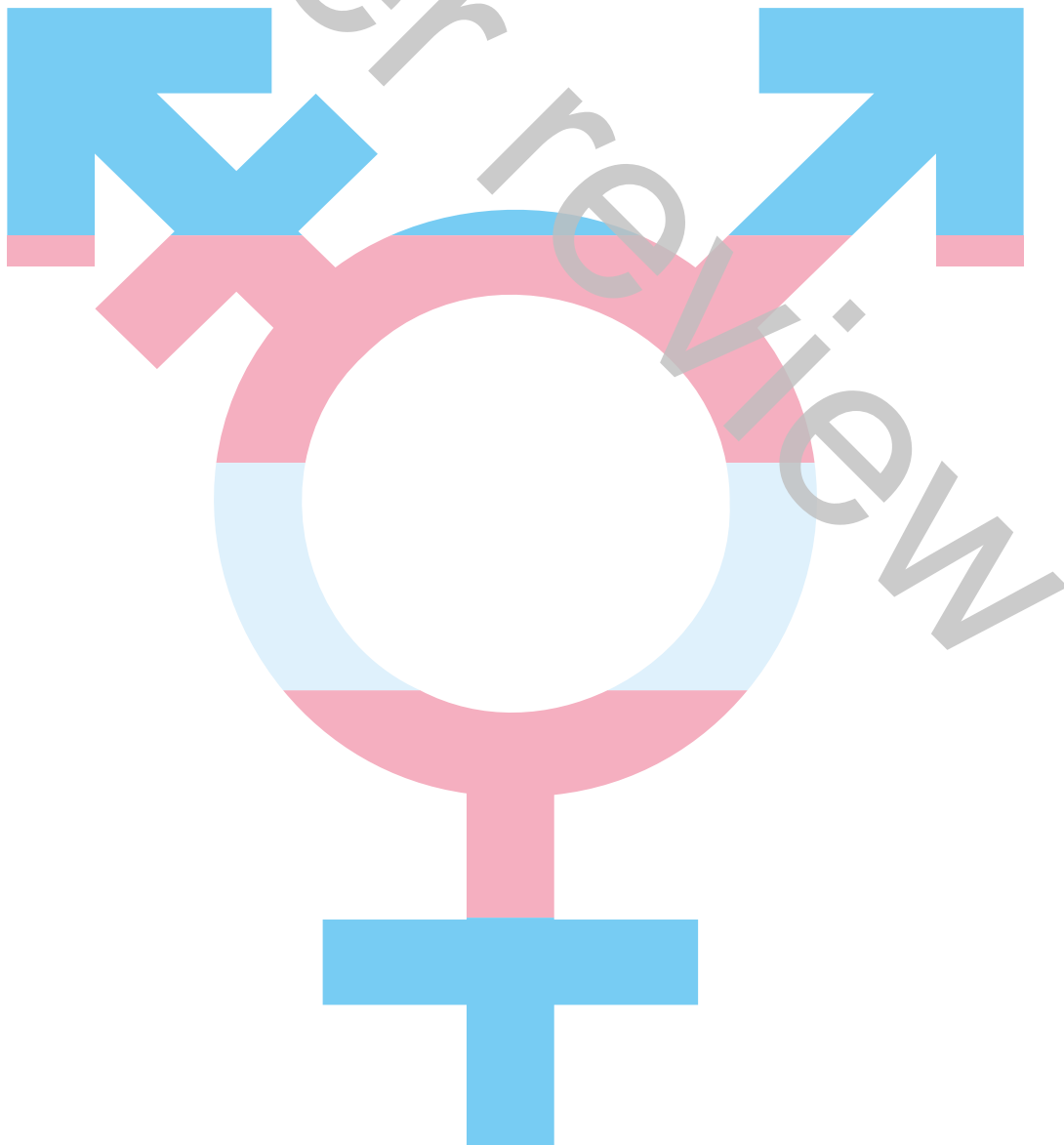


Fair care for trans and non-binary people

An RCN guide for nursing and health care professionals
Third edition

CLINICAL PROFESSIONAL RESOURCE



Acknowledgements

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In memory of Dominic Walsh, LGBT role model and champion for equality.

