



Trans Young People's Experiences of Advice and Education around Health, Puberty, Sex and Relationships



A report by young people at
SAYiT Sheffield



#SpeakUp

July 2019

1. Introduction

This report will be looking at trans young people's experiences of services and information in relation to health, puberty, sex and relationship education. Specifically it will explore previous experiences of advice and education from health and care commissioners and providers. Furthermore, it will help in understanding what is missing and/or can be improved for trans young people in relation to health and care commissioners and providers. This work was done through two sessions involving creative consultation and anonymous feedback.

2. When the project took place

The project took place on Tuesday 11th and Wednesday 12th June 2019. The sessions took place over two evenings and ran from 5-7pm.

3. Aims of the project

- Explore young people's experiences of sex and relationships, and health and puberty advice and education.
- Understand what trans young people would change in regard to sex and relationships, and health and puberty advice and education.
- Examine how health and care commissioners and providers can be more inclusive of trans young people.

4. What did you do

Different ways of consulting with young people were used to gain feedback about their own experiences. During both sessions, all young people were given the opportunity to give anonymous feedback. Young people were given paper slips and asked to place their responses in a feedback box. The slips covered different topic areas (*see appendix A*) such as "As a trans person do you have any questions around health and puberty you want answering?" and "What are your own experiences of sex and pleasure with yourself or other people as a trans person?"

In addition, three focus groups were held, one at the first session and two at the second session. These focus groups were facilitated by two workers who guided the conversations. The topic area of the first focus group was around young people's experiences of sex and relationships advice from GP's, schools/colleges/universities and doctors. The focus groups at the second session were around 'experiences of health and puberty advice from GP's, schools/colleges/universities and doctors' and 'how could health and care commissioners and providers be more inclusive of trans people'. To gather opinions and feedback on previous resources, the young people looked at existing puberty leaflets and reflected on both the positive and negative aspects of the content.

5. Who did you speak to?

Young people attended the sessions from across all three of SAYiT's groups. The young people were aged between 13 and 20 years old. 6 young people attended on the 11th June 2019 and seven young people attended in the 12th June 2019. In total 11 young people attended across both groups. All of the young people who attended identified as Trans young people.

6. Key findings

Relationships, Sex and Pleasure

Anonymous Feedback

When asked what the young people's experiences were of sex and pleasure with themselves or other people, 100% of responses were negative experiences around sex and pleasure.

With 7 out of 11 young people saying they had no experience, and 4 out of 11 young people having had experience of sex and/or pleasure. The young people who had experiences of sex and/or pleasure reported damaging experiences due to dysphoric feelings and/or other partners not understanding their identity/bodies.

Young people said:

- *"I try not to have any because of my gender identity. However, if I meet someone that understands about my identity and knows how to support me then I would."*
- *"I am able to pleasure myself but as long as I can't see. Whenever anything intimate happens I detach myself from my body and the situation. In that moment I'm just concentrated on the feeling not looking at myself."*
- *"I have got to be drunk enough to not be dysphoric. I feel a lot more insecure. I can't go out and get with people the same way my cis friends can, and I might never be able to."*

When asked as a trans person if they had any questions around sex and pleasure, 3 out of 6 respondents said they didn't have any questions that they want answering. The 4 respondents that had questions were around STI's (Sexually Transmitted Infections), pleasure after gender confirmation surgery and why LGBT+ inclusive RSE (Relationships and Sex Education) isn't taught in school.

Responses included *"What is life after phalloplasty? Is the pleasure decreased or is it the same as when a cis man gets pleased? Does pleasure decrease after starting hormones?"*, *"I find that there isn't much on masturbation after full gender surgery. It doesn't need to be in schools but needs to be known."* And *"Why don't they teach any/queer/trans sex in school"*

When asked what advice do you have for trans people regarding sex and pleasure, out of the 9 responses 6 mentioned themes around self-worth and accepting yourself; 3 responses gave advice around consent and trusting the person you're with; 1 response didn't have any advice and 1 mentioned the importance of using protection.

"If your partner pressures you into exposing/showing off your body, make sure you tell them if you're uncomfortable. If they're ignoring/unaware of your feelings and don't acknowledge your identity as a trans person, they're probably not right for you. They should like you for you, not for what your body is."

Group Feedback

During the group discussion, key points were raised. There was discussion around lack of literature and knowledge in secondary schools and GP's, but praise for colleges and universities.

