

CARMEL'S STORY: AN OVERVIEW

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INTRODUCTION

Carmel's Story⁶ is a story of a trans woman's experience in Hospital. Carmel's Story was co-designed with the Rainbow Embassy⁵, which is an LGBTQA+ research collective. It is based on real events experienced in hospital by a trans woman – although names and details have been changed to ensure anonymity. While the story highlights some important and common issues for trans and gender diverse people in healthcare settings, it not intended to be representative of all people's experiences. We acknowledge that trans people's experience are rich and diverse. This document was created as a teaching guide to accompany Carmel's Story and support educators to advance learners' understanding of the needs of trans and gender diverse people in hospital settings. Ultimately, we hope that these teaching and learning resources contribute to efforts to promote accessible and equitable healthcare to trans and gender diverse people.

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⁶ Carmel's story - <https://youtu.be/n5pBiPQquAq>

Historically, the quality of care for women experiencing abuse has been poor (Feder, Hutson, Ramsay & Taket, 2006). Although most healthcare professionals recognise that domestic violence is a significant issue, they can be reluctant to ask about it (Colombini, Mayhew & Watts, 2008). Reports from women also suggest that healthcare professionals can be judgemental and unable to understand the complexity of the related psychosocial issues. Further, when domestic violence is

BACKGROUND

Gender Identity

All of us have a gender identity, which refers to our internal sense of who we are. 'Transgender' (trans) serves as an umbrella term for individuals who do not identify with their presumed gender at birth. The prefix 'trans' means 'on the other side'. Cisgender refers to people who identify with the presumed gender at birth. The prefix 'cis' means 'on the same side.'

Trans people include trans men and trans women and people who experience their gender as being beyond this binary – male and female, or neither male or female – and may use terms such as gender fluid or nonbinary or gender diverse to describe themselves. Other common gender identities include agender, bigender, and gender queer. Trans and nonbinary people may also use culturally specific terms such as brotherboy, sistergirl and two-spirit (ACON, 2021). Not all trans people identify as trans, and simply identify as a man, woman or nonbinary person.

Health and healthcare experiences of trans and gender diverse people

The Australian Bureau of Statistics does not capture trans and gender diverse population data (ABS, 2017), however international data indicates that between 0.5-4.5% adults and 2.5-8.4% youth identify as trans and gender diverse (Zhang et al., 2020).

Transgender and gender diverse people experience stigma and discrimination in society including barriers to accessing legal rights and protections, housing, education, employment, and healthcare; exposure to abuse and violence; and disproportionately high rates of family and social rejection (Bauer, et al., 2015; Grant et al., 2011). In a national study of GLBT Australians health and welfare, 47% of trans men and 37% of trans women reported experiencing verbal abuse (Leonard et al, 2012). Due to these stressors, trans and gender diverse people are more likely to report poorer health and well-being than cisgender people. In a LGBTQIA+ community survey, 21% of trans and gender diverse people reported having poor or very poor health compared to only 8% of cisgender respondents (NSW Ministry of Health, 2022) and 85% of trans and gender diverse people reported a mental distress compared to 59% of cisgender people (NSW Ministry of Health, 2022).

Trans and gender diverse people also report negative health service experiences, including misgendering, insensitive language, procedures, and questioning, and pathologizing of gender identity (Ginicola et al., 2017; Martin et al., 2019; Dolan et al., 2020). A study with trans and gender diverse young people in Australia found that 53% of participants had one or more negative experiences with a health professional (Smith et al., 2014). Poor healthcare experiences are associated with health service avoidance and poor health outcomes (Dolan et al., 2020).

Protective factors

Protective factors for trans and gender diverse people include social support, peer connection and belonging, and pride in identity (Moeiro et al., 2023). Social and legal gender affirmation also promotes wellbeing and includes the use of gender congruent names, pronouns, and access to gender-affirming identity documents (Bauer et al., 2015; Fontanari et al., 2020). While not all trans and gender diverse people seek to medically transition, access to gender affirming medical care can also be powerful for supporting a positive sense of identity (Bauer et al., 2015).

