

## **“Accountability Inquiry into Standards in Sexual and Reproductive Health”**

### **“Sexual and Reproductive Health and Wellbeing from a Trans\* Spectrum Perspective”**

**A Submission to the All Party Parliamentary Group on Sexual and Reproductive Health in the UK (APPG) by the cliniQ Team**

#### **Introduction**

We are a group of people variously involved in the promotion and delivery of sexual health and wellbeing care and support for trans\* spectrum people principally but not exclusively associated with cliniQ at 56 Dean Street, (see below). Relevant details of our respective backgrounds are provided below. We welcome this Inquiry and are pleased that we have been given this opportunity by the APPG to make a submission to it.

#### **Background**

The content of this submission draws principally on our various experience of the provision of sexual health and wellbeing services and support in response to the specific needs and circumstances of trans\* spectrum people in this country. In particular it draws on our collective experience as members of the team which runs cliniQ, a dedicated sexual health and wellbeing service for trans\* spectrum people based at the 56 Dean Street Sexual Health Clinic in Soho. ([www.cliniQ.org.uk](http://www.cliniQ.org.uk)) and which, to our knowledge is so far, the only one of its kind in the UK.

#### **Summary of Recommendations**

- Words matter very much in this context and the diversity of presentations by trans\* spectrum people must be both understood and respected by providers because it is material to the successful delivery of sexual and reproductive health services to this group.
- Service providers must ensure both that their services are “trans\* friendly” and that their staff are “trans\* aware”. This means, for example, that reception areas and processes should be gender neutral so that trans\* spectrum individuals are not forced to “run the gauntlet” of having to specify their gender in public.
- Service providers must ensure that their staff are very clear that trans\* spectrum people have equal rights ie the same rights under the law as any other citizens, that they are not therefore seeking special treatment but simply the right to be respected and for their needs to be properly addressed. Further that discriminatory and transphobic behaviour is illegal and therefore actionable.
- Service providers must ensure that their staff are fully aware both of issues of disclosure and of the way in which fear of disclosure is likely to be a major concern for trans\* spectrum patients. They must ensure that trans\* spectrum patients are given specific assurances on

this point and that the way such patients are dealt with reflects an understanding of this issue.

- NHS England and Public Health England should ensure that gender care services and sexual health services are fully integrated on a multi-disciplinary / multi professional basis in the GICs' clinical networks, in order to ensure that trans\* spectrum people's specific sexual health needs are both recognised and met effectively in future
- PHE should therefore press NHS (E) to amend the draft Adult SGIS Policy and Service Specification as indicated above and we respectfully request the All Party Group's endorsement and support for this proposal
- PHE and NHS (E) should implement patient records systems which monitor different gender identities and which validate both current identities and gender history. Adoption of such an approach would not only produce more accurate and realistic sexual health statistics, but would also inform more appropriate and effective responses to sexual health needs
- PHE should establish a national programme of trans\* spectrum awareness training and advice for sexual and reproductive health providers in England.

### **The Specific Needs and Circumstances of Trans\* Spectrum People and the Implications for Providers and Delivery of Care**

First it must be understood that the very diversity of gender presentations reflected in the term "trans\* spectrum" gives rise to the specific individual needs and circumstances of such people in general, not least in relation to their sexual and reproductive health.

Within the term trans\* spectrum we include female to male and male to female trans gender people, (both pre and post transition), transvestite/cross dressing people, intersex people, gender queer people and neutroid people.

**Words matter very much in this context and this diversity of presentations must be both understood and respected by providers because it is material to the successful delivery of sexual and reproductive health services to this group.**

The specific needs and circumstances in relation to access to sexual and reproductive health services of these people arise in a number of different ways and are best described under the following headings

- The impact of the fear of being judged and not understood
- The impact of the fear of discrimination and failure to recognise their equal rights as citizens
- The impact of the fear of disclosure

### **The Impact of the Fear of Being Judged and Not Being Understood**

Despite considerable progress in the ways in which trans\* spectrum people are now being represented in the media and a growing public consciousness and understanding of their lives and

the reasons for the different ways in which they express themselves in their various trans\* spectrum identities, there is still a long way to go.

