome. Consider visible cues such as trans-specific literature and posters in your reception and clinic rooms.



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# Guidance Tips

- No gender affirmation is the same – it is deeply personal. Some trans people don't undergo any medical affirmation, and some do; and medical affirmation may or may not include surgeries. Ask about our individual needs in a supportive, solution focused manner.
- Affirming words empower people. Many people, including trans people, can have complicated relationships with their bodies. Asking us what terms we use for our body and/or body parts, and then using those terms can help us feel empowered and affirmed.
- Being transgender might not be relevant to a particular clinical encounter, but references to a patient's gender identity in a health record can be relevant to all subsequent clinical encounters that patient has.

*The impact that this has is that future clinicians misgender, or refer in reports to the person as (I quote someone's experience) "a pleasant transgender individual."*



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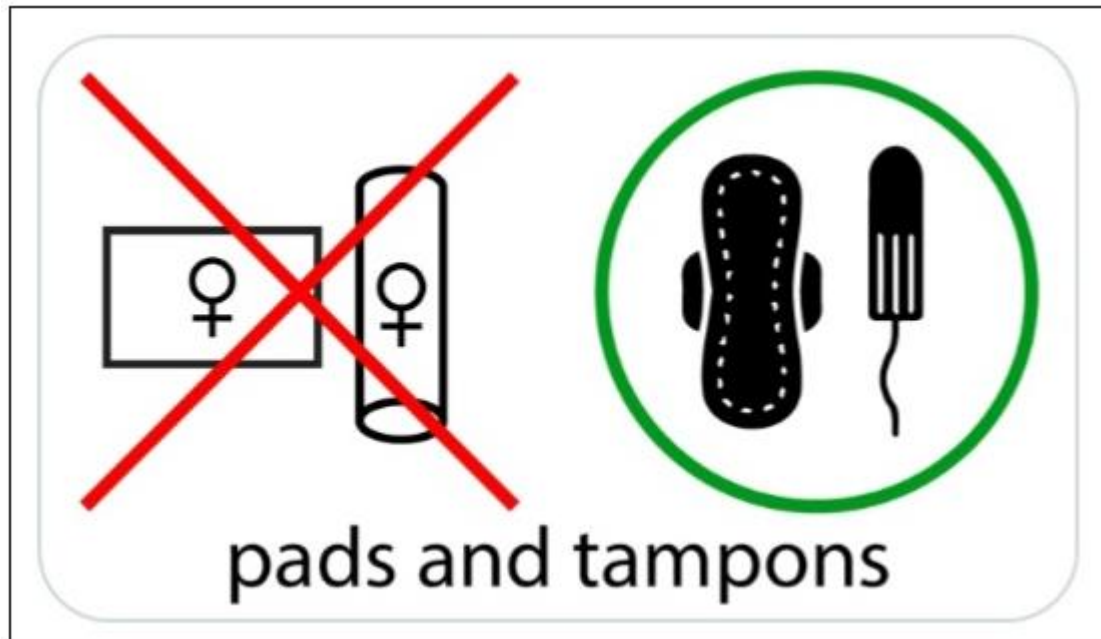
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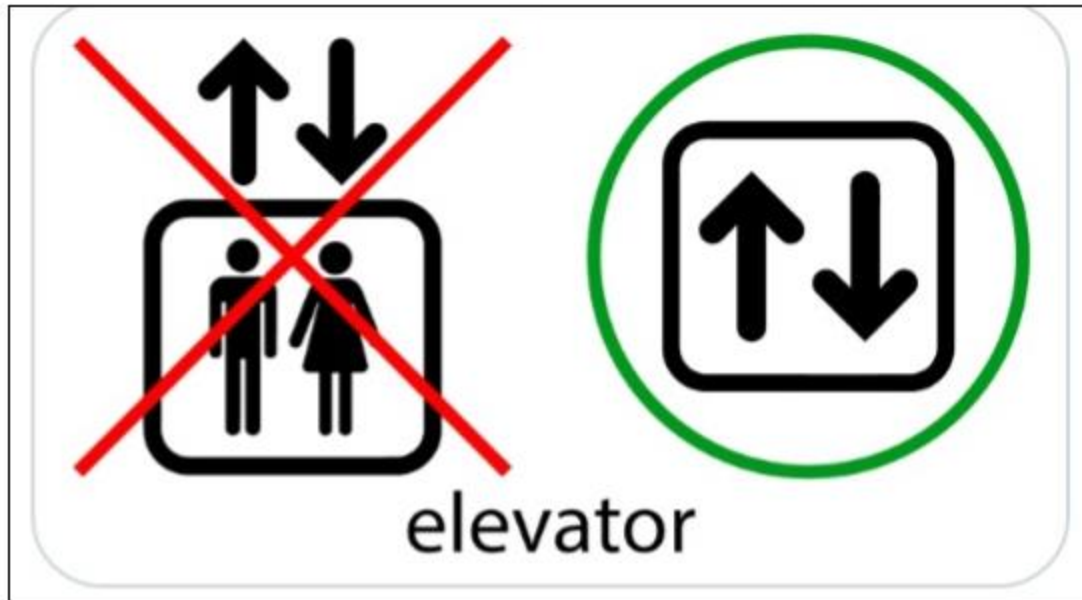