Health and human rights

Healthcare professionals have an obligation to provide safe, dignified and high-quality care to trans people. Australia has obligations under a number of international human rights treaties to ensure everyone has access to safe quality health care and enjoyment of the conditions for good health. Under the Australian Sex Discrimination Act (1984), it is illegal to discriminate against a person based on gender identity, appearance, mannerisms, or other gender-related characteristics. The Act includes when people are accessing or using health services as well as employment and education. In addition, each State and Territory has anti-discrimination legislation.

The Australian Commission on Safety and Quality in Health Care has developed the Australian Charter of Healthcare Rights. These apply to any healthcare service anywhere in Australia including public hospitals, private hospitals, general practice and in the community. The charter describes what people can expect when receiving health care. It includes the right of all Australian people to access services and treatment as well as to have their identity recognised and respected and to be treated with dignity. The Commission sets national standards for health service organisations to ensure Australia is delivering safe and high-quality health care. These standards identify transgender, and gender diverse people are at higher risk of harm in health care settings and stipulate services must consider appropriate responses into the planning and delivery of care.

DISCUSSING CARMEL'S STORY

Setting up the room

When discussing Carmel's Story, it is important to be mindful that 0.5-4.5% of adults identify as trans or gender diverse. This means that people in the room may identify in this way, and we need to be thoughtful about language and express ideas in a respectful way. Importantly, we are not here to debate gender identity, but rather to think about how we can support a person who is trans or gender diverse in a healthcare setting.

SELF REFLECTION QUESTIONS

In this story, Carmel spoke about being a trans woman. Privately consider the following questions. You are not required to share your answers or discuss your own gender identity, but rather to reflect on these questions.

- How would you describe your gender?
- Without reference to your body, what is it that makes you know this is your gender?
- What are your pronouns?
- Why do you use these pronouns?
- Why are your gender identity and pronouns important to you?
- How comfortable are you answering these questions?

Discussion point - Scrutiny and Intrusive questions

Many trans and gender diverse people are asked questions such as these, particularly to describe their gender identity and justify their pronouns. However, gender is an internal understanding of our identity, of who we are, and being asked to explain and justify this can be experienced as invalidating and distressing.

INTRODUCTORY QUESTIONS

- What were some of the challenges Carmel faced when coming out as a trans woman?
- What did you learn from Carmel about the importance of her gender identity?

Discussion point - Misgendering

Misgendering occurs when a person's name or pronouns are not used correctly. Misgendering in healthcare services is an all-too-common experience for trans and gender diverse people.

Terri's story

Terri is a nonbinary person, using they/them/their pronouns, describes going to an emergency department with abdominal pain:

"I ignored the pain as long as I could, hoping it would improve but it got worse to the point I simply had to go in. I didn't really expect it to go well. Not because of the pain, I was still hopeful about that, but because I know that going to hospital, or even to a doctor, is likely to lead to a deluge of misgendering. Sometimes with the added bonus of being looked at sideways, ignored, or outright denied. I've had many past experiences with health professionals that haven't been great, and some have been outright transphobic or pathologizing. Where people say things like, "I don't use they/them pronouns because they are incorrect", or "I think gender is biologically defined", or where they try to diagnose me with gender incongruence or gender identity disorder – even though I've gone in for something unrelated to gender.

I think cisgender people might imagine that it can't harm you that much to be misgendered for a few hours, but it's actually awful. You see, coming out and openly being yourself is a challenging process and many trans people have lost family and friends and maybe even our jobs in the process. But that's something you're willing to do because the alternative is much worse – it would mean living life with a constant sense of being other to yourself, which is a recipe for silent despair. The process of coming out is profoundly liberating, and after all that effort, being erased and pushed back into a gender box makes you feel as though people would prefer your despair, and their own comfort, over your truth. That's what's so crushing.

