

LGBTI fact sheet 6 - Transgender people

Additional considerations for transgender people

Transgender people are more likely to be isolated and face discrimination compared to those who identify as gay or lesbian (1).

- Transphobia represents an unreasoned fear, hatred and prejudice against transgender people which can occur from within LGBTI communities as well as mainstream society (2, 3).
- Although research to better understand the unique experiences of transgender people is progressing, much remains to be done particularly around the needs of older transgender people and transgender men (see *glossary*) (3-7).

Lack of recognition

- Older transgender people have lived through a period when their civil rights were violated.
- Where some Australian State laws require medical intervention for recognition of their affirmed gender, transgender people may have lived for many years without legal acknowledgment of who they are and been prevented from obtaining a passport in their affirmed gender (8, 9).

***Note:** It is common for transgender people to face rejection, exclusion and/or anger from those who do not understand or accept gender nonconformity.

- A history of a lack of recognition of the person with dementia throughout much of their life can increase their vulnerability to BPSD such as depression or anxiety.
- At the often difficult time of declaring their transgender status or their decision to transition, transgender people can face rejection from parents, friends and close family members. This leads to the loss of important support networks and family relationships (3, 10).
- Transgender men and women reportedly experience significantly higher rates of verbal and physical abuse than other groups within the LGBTI communities (1, 11, 12).
- Transphobic violence is most often directed at (MTF) transgender women (see *glossary*), reportedly because they may be visibly transgender for several years after taking on the role of their affirmed gender (13).

Health issues

- Within LGBTI communities transgender people report the lowest levels of general and mental health, and the highest levels of psychological distress (1, 14, 15).
- Many transgender people have experienced a lifetime of institutional abuse by medical, health and welfare services (16).
- Examples of health care discrimination against transgender people include:
 - refusal to provide care such as meeting personal hygiene needs, smear tests and breast examinations

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- health professionals who display distaste, contempt, ridicule or disgust
 - breaches of confidentiality
 - admitting transgender women to male wards and vice versa.
- These factors contribute to transgender people's reluctance to seek healthcare and services (14, 17, 18).
 - Chronic disease can occur when health needs are not addressed or treatment is delayed (5, 19).

Disadvantage

- Experiences of transphobia can limit transgender people's employment opportunities, personal relationships, access to housing, health status, education, safety in public and private spheres as well as their access to health and social care, despite legislation prohibiting discrimination (1, 4, 13, 14, 20, 21).
- Transgender people may experience unemployment, underemployment and/or career limitations as a consequence of:
 - discrimination around open expression of non-normative gender identity in the workplace
 - their name and documentation not reflecting who they are during transition
 - the transgender person's own discomfort with their appearance in public during transition and/or
 - the need for recurrent leave from the workplace for medical treatment (5).
- Transgender men may experience additional isolation when feeling

conflicted about being accepted as part of the biological male subculture or 'fitting into the boys club' which may contrast with their previous socialisation as a female (3).

- Transitioning can also lead to a loss of crucial support from the LGBTI community they were part of (3, 5).
- Until 2018 transgender was classified under mental disorders by the World Health Organisation International Classification of Diseases (WHO ICD). As mental illness remains stigmatised throughout much of the world, this has continued to exacerbate the stigma and marginalisation of transgender people (3, 4, 9, 22).
- The growing body of evidence that disputes this concept has led to the new ICD-11 reclassifying 'gender incongruence' under 'conditions related to sexual health' (23). ICD-11 will be presented at the World Health Assembly in 2019 to come into effect in 2022.

Consultation for all aspects of this project was undertaken with consumers, Government representatives, LGBTI peak bodies, researchers, experts and those experienced in providing services to LGBTI peoples with dementia. An advisory group was established to provide expert guidance throughout the project.

This project was funded by a grant from the DCRC Knowledge Translation Program. Additional benefactors from the LGBTI community are gratefully acknowledged.

See *Fact sheet 1 – Overview* for details.