This publication is due for review in November 2022. To provide feedback on its contents or on your experience of using the publication, please email publications.feedback@rcn.org.uk

This document has been designed in collaboration with our members to ensure it meets most accessibility standards. However, if this does not fit your requirements, please contact corporate.communications@rcn.org.uk

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Introduction

This resource is designed to help you respond to the needs of service users who identify as trans or non-binary. There may be approximately 500,000 trans people in the UK and even more people who identify as non-binary. Initially created in response to a Royal College of Nursing (RCN) Congress resolution, this guidance has been updated following further developments from a wide range of organisations engaged in research and advocacy in this arena.

Equality legislation exists across England, Northern Ireland, Scotland and Wales which outlaws discrimination on the grounds of gender reassignment or gender identity. This matters when trans and non-binary patients and service users are welcomed into and supported to engage with health care services. However, the RCN recognises that trans and non-binary people frequently experience prejudice and discrimination. The nursing community must, through its professional actions and interests, work to eliminate and significantly reduce this at both an individual and a societal level in partnership with a range of organisations, including those that represent the needs of trans and non-binary people.

Background

As a nurse, midwife or nursing associate, the Nursing and Midwifery Council (NMC) The Code (NMC, 2018) highlights the role of nursing in promoting dignity and the need to prioritise people: “You put the interests of people using or needing nursing or midwifery services first. You make their care and safety your main concern and make sure that their dignity is preserved and their needs are recognised, assessed and responded to. You make sure that those receiving care are treated with respect, that their rights are upheld and that any discriminatory attitudes and behaviours towards those receiving care are challenged.”

In January 2016, the House of Commons Women and Equalities Select Committee published its Transgender Equality report, which found: “Trans people encounter significant problems in using general NHS services, due to the attitude of some clinicians and other staff who lack knowledge and understanding – and in some cases are prejudiced. The NHS is failing to ensure zero tolerance of transphobic behaviour.”

The National LGBT Survey published in 2018 found that significant numbers of survey respondents struggled to access health care services, particularly gender identity clinics. The survey results also highlighted that many respondents had experienced inappropriate questioning from health care staff, and that some respondents felt their specific needs were ignored or not taken into account when accessing health care. The survey highlighted that 38% of respondents reported a negative experience of health care services because of their gender identity.

80% of trans and non-binary survey respondents who accessed or tried to access gender identity clinics shared that the experience was difficult, with long waiting times cited as the most common barrier.

Providing health care to trans and non-binary patients and service users

As a nurse, nursing associate or health care support worker, you will provide care for people from diverse backgrounds and it is important that you help to create a safe and welcoming environment for all your patients and service users. As some trans and non-binary patients have reported poor experiences of health care settings, your approach has a significant impact in ensuring better health outcomes for trans and non-binary patients.

The following tips are recommended:

- be positive and proactive in your approach to welcoming trans and non-binary patients and service users to your care
- always treat trans and non-binary patients in a respectful way, as you would any other patient or client
- if you are unsure about how to address a person you are supporting or caring for, begin by introducing yourself with your name and pronouns [see [glossary](#)]. You can then, politely and discreetly, ask the person for their name and pronouns
- avoid disclosing a patient's or service user's trans or non-binary status to anyone who does not explicitly need to know
- discuss issues related to a patient's gender identity in private and with care and sensitivity.

What is gender dysphoria?

Gender dysphoria is described as the experience of dissonance between the physical appearance and the personal sense of being a man, woman, both or neither. According to the NHS Choices definition, gender dysphoria is 'a condition where a person experiences discomfort or distress because there is a mismatch between their biological sex and gender identity.' In ICD 11 it is described as 'gender incongruence'.

There are many variations of gender experience between the traditional binary definitions of being exclusively a 'man' or a 'woman', some of which cause both psychological and physiological discomfort. This may be alleviated by medical intervention. Some trans and non-binary people may need little or no medical treatment, but will still benefit from support and recognition of their gender and how this may affect their care needs and may need some medical intervention; others may need little or none.