Mostly it seems like staff don't really expect to encounter someone like me and they kind of go quiet. Perhaps people have seen a trans woman or trans man or nonbinary person on Netflix and are supportive of trans people in principle, but they don't really think that someone like me will actually turn up in their hospital or on their shift, or if a trans person does, that it will be kind of obvious to them. Or maybe they just don't get it, or are afraid of getting things wrong or of addressing me wrong. Or worse, perhaps they don't want to get it and are quietly disapproving or disbelieving of trans identities. I often don't know which or why, but besides overt transphobia, it often all looks the same to me."

QUESTIONS FOR DISCUSSION OF MISGENDERING

- What did you notice about Carmel's response to being misgendered?
- What are the differences and similarities with Terri's story?
- What did the health professionals do or not do that was helpful in supporting Carmel's identity?

Discussion Point - Respecting gender identity in health services

It is important to respect gender identity in health services.

Names: Carmel mentioned that she formally changed her name in Medicare and did not have troubles with 'deadnaming'. Deadnaming is a term used to describe the name a person was given or known by prior to affirming their gender identity or coming out as trans or gender diverse (ACON, 2021). While not all people use this term, 'dead naming' is experienced as misgendering and can be very stressful for a trans or nonbinary person.

Identity documents: It is challenging and expensive for trans and gender diverse people to change their name or gender on identity documents. In some cases, it is not even possible. For example, in many states of Australia it is not possible to change your gender on a birth certificate.

Electronic Medical Records: When trans and gender diverse people come to hospital, the electronic medical record is based on Medicare details and the person may have their 'deadname' and incorrect gender recorded. Therefore, for trans and gender diverse patients, it is important to check if they use a different name to that recorded by Medicare. If a person has changed their name, it is important to check with them who can know this information and communicate this information to health care team. It is also important to make sure everyone uses the correct name.

Currently, it may not be possible to change the electronic medical record. However, health professionals should openly explain the problems with the current system and how that will impact on the person's care and what they will do to manage this.

QUESTIONS FOR DISCUSSION OF PRONOUNS

- What other kinds of misgendering did you notice in Carmel's story?
- What examples did we see in Carmel's story of a health professional being an ally?

Discussion point - Pronouns

It is important to use pronouns correctly. Pronouns are words that we use in place of a person's name. Not all pronouns are gendered. First person, singular, pronouns (I/my/myself) and second person, singular pronouns (you/your(s)/yourself) are non-gendered and are the same for all people. However, singular, third person pronouns in the English language are gendered (she/her/herself, he/him/himself, they/them/themself). Like cisgender people, transgender people use she/her/herself or he/him/himself, however nonbinary and gender diverse people may use they/them/themself e.g., "It's their umbrella, they left it in the classroom. They can collect it themselves later." The use of gender neutral, third person pronouns is not new. We commonly use these when we don't know a person's gender e.g., "A new person has taken the job. I'm looking forward to meeting them. I don't know what they look like, so hopefully they will introduce themselves". People may also use pronouns such as Ze/Hir (see Pronouns Org, n.d).

Using correct gender pronouns supports a person to feel welcome and safe. It is best to ask rather than assume. To ask, you can introduce yourself and your pronouns e.g., "Hi I'm Lin, and my pronouns are she/her". This is more likely to make the person feel comfortable and able to share their pronouns. It's okay if you ask a person and they don't understand what pronouns are, you can take the opportunity to explain pronouns and relieve the burden on trans and gender diverse people.

Making mistakes: If you make a mistake and accidentally misgender someone, simply say, "sorry" and correct yourself. If the person points out your mistake, simply say, "thanks" and correct yourself. Don't overly apologise as this can make the person feel uncomfortable.

It is also important to use the correct pronouns when a person isn't present. If you use the incorrect pronouns, other people will pick up this habit too and think it is acceptable.