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References

1. Leonard W. Private Lives 2: The second national survey of the health and wellbeing of GLBT Australians. Melbourne, Australia: Gay and lesbian health Victoria (GLHV); 2012.
2. Queensland Association for Healthy Communities (QAHC). Fact Sheet: Social pressures that affect lesbian, gay, bisexual and transgender (LGBT) people. 2017.
3. Brown C, Maragos A, Lee R, Davidson B, Dashjian L. Female to Male Transsexuals: Giving Voice to Their Experience. *Journal of LGBT Issues in Counseling*. 2016;10(1):16-39.
4. Winter S, Diamond M, Green J, Karasic D, Reed T, Whittle S, et al. Transgender people: Health at the margins of society. *The Lancet*. 2016;388(10042):390-400.
5. Bolger A, Jones T, Dunstan D, Lykins A. Australian Trans Men: Development, Sexuality, and Mental Health. *Australian Psychologist*. 2014;49:395-402.
6. Witten TM. Aging and Transgender Bisexuals: Exploring the Intersection of Age, Bisexual Sexual Identity, and Transgender Identity. *Journal of Bisexuality*. 2016;16(1):58-80.
7. Barker M, Richards C, Jones R, Bowes-Catton H, Plowman T, Yockney J, et al. The Bisexuality Report: Bisexual inclusion in LGBT equality and diversity. UK: Centre for Citizenship, Identity and Governance, The Open University; 2012.
8. Ministerial Advisory Committee. Transgender and gender diverse health and wellbeing. Melbourne: Department of Health, Victorian Government; 2014.
9. Reynolds R, Edmonds S, Ansara YG. Silver Rainbows: Advances in Australian ageing and aged care. *Australasian Journal on Ageing*. 2015;34:5-7.
10. Bradford J, Reisner SL, Honnold JA, Xavier J. Experiences of transgender-related discrimination and implications for health: results from the Virginia Transgender Health Initiative Study. *American journal of public health*. 2013;103(10):1820-9.
11. Dwyer A. Book review. Alan Berman and Shirleene Robinson, *Speaking Out: Stopping Homophobic and Transphobic Abuse In Queensland*. *QUT Law Review*. 2012;12(2).
12. Australian Human Rights Commission. *Face the Facts: Lesbian, gay, bisexual, trans and intersex people*. Sydney, Australia: The Australian Human Rights Commission; 2014.
13. Fish J. Reducing health inequalities for lesbian, gay, bisexual and trans people - briefings for health and social care staff. London: Sexual Orientation and Gender Identity Advisory Group, Department of Health; 2007.
14. Couch M, Pitts M, Mulcare H, Croy S, Mitchell A, Patel S. *Tranznation: A report on the health and wellbeing of transgender people in Australia and New Zealand*. Melbourne, Australia: The Australian Research Centre in Sex, Health and Society, La Trobe University; 2007.
15. National LGBTI Health Alliance. *Snapshot of mental health and suicide prevention statistics for LGBTI people*. Sydney, Australia: National LGBTI Health Alliance; 2016.
16. The Gender Centre Inc. *Inquiry into elder abuse in New South Wales*. Sydney: The Gender Centre Inc; 2015.
17. Whinnom A. Hospital dignity? Hysterectomy and oophorectomy by 'keyhole' surgery. *Boys' Own* 2005;45(Jan):8-10.
18. *Justice in Aging. LGBT Older Adults In Long-Term Care Facilities: Stories from the Field*. Washington, DC, USA: Justice in Aging, National Gay and Lesbian Task Force, Services & Advocacy for GLBT Elders (SAGE), Lambda Legal, National Center for Lesbian Rights, National Center for Transgender Equality; 2015.
19. Grant J, Mottet L, Tanis J, Harrison J, Herman J, Keisling M. *National Transgender Discrimination Survey; Report on Health and Health Care*. Washington, DC US: National Center for Transgender Equality and National Gay and Lesbian Task Force; 2010 October 2010.
20. Grant J, Mottet L, Tanis J, Harrison J, Herman J, Keisling M. *Injustice at every turn: A report of the National Transgender Discrimination Survey*. Washington DC, US: National Centre for Transgender Equality and National Gay and Lesbian Task Force; 2011.
21. Services and Advocacy for GLBT Elders (SAGE), National Center for Transgender Equality (NCTE). *Improving the Lives of Transgender Older Adults: Recommendations for Policy and Practice*. New York, USA; 2012.
22. Green J, McGowan S, Levi J, Wallbank R, Whittle S. Recommendations from the WPATH Consensus Process for Revision of the DSM Diagnosis of Gender Identity Disorders: Implications for Human Rights. *International Journal of Transgenderism*. 2011;13(1):1-4.
23. World Health Organisation (WHO). *International Classification of Diseases (ICD)-11* Geneva, Switzerland: WHO; 2018 [Available from: <https://icd.who.int/browse11/l-m/en>].