Nurses and health care support workers should bear in mind that gender identity is not necessarily fixed and can be fluid over time. It may take a great many years before an individual feels sufficiently confident and capable of describing their true gender identity to others. For that reason, it is sometimes relatively late in life that the patient is diagnosed. Some people with a fluid gender identity may present and identify in different ways at different times during their life. This is OK and is not the same as being confused.

Some patients may feel pressure to conform to the expectations of others about how to live their lives and may spend many years searching for a way to authentically describe their feelings.

Starting points in trans and non-binary journeys

Although in some parts of the UK, individuals are able to self-refer to gender identity clinics (GIC), some of which are nurse-led, generally speaking GPs tend to refer patients to their nearest/preferred gender identity clinic. Referrals may also be accepted by other health and social care professionals, including nurses.

Accommodation and environment

Where trans and non-binary patients are cared for in an inpatient setting, care should be taken to meet their needs for privacy and dignity whilst an inpatient. Patient placement should be based on both asking the patient for their preference, and on gender presentation.

Psychological support

The role of counselling or psychotherapy by the counsellor, psychotherapist, psychologist or psychiatrist should be to facilitate the process of exploration for the patient.

Therapy should not be provided as a vehicle to change the trans or non-binary person's mind about their true gender. Many organisations, including NHS England, agree that this 'conversion therapy' is unethical and potentially harmful to the person's health.

Psychological therapies should be used as part of a patient's treatment programme. This will enable people, through a variety of approaches, to be clearer about their gender identity and to determine whether they want to start, continue or alter their treatment.

Nurses and health care support workers have a powerful role to play in affirming the true gender identity of trans and non-binary people. This can be demonstrated by using pronouns of the patient's choosing when referring to them.

Nurses and health care support workers may also wish to signpost their trans and non-binary clients and patients to the wide range of voluntary and community-based trans and non-binary support groups that exist. Further information can be found in the advice and support section of this document.

The international good practice guidelines for the assessment and treatment of adults with gender dysphoria state that some of the key factors for ensuring positive health outcomes for trans and non-binary patients include peer support and mentoring, family support, their image in their new social gender role, speech and language therapy.

Transitioning to a different gender role

Transitioning refers to the social, psychological, emotional and economic processes that a trans person undergoes as they more fully express their gender. The time this takes is variable and depends on the individual's ability to embrace significant change in their life. If requiring genital surgery, adults have to undergo a preoperative 12-month experience, as well as other treatment, where they live in their true gender role.

When trans patients begin to transition, their physical appearance may not always be consistent with some of the cultural norms traditionally held about the appearance and behaviours of their gender. Through asking the patient about their preferences in a dignified and respectful way, nurses, nursing associates, and health care support workers have a powerful role to play in affirming the gender identity of trans people.

Masculinising hormone therapy

Hormonal therapy is one of the key treatments provided to trans and non-binary patients as part of their medical transition. The aim of treatment is to get the testosterone levels into the normal male range. It can produce permanent changes in the way the body looks.

Hormone treatment is safe when medically supervised, but there are side effects.

These include:

- increased risk of polycythaemia (high haemoglobin levels)
- increased cholesterol and liver test abnormalities
- slight increase of veno-thrombotic events (blood clots)
- thickening of the womb lining.

The key message for patients is to stop smoking and maintain a healthy body weight. There is no clear evidence about whether vaping is beneficial or reduces harm compared with tobacco smoking. Nicotine still poses health risks, including the development of cervical cell abnormalities and cancer.

Menstruation usually stops rapidly following testosterone administration, as the doses used normally suppress ovarian function.

Thickening of the womb lining can be screened for with serial ultrasound scanning which can be scheduled at two-yearly intervals due to risk of endometrial hyperplasia. A hysterectomy may be indicated following a full assessment of individual need, including symptoms and future plans. Cervical screening is recommended for anyone with a cervix. This may be particularly distressing for trans and non-binary people and some may decide that the benefits of screening do not outweigh the likely distress.