It's important not to ask trans and gender diverse people to correct you. Take responsibility and correct yourself and practice using pronouns.

Being an ally: An ally is someone who stands up for, supports and encourages others. In lesbian, gay, bisexual, trans and gender diverse, intersex and queer communities, it refers to someone who supports and advocates for equal treatment, calls out inequality and seeks to create safe and inclusive spaces. You can be a good ally by correcting other people who use a person's incorrect pronouns or name. You can also speak up if you hear hurtful language or stereotyping. It is about simply correcting the person, and not about shaming them.

QUESTIONS FOR DISCUSSION OF IMPACTS OF MISGENDERING

- What were some of the impacts of misgendering on Carmel and Terri?

Discussion point - Gender dysphoria

Carmel mentions that the constant misgendering leads to a feeling of gender dysphoria. Dysphoria is a term that relates to a feeling of discomfort, unease or distress. For trans and gender diverse people, gender dysphoria can be related to a mismatch between gender identity and presumed gender, or a mismatch between gender identity and the body. The diagnosis of gender dysphoria is focused on this experience.

While some trans and gender diverse people experience gender dysphoria, it is important to recognise that not all trans and gender diverse people experience this at all, or only experience this at times. For many trans and gender diverse people, their transgender identity is also deeply satisfying and life affirming. Nonetheless, gender dysphoria can be triggered when a person's gender identity is not recognised and affirmed.

QUESTIONS FOR DISCUSSION OF GENDER AFFIRMING CARE

- What were the assumptions made by the male nurse who offered Carmel the urinary bottle?
- What are the problems with these kinds of assumptions?
- How did this impact on Carmel's experience of care?
- What could the nurse have done differently?

Discussion point - Gender affirming care

It is important to be aware of a trans person's medical history and to be sensitive around health procedures.

Gender affirming care: Insensitivity around procedures is associated with health service avoidance and poor health outcomes (Dolan et al., 2020). Transgender people may have unique medical needs related to hormone therapy, surgery, or other gender-affirming treatments. However, not all people medically transition, and it is important to avoid making assumptions about a trans person's body and healthcare needs. Asking about the person's medical history and needs is key to providing person-centred care. In this case, it would be important to ask Carmel about her medical history and any specific needs she may have, including needs around toileting and bodily care. This information should then be relayed to the team. It is also vital to ensure that Carmel's medical history is kept confidential, and she is not subjected to unnecessary scrutiny or questioning.

Beyond face-to-face care, as health professionals we can also advocate for change to systems such as electronic medical records so that they have a nonbinary or gender congruent name option.

Delay in accessing of health care: Trans and gender diverse people can delay seeking treatment because they are concerned about discrimination or receiving poorer care (Leonard et al, 2012). Trans and gender diverse people also have poorer rates of prevention screening or present later in the progression of their disease. They may also be concerned about their identity not being acknowledged or confidentiality not being maintained and being outed by the health service.

The first impressions of a service can change the course of a person's treatment and health outcomes.

QUESTIONS FOR DISCUSSION OF INCLUSIVE HEALTH

- What can we do to improve the first impressions of our service for trans or gender diverse people?

Discussion point - Inclusive health services

Creating welcoming environments: The first impressions of the health service can create either a feeling of ease or increased anxiety for the person coming into receive health care. Creating a welcoming environment includes thinking about the physical space as well as the initial response of staff.

Staff should attend training in providing affirming health care and explore and manage their own bias and assumptions. Staff can wear Progress Pride flag or pronoun stickers and pins or display [posters](#) supportive of the trans community. These symbols show allyship. Healthcare service providers also need to ensure the availability of gender-neutral bathrooms and change rooms.

Advocate for change to the patient registration systems so that people can use their correct name, gender and pronouns no matter what is on their Medicare card. Until this change is made, explore work arounds to ensure this information is collected and shared with the appropriate people.