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# FIVE THINGS TO REMEMBER...

SPEAK UP FOR TRANS PEOPLE

TRANS RIGHTS ARE HUMAN RIGHTS

CALL OUT TRANSPHOBIA WHENEVER YOU SEE IT

ALWAYS ASK/NEVER ASSUME PRONOUNS

DON'T ASK INVASIVE QUESTIONS

**PinkNews**



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## Ensure access to bathrooms:

**Counting Ourselves** participants experienced high levels of harassment and discrimination when trying to use a bathroom.

- More than two-fifths(43%) of participants had been told or asked at some point if they were they were using the wrong bathroom.
- One in five had been verbally harassed when they tried to use a public bathroom.
- 70% of participants had avoided using a public bathroom in the last 12 months and a third of participants (33%) did this often or *always*.





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**TOILET**

QSI 3424







# Wharepaku TOILET

All Genders



GENDER MINORITIES AOTEAROA

TAKATAAPUI, TRANSGENDER, & INTERSEX NZ

GENDERMINORITIES.COM



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# Take-home messages

- Listen to your patient. They are the expert in their gender identity and needs.
- Think about changes you can make as a practice, both in your clinic environment and in knowledge and awareness amongst all staff to ensure you create accessible, welcoming, and affirmative environments for your gender diverse patients.
- Don't make assumptions about someone's gender or sexuality, use gender-neutral terms until you know and use people's correct names and pronouns.
- Remember that parents of transgender children need support.



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## And just a few more to take home:

- Be an ally and an advocate for your patient.
- You don't have to know everything to provide non-judgemental, respectful and kind care.
- Transgender and non-binary patients have often experienced distress, stigma and discrimination. So be kind and listen.
- Consider joining The **Professional Association for Transgender Health Aotearoa (PATHA)**. **PATHA** is an interdisciplinary professional organisation working to promote the health, wellbeing, and rights of transgender people.



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# PATHA SYMPOSIUM

CHRISTCHURCH SEPTEMBER 25-26 2021



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## Keynote Speakers



PROFESSIONAL ASSOCIATION FOR TRANSGENDER HEALTH AOTEAROA



**Dr Rita Yang**  
MBChB, FRACS (Plast)  
Gender affirming surgeries



**Teddy Cook**  
Acting Director,  
Community Health at ACON,  
Vice President of the Australian  
Professional Association for Trans Health



**Dr Elizabeth Kerekere**  
MP, Green Party of Aotearoa  
Takatāpui LGBTQIA+ activist  
and scholar

## TRANS HEALTH SYMPOSIUM

SATURDAY 25TH &

SUNDAY 26th SEPTEMBER 2021

TRAINING DAY

FRIDAY 24TH SEPTEMBER

TŪRANGA CENTRAL LIBRARY

ŌTAUTAHI CHRISTCHURCH




REGISTRATIONS OPEN NOW

[WWW.PATHA.NZ](http://WWW.PATHA.NZ)



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Realise that bodies are only a fraction of  
who we are  
They're just oddly shaped vessels for  
hearts  
And honestly they can barely contain us  
We strain at their seams with every breathe  
we take

- Gabe Moses



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