Risks associated with taking unprescribed medication

Nurses must advise patients of the risks of self-medicating with medicines which they have sourced without a prescription. The aim in this situation should be to ensure that the patient accesses gender identity and other appropriate services as quickly as possible to have safe medicines prescribed after a specialist assessment.

To prevent harm, nurses should balance the risks and benefits on an individual case basis. It should be noted that for the patient, abruptly stopping self-medication may cause harm, so specialist advice should be sought.

However, if you are a specialist, a bridging prescription should be considered in the short term as well as psychological support.

Feminising hormone therapy

Hormonal treatment is essential in the treatment of most trans and non-binary people. It can produce permanent changes in the way the body looks. Hormone treatment is safe when medically supervised, but there are side effects.

These include:

- increased liver test abnormalities
- increase of veno-thrombotic events (blood clots) at a rate of 2-3% increased risk of hyperprolactinaemia (increased blood prolactin levels).

The key message for patients is to stop smoking and maintain a healthy body weight. There is no clear evidence about whether vaping is beneficial or reduces harm compared with tobacco smoking (Public Health England 2018, Hartmann-Boyce et al 2018).

Breast development generally occurs over the first two years of initial hormone therapy and treatment.

Continuing hormone therapy beyond this timeframe is unlikely to produce further breast development.

The doses of hormones used will commonly be much larger than those employed in HRT treatment for the menopause.

Urological care

Trans and non-binary people can be catheterised, just as for any men and women. Catheterisation should be in accordance with the person's genital presentation, and is not contraindicated in people who have had genital surgery. The anatomical markers may be less evident in trans women and non-binary people who have had genital surgery (vaginoplasty or labiaplasty) that shortens their urethra.

Ongoing surgical care (feminising treatments)

Feminising treatments for trans women and non-binary people may include breast enlargement, facial feminisation surgery, tracheal shaving, laryngoplasty as well as vaginoplasty. Some people may also undergo a labiaplasty without a vaginoplasty.

Information about caring for trans women and non-binary people who have had a vaginoplasty is also provided.

Trans women are required to dilate their vaginas regularly. Most patients will be able to do this for themselves and it is important that staff enable and support their privacy and dignity in this respect. The requirement to dilate should be accommodated wherever possible. It is suggested that trans women should ideally dilate three times per day for eight weeks post-vaginoplasty, and then twice daily afterwards.

Eventually, dilation may be reduced to once a week. Regular dilation throughout life is typically recommended to people who have had vaginoplasty, though some experiential accounts counter this advice.

In situations where a patient has been receiving critical care and has not been able to dilate for some time, this will cause a contraction of the neo-vagina. The patient's GP can generally refer them for surgery to restore it.

In the case of critically-ill patients, dilation is not the priority but should be resumed as soon as possible once the patient has recovered.

Bleeding

Vaginal bleeding is not normal and should be investigated as quickly as possible, unless it is related to the post-operative recovery period after vaginoplasty.

Ongoing surgical care (masculinising treatments)

Masculinising surgery for trans men and non-binary people may include chest reconstruction surgery in the first instance, followed by hysterectomy and salpingo-oophorectomy. Some people may go on to have phalloplasty (creation of a penis) and/or metoidioplasty.

Health promotion/healthy choices for trans and non-binary patients

- **Prostate cancer** – although trans and non-binary people tend to have a lower risk of contracting this form of cancer, it is important to note that most gender reassignment surgical procedures do not involve removing the prostate. Therefore, any trans or non-binary person with a prostate will need to be aware of a continued risk of prostate cancer. Nurses should advise anyone with a prostate to ensure that they attend appointments designed to check prostate health.
- **Bone protection** – hormone replacement therapy for trans women can, in some instances, increase the risk of osteoporosis. Nurses and health care support workers should remind trans and non-binary people to consider their bone protection options.
- **Breast awareness** – breast cancer can be hormone-related. Therefore all trans patients and service users should be breast-aware and examine their breasts at the same frequency as other women. Changes in breast tissue and appearance in trans and non-binary people should be treated in the same way as for other, cisgender men and women. Trans men, following breast reduction surgery, do have a lower risk profile than women. However, breast awareness remains important and changes to breast tissue should always be considered abnormal and an early GP consultation should be sought.
- **Smoking cessation** – trans women are at increased risk of veno-thrombotic events as a result of hormone therapy. Smoking cessation advice should be offered at every opportunity. Trans men may have a lower risk profile in relation to veno-thromboembolic events. However, smoking cessation should be offered at every opportunity.
- **Healthy drinking** – trans and non-binary people may suffer social isolation, which can place them at an increased risk of excess alcohol consumption. Guidance on healthy drinking should be recommended to patients.
- **Sexual health** – trans patients are at the same risk of sexually-transmitted infections as other sexually active individuals in the population.
- **Cervical cancer awareness** – trans and non-binary people with a cervix remain at risk of cervical cancer. They may not be automatically recalled for screening, and those who experience dysphoria may find the experience particularly traumatic or painful.

Children

Gender-variant children and young people should be accorded the same respect for their self-defined (or true) gender as trans and non-binary adults are, regardless of their internal or external sex characteristics, including genitals.

Where there is no segregation in respect of issues like accommodation, as is often the case with children, there may be no requirement to treat a young gender-variant person any differently from other children and young people.

Where segregation is needed, then this should be in accordance with the dress, preferred name/and or stated gender identity of the child or young person.

Confidentiality

Disclosing someone's trans or non-binary status or history without permission or cause is, in some cases, a criminal offence. You should always gain consent before disclosing this information, with permitted exceptions only when it is not possible to gain consent and is essential for the delivery of services, for example the emergency care of an unconscious person, and only to the staff who need to know to effectively deliver relevant care.

There are a narrow range of circumstances where exceptions are permitted such as when it is not possible to gain consent and is essential for the delivery of services, such as the emergency care of an unconscious person. In these circumstances, this should only be disclosed to staff who need to know a person's status in order to deliver relevant and necessary care.

Advice and support

The following organisations provide advice, information and support to those individuals who identify as transgender or non-binary.

The Beaumont Society is a national self-help group run by and for those who identify as trans or non-binary. See www.beaumontsociety.org.uk

DEPEND provides free advice, information and support to all family members, spouses, partners and friends of trans people in the UK. See www.depend.org.uk

The Gender Trust provides support to those affected by gender identity issues. See www.gendertrust.org.uk

The Gender Information Research and Education Society (GIRES) seeks to improve outcomes for people who identify as trans, non-binary or as gender non-conforming. GIRES also maintains a directory of local and national support groups. See www.TranzWiki.net and www.gires.org.uk

Mermaids is a support group for families, children and young adults who are affected by gender identity issues. See www.mermaidsuk.org.uk

LGBT Health and Wellbeing (LGBT Healthy Living Centre) promotes the health, wellbeing and equality of lesbian, gay, bisexual and trans (LGBT) people in Scotland. It provides support, services and information to improve health and wellbeing and reduce social isolation. See www.lgbthealth.org.uk

Gendered Intelligence works with the trans and non-binary community and those who impact on trans and non-binary lives. Gendered Intelligence specialises in supporting young people under the age of 21. They provide youth groups across England, including one in London for young people from Black, Asian and minority ethnic backgrounds. See <http://genderedintelligence.co.uk>

The LGBT Foundation supports trans and non-binary people through their helpline, sign-posting, groups, befriending and counselling. Its website also contains resources for health care professionals caring for lesbian, gay, bisexual or trans clients or patients. See <https://lgbt.foundation>

Transgender NI works across Northern Ireland and partners with trans and non-binary support organisations. The Belfast Trans Resource Centre is a Transgender NI project, which hosts a range of groups, such as Gender Jam for young people. See <https://transgenderni.org.uk> and <https://belfasttrans.org.uk>

Public Health Wales provide some useful information for service users. See <https://phw.nhs.wales/services-and-teams/cervical-screening-wales/information-resources/transgender-information/transgender-information-accordion/>

Stonewall is a UK-wide organisation that campaigns on behalf of LGBT people and communities. See stonewall.org.uk

Scottish Trans Alliance The Scottish Trans Alliance is the Equality Network project to improve gender identity and gender reassignment equality, rights and inclusion in Scotland. See scottishtrans.org

Additional resources

Guidance and Ethical Considerations for Undertaking Transgender Health Research and Institutional Review Boards Adjudicating this Research [Adams et al 2017 <https://doi.org/10.1089/TRGH.2017.0012>].

International Standards of Care, available from the World Professional Association of Transgender Health [www.wpath.org]

Endocrinology guidance and other information about clinical care from National Gender Identity Clinical Network for Scotland [www.ngicns.scot.nhs.uk]

'I am your trans patient' article with patient perspectives in the BMJ [Lewis et al 2017 <https://www.bmj.com/content/357/bmj.j2963>]

'*Transgender Health: A Practitioner's Guide to Binary and Non-Binary Trans Patient Care*' by Ben Vincent (2018). This guide advises on tailoring the social and ethical aspects of practice to the needs of each individual.

The RCN and Public Health England have collaborated to produce two toolkits: *Preventing suicide among lesbian, gay and bisexual people: a toolkit for nurses* (PHE, 2015) and *Preventing suicide among trans young people: a toolkit for nurses* (PHE, 2015). Both toolkits are available to download at https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/417707/Trans_suicide_Prevention_Toolkit_Final_26032015.pdf

The toolkits were developed primarily for nurses who work with children and young people, whether in community or hospital settings, including:

- school nurses
- practice nurses
- accident and emergency nurses.

The toolkits aim to:

- develop skills and knowledge and enable recognition of the wider context of mental health in relation to LGBT sexual orientation and identity
- provide a general outline for health professionals looking to increase their skills and knowledge about suicide prevention strategies with LGBT young people.

Your continuing professional development and revalidation

This guidance may help you to meet your requirements for revalidation with the Nursing and Midwifery Council (NMC). You could write a reflective account and use this as part of your reflective discussion with another colleague who is also on the NMC register.

Consider some of the questions below.

- What did you learn about providing care for trans patients?
- What impact did this have on you?
- How might you change your practice as a result?
- How is this relevant to *The Code*?

The NMC's revalidation website has more information about this.
See <http://revalidation.nmc.org.uk>

The RCN also has dedicated information to support you with revalidation.
See rcn.org.uk/professionaldevelopment/revalidation

Glossary

The language, labels and terminology used by trans people to describe their experience and their true gender identity remains dynamic and highly contextual rather than static and fixed. This list is not exhaustive but intends to provide a brief overview of some of the terms that you may encounter in your role as a nursing and health care professional.

Asexual: this describes the absence of (or low level of) sexual attraction to others and/or a lack of interest or desire for sex or sexual partners. Asexuality exists on a spectrum from people who experience no sexual attraction or have any desire for sex, to those who experience low levels and, generally, after significant amounts of time have elapsed.

Cisgender: describes a person whose gender identity and biological sex assigned at birth align (e.g. man and male-assigned). If a person does not identify as trans, they are cisgender.

Female-to-male (FtM, F2M): describes individuals assigned female at birth who are changing or who have changed their body and/or gender role from birth-assigned female to a more masculine body or role. A common term to describe this is trans man.

Gender dysphoria: distress that is caused by a discrepancy between a person's gender identity and that person's sex assigned at birth (and the associated gender role and/or primary and secondary sex characteristics).

Gender fluid: views gender identity as a changing mix of male and female. A person who is gender fluid may always feel like a mix of the two traditional genders, but may feel more masculine during some periods and more feminine during others.

Gender identity: a person's intrinsic sense of being male (boy or man), female (girl or woman) or an alternative gender, for example transgender, girlboy, boygirl, eunuch, genderqueer.

Genderqueer: refers to a term that may be used by individuals whose gender identity does not conform to a binary understanding of gender as limited to the categories of exclusively a man or a woman, male or female; or as an umbrella term for many gender non-conforming or non-binary identities (e.g. agender, bigender, genderfluid). Genderqueer people may think of themselves as one or more of the following, and they may define these terms differently:

- may combine aspects of man and woman and other identities (bigender, pangender)
- not having a gender or identifying with a gender (genderless, agender)
- moving between genders (gender fluid)
- third gender or other-gendered; includes those who do not place a name to their gender, having an overlap of, or blurred lines between, gender identity and sexual and romantic orientation.

Gender-neutral pronouns: these are appropriate pronouns for many non-binary people. They can also be used to avoid referring to someone as 'he/him' or 'she/her'.

Gender non-conforming: describes someone whose gender presentation, whether by nature or by choice, does not conform or fit 'traditional' or binary gender-based expectations.

Gender reassignment surgery: refers to genital reconstructive surgery to change primary and/or secondary sex characteristics to affirm a person's gender identity. Genital reconstructive surgery can be an important part of medically necessary treatment to help realise a person's true gender identity. This process is often referred to as gender confirmation.

Gender role or expression: these terms are used to describe characteristics in personality, appearance and behaviour that, in a given culture and time period, are designated as masculine and feminine (that is, more typical of the male or female social role). Whilst most individuals present socially in a clearly male or female gender role, some people present in an alternative gender role such as genderqueer or specifically transgender. All people tend to incorporate both masculine and feminine elements in their gender expression in varying ways and degrees.

Gender variance: tends to be used (often in respect of children or adolescents) to refer to behaviour and interests that are outside what is considered 'normal' for a person's assigned (biological) sex. The abbreviation 'trans' is sometimes adopted, to emphasise that the full spectrum of gender-variant, gender non-conforming, gender-diverse or gender-atypical identities is being referred to.

Intersex: a term that describes individuals who are born with variations in their reproductive or sex characteristics that doesn't fit standard definitions of male or female. Sometimes this is evident at birth, and other times it is not apparent until adulthood. Intersex is not a type of trans identity.

Male-to-female (MtF, M2F, MTF): describes individuals assigned male at birth who are changing or who have changed their body and/or gender role from birth-assigned male to a more feminine body or role. A common term to describe this is trans woman.

Non-binary gender: refers to individuals who do not fit within the two distinct categories of exclusively male or female. This term may be used by people who identify outside of the gender binary of being exclusively a man or woman, without being any more specific about how they identify.

Trans or transgender: terms used to describe a diverse group of individuals who cross or transcend culturally defined categories of gender. The gender identity of transgender people differs to varying degrees from the sex they were assigned at birth.

Trans feminine: describes individuals who are assigned male at birth who are proposing to change, or are in the process of changing or who have changed their body and/or gender role from birth-assigned male to a more feminine body and gender role. This includes trans women and people assigned male at birth who are genderqueer or have another non-binary gender identity.

Trans masculine: describes individuals assigned female at birth who are proposing to change, or changing or have changed their body and/or gender role from birth-assigned female to a more masculine body and gender role. This includes trans men and people assigned female at birth who are genderqueer or have another non-binary gender identity.

Transition: the period of time during which individuals change from the gender role associated with their sex assigned at birth to a different gender role. For many people, this involves learning how to live socially in the 'other' gender role; for others, this means finding a gender role and expression that is most comfortable for them. Transition may or may not include feminisation or masculinisation of the body through hormones or other medical procedures. The nature and duration of transition is variable and individualised.

Two-spirit: is an umbrella term traditionally used by Native American people to recognise individuals who possess qualities or fulfill roles of both male and female genders.

Ze/hir: these are alternate pronouns that are gender-neutral and may be preferred by some trans people. Pronounced /zee/ and /here/ they replace 'he' and 'she' and 'his' and 'hers' respectively. Alternatively others may use the plural pronouns 'they/their' as a gender-neutral singular pronoun to replace 'he/she'.

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RCN quality assurance

Publication

This is an RCN practice guidance. Practice guidance are evidence-based consensus documents, used to guide decisions about appropriate care of an individual, family or population in a specific context.

Description

This resource is designed to help nursing staff respond to the needs of service users who identify as trans or non binary, in both the NHS and independent sectors.

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Evaluation

The authors would value any feedback you have about this publication. Please contact publicationsfeedback@rcn.org.uk clearly stating which publication you are commenting on.

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