In regard to experiences of GP's, opinions were *"GP's focus is on being sexually active, STI's and pregnancy"* rather than consent and pleasure. In addition, there was *"Quite a lot of assumptions"* being made around gender and sexuality. One young person stated, *"My doctor didn't know what the gender identity clinic was, I had to explain to her"*.

When asked how this could be improved young people suggested having more available and informative literature. With another young person saying *"Public waiting rooms, the RSE literature is heteronormative, it's not as open and inclusive as it should be. You have to book an appointment with a doctor to get information, there is no literature available."* and *"Visible resources would be good in GP surgery's"*.

Another improvement would be relating to information gathering with a suggestion to *"Ask on forms gender, sex and pronouns"*, with another young person adding *"It should be okay to ask GP's to call you by your preferred name"*.

Schools came under criticism during the focus groups. All of the group agreed that relationships and sex education was not trans inclusive. With one young person expressing *"At school I was never taught about anything else only heteronormative and cis gendered RSE, it wasn't queer inclusive."*

The group also noticed *"There was a big focus on sex being for reproduction and not pleasure."* They stated that *"Trans people need to be included in the relationships and sex curriculum"*. The young people emphasised how important the discussion around consent is with one young person stating *"We should know how to keep ourselves safe when having sexual relationships with someone, it's about knowing what's okay, knowing about your comfort zone, what you can and can't stand and then being having the confidence to say to someone stop or no. I think the whole principle"*

of consent needs to be included in the relationship and sex education curriculum, unless you know about consent you won't realise you have the power to say no." The whole group was very passionate about the importance of consent in the curriculum. One young person also requested that *"Pregnancy needs to be talked about more in school"*.

The older members of the group were much more positive when speaking about their higher educational experiences with college and universities. Two experiences were *"Until I went to college most things were heteronormative, so I didn't know as a much. When I went to college and started learning stuff it was so much easier. I just think schools are so worried about parents ringing them and I think we need to stop worrying about what the parents think and think about what the children need to know because surely that is more important."*

And *"At college and university, it stopped being an awkward conversation and started to become more of the norm to talk about RSE. If young people are taught about things younger, it gives people options"*.

It was unanimous that *"LGBT+ relationship and sex education needs to be inclusive in schools, hospitals and doctors"*, and that *"People need to be more educated, and have more information about healthy relationships"*. Young people expressed *"Resources for parents of trans children would be good"*. This followed a disclosure that a young person didn't have anywhere to go to ask about sex education, so they "googled how do trans people have sex" but got into trouble with their parents when their search history was discovered, which poses the question - where do these young people go for RSE advice.

Health and Puberty

Anonymous Feedback

When young people were asked what their experiences of health and puberty were as a trans person, out of the 4 responses, 100% of them were negative.

- 3 out of 4 respondents stated having separate health and puberty lessons for girls and boys in school was distressing.
- 50% of young people described extreme discomfort with a respondent stating, *"I developed an eating disorder as a direct result of starting puberty"*, and another writing *"I constantly told myself 'you're disgusting' or 'you would be pretty if you were thin'"*.
- 2 respondents discussed dysphoria around puberty literature and hygiene products both being extremely binary.

When asked as a trans person do you have any questions around health and puberty you want answering, 50% of the responses specifically mentioned where to get trans specific advice and support and 50% also mentioned dealing with dysphoria. Examples

of the questions included *“why they don’t address gender neutral hygiene tips and sanitary products that are neutral”*, and *“Why does my body mean I’m a girl?”*. One respondent wished to know information regarding *“ways to stop or slow down periods”*.

Group Feedback

During a group discussion around experience of health and puberty advice and education from health care providers and how they can be improved, the young people’s discussions centred around schools and GP’s, with some feedback about hospitals.

The theme was that it was dependent on individual staff members rather than the organisations whether the experience was helpful. The consensus was that GP’s were more open than school staff to discuss health and puberty but spoke in a very binary way, young people reported finding this *“dysphoric”* and *“uncomfortable”*.

Relating to experiences with GP’s young people stated *“the issues with doctors they tell you what you need to know as opposed to what you’re comfortable being told about”* and *“outside of anything to do with your sex they’re uncomfortable”* and *“all the doctors I’ve met talk about things in a binary sense”*.

One of the group gave positive feedback, having seen a GP who asked their preferred name and continued using it. One young person said regarding speaking