Avoid assumptions and using gendered language when talking about a person or their family, partner, carers. Use the language the person uses to describe their body. Do not ask intrusive questions about the person for your own personal interest or professional development.

If a trans person feels that the health service environment is welcoming, it will help to build trust in the service and their health professional and they will more likely return to the service. This has impacts on their overall health outcomes.

QUESTIONS FOR DISCUSSION OF PERSON-CENTRED CARE

- After considering Carmel's story and our discussion, what actions we can take as health professionals to provide person centred care for trans and gender diverse people?

Final potential discussion points

Avoid: Making assumptions about a person's anatomy, clarify what their physical needs are and communicate this with the health care team. Avoid asking questions out of curiosity that are not relevant to the person's care.

Consider: Your own beliefs, values and bias around gender and gender diversity, where they originated and how they will impact on how you deliver care.

Demonstrate: Empathy, compassion, and respect – it often takes a lot of courage for trans or gender diverse people to attend health care services.

Use: Correct names, pronouns. Do not assume but ask. Use these even when the person is not present.

Ask: Ask the person who this information can be shared with and then share this with the health care team.

Correct: colleagues if they make a mistake.

Create: A welcoming environment by ensuring frontline staff are also educated in asking about gender, names and pronouns and use appropriately. Also displaying rainbow flags or symbols to convey a welcoming environment.

Advocate for change to systems: e.g., electronic medical records, gender neutral change rooms or bathrooms etc.

Continue to educate yourself: About gender diversity and understand how people's identities, experiences and relationships with the world might affect their health care experience.

SUMMARY POINTS

We all have a gender identity, a sense of who we are and how we experience ourselves. For some of us this is the same as the sex presumed at birth. For others it is not. Trans and gender diverse people deserve have unique healthcare needs and deserve safe, dignified and high-quality healthcare. However, in our services they continue to experience stigma and discrimination and consequently may be less likely to access health services for fear of discrimination, misgendering, confidentiality concerns, or concern that the service does not understand their health needs. There are clear actions that health professionals can take to attend to the needs of trans and gender diverse people that are well within their scope of practice. Health professionals can create a welcoming and safe environment and can be a powerful force in advocating for system change that supports this population.

FURTHER INFORMATION

ACON– Provide online and face to face training on delivering inclusive and affirming services to people from sexuality and gender diverse communities. <https://www.pridetraining.org.au/>

LGBTQI+ Health Australia – advertise webinars and resources to support service providers. <https://www.lgbtqhealth.org.au/workforceresources>

Pronoun practice app: <https://pronouns.minus18.org.au/>

Pronouns Org (n.d.). Pronouns matter. Available: <https://pronouns.org/>

Q Guide – are guides for health professionals workign with LGBTQI+ people. They include a guide to gender diversity, coming out, non-binary people: <https://qlife.org.au/resources/qguides>

Silver Rainbow Training – several different providers who can provide free training in your State or Territory on caring for older people who identify as LGBTQI+.

<https://www.lgbtqhealth.org.au/silver-rainbow-training>

Transhub. Available: <https://www.transhub.org.au/>

- Trans-Affirming Clinical Language Guide here: https://static1.squarespace.com/static/5d8c2136980d9708b9ba5cd3/t/5fc9a8282f5dbb44b77798d1/1607051305514/Trans+Affirming+Clinical+Language+Guide_Final.pdf
- Posters that show support for the trans community here: <https://www.transhub.org.au/downloads-health>

If you would like more information Transhub has resources for allies and to support people who are questioning their gender.

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This document and the linked digital story form one component of the Virtual Empathy Museum funded by a UTS School of Nursing & Midwifery Research Grant (2022) - <https://www.virtualempathymuseum.com.au/>

Citation: River, J., Stephenson, J., Smith, M. in collaboration with the Rainbow Embassy (2023). *Carmel's story of a trans woman's experience of hospitalisation*. University of Technology Sydney and South Eastern Sydney Local Health District, NSW.

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