There can be few trans\* spectrum people who have not experienced being misunderstood or misjudged in their everyday interactions with non-trans\* people. This can have a number of effects especially in terms of whether or not they are confident in their interactions with, for example, service providers and even in the worst cases, to the extent of not feeling able to approach service providers in order to secure their rightful access to diagnostic and treatment services, like other citizens.

In the case of access to sexual health and reproductive services this is self-evidently a problem if we are to ensure that no group of citizens is to be excluded from or de facto denied access to care in this important area of public health simply because they are afraid of how they might be perceived and judged.

**The appropriate response on the part of service providers is therefore to ensure both that their services are “trans\* friendly” and that their staff are “trans\* aware”. This means, for example, that reception areas and processes should be gender neutral so that trans\* spectrum individuals are not forced to “run the gauntlet” of having to specify their gender in public.**

### **The Impact of the Fear of Discrimination and Failure to Recognise their Equal Rights**

As noted above there is at best considerable ignorance and at worst some enduring and mistaken and highly offensive stereotypes about trans\* spectrum people among the public at large, amongst whom we must unfortunately number some health professionals. They will not necessarily, for example, be aware of the harm done to trans\* spectrum people and the ways in which it can damage them and disfigure their lives, by discriminatory behaviour, which at its worst is transphobic and abusive; behaviour which would not be tolerated if it was racially motivated, for example.

There are two aspects to this. First much of what counts as the everyday expression of transphobia and the experience of transphobic behaviour by gender trans\* spectrum people, is what might be termed as "petty" (but nevertheless deeply offensive), insult, for example, in the form of rude remarks, laughter, unwanted approaches and deliberate mis-gendering, either by service providers or by private individuals. Second, the experience of this together with the closeted nature of many trans\* spectrum people means that coming out and complaining about such treatment carries with it huge potential risks not least of disclosure and all that it entails.

A particular issue which needs to be noted here are the specific problems and the potential for “double” discrimination faced by trans\* spectrum people from the BME communities in accessing sexual health services.

**The appropriate response on the part of service providers is therefore to ensure that their staff are very clear that trans\* spectrum people have equal rights ie the same rights as any other citizens, under the law, that they are not therefore seeking special treatment, simply the right to be respected and for their needs to be properly addressed. Further that discrimination and transphobic behaviour is illegal and therefore actionable.**

### **The Impact of the Fear of Disclosure**

Given the above it is not surprising that many trans\* spectrum people live their lives in the shadow of the fear of disclosure. This arises for two principal reasons. First they may not have disclosed their trans\* status to partners, family and friends. Second they may not have disclosed their trans\* status to their employers and colleagues at work or if they are in education, to their teachers and fellow students or even to their GPs

It follows that taking the step of referring themselves to sexual and reproductive health services can be fraught with difficulties associated with fear of disclosure, (as indeed it clearly can be for non-trans\* people). If, for example, a trans\* spectrum person is in the process of exploring their sexual identity as a woman and contracts an STI as a result the implications for her and her family could be quite serious should either or both her STI status and the manner in which she contracted it, be disclosed in any way without consent.

Trans\* spectrum people are clearly not unique in their fear of disclosure and of fear of acknowledging the need to seek diagnosis and treatment in respect of a potential STI. However, it is a very particular issue for them in our experience especially for those who are engaged in high risk sexual activities.

**The appropriate response on the part of service providers is therefore to ensure that their staff are fully aware both of issues of disclosure and of the way in which fear of disclosure is likely to be a major concern for trans\* spectrum patients. They therefore need to ensure that trans\* patients are given specific assurances on this point.**

## **Other Issues and Proposals**

### **Integration of NHS Gender Care Services and PHE Sexual and Reproductive Health Services within the new NHS and Public Health England architecture**

At the moment there is no clear recognition either in Gender Identity Clinics (GICs) (or indeed in Sexual Health Clinics ), of the need to ensure that trans\* spectrum people receiving support in respect of their gender issues, are encouraged and facilitated to access sexual and reproductive health services as an explicit component of their care plans.

This is a simple matter to address **and does not involve additional cost**. It is simply a matter of ensuring that the GICs are aware of the need to advise their patients of the importance of sexual and reproductive health and to incorporate Sexual Health Clinics into their clinical networks.

Similarly Sexual Health Clinics must acknowledge the specific needs of trans\* spectrum people and ideally make special arrangements to facilitate access to trans\* spectrum specific services. This can simply take the form of regular weekly drop in sessions along the lines of the cliniQ model at 56 Dean Street and the weekly drop in model now being developed at the St John's Centre in Wandsworth.

This is necessary because it must be understood and acknowledged that like the rest of the population trans\* spectrum people are sexually active and moreover that a proportion of them may be considered to be at higher risk of contracting STIs for a number of reasons.

It is necessary therefore to incorporate some specific changes to the wording of the draft Service Specification for delivery of Adult Gender services currently under discussion by the Adult GIS NHS E Specialised Commissioning CRG

This document makes a number of specific references to the need for delivery of services on a "multi disciplinary / multi professional basis", refers to the establishment of clinical networks and exemplifies what these networks might contain **but singularly omits any reference to the need to include sexual health & reproductive services** for trans\* spectrum people. **There really is no excuse for such "silo thinking" and the solution is very simple as our representations to the CRG have pointed out.**

This is a clear example of a consistent failure to acknowledge that trans\* spectrum people are likely to be sexually active beings and that their sexual health must be taken into account in our conceptualization and description of the gender care pathway in future. Indeed failure to address it properly and in a non-judgmental way which facilitates access to these services, will potentially compromise patient health and their progression in the gender care pathway.

The changes required in the wording of the Specification are simple in form but immensely important in their implications in practice and consist of simply adding relevant wording. **There are no financial implications for NHS (E)**

It must be emphasised that we are not suggesting that access to sexual health and reproductive services for gender care patients should be funded by NHS E through Specialised Gender Identity Services (SGIS) simply that sexual health service providers must be seen as full contributors to the "multi-disciplinary / multi professional basis" of SGIS and be effective members of the clinical networks.

The Policy Statement which underlies the Service Specification also contains no reference at all to sexual and reproductive health in it, nor, however, does it contain any reference which precludes making the specific changes to the Service Specification which are described above.

**NHS England and Public Health England should therefore ensure that gender care services and sexual health services are fully integrated on a multi-disciplinary / multi professional basis in the GICs' clinical networks, in order to ensure that trans\* spectrum people's specific sexual health needs are both recognised and met effectively in future**

**PHE should press NHS (E) to amend the draft SGIS Policy and Service Specification as indicated above and we respectfully request the All Party Group's endorsement and support for this proposal**

### **PHE and Promotion of Trans\* Spectrum Awareness Among Providers of Sexual and Reproductive Health Services**

PHE is currently funding a project to produce a number of trans\* health fact sheets in a partnership with the LGBT Partnership and one of these fact sheets focuses on sexual health.

In our view this is a very important and very welcome strategic initiative which will put the health and wellbeing of trans\* spectrum people in general on the map in a significant way. It is however a first step and we believe PHE should go further in promoting a wider programme of "trans\* spectrum awareness among sexual and reproductive health services providers in England.

While there are some notable exceptions such as Chelwest's 56 Dean Street clinic which "hosts" cliniQ the reality is that there is a long way to go in order to embed support and provision for the

sexual health and well being of trans spectrum people into mainstream delivery of sexual health and well being services.

**PHE should therefore establish a national programme of trans spectrum awareness training and advice for sexual and reproductive health providers in England.**

### **The Need for Improved Data Capture**

There is currently no gender identity monitoring in delivery of mainstream sexual health services, This has the effect of making trans\* spectrum people who present with sexual health issues, "invisible" to service providers simply because they are not currently identified as such. It also means that any sexual health problems and inequalities in terms of increased incidence of STIs affecting this group, for example, increased incidence and vulnerability to HIV infection, will be equally "invisible".

A system for monitoring gender identity which acknowledges both patients' current identities and their gender history is therefore required. Adoption of such an approach would not only produce more accurate and realistic sexual health statistics, it would also inform more appropriate and effective responses to sexual health issues

### **The Authors**

We are submitting these comments as people who have considerable direct personal and professional experience of the physical, psychological and social impact and harm of transphobic attitudes and acts can have on trans\* spectrum people and the impact this has on their willingness to approach health service providers in general and sexual and reproductive health service providers in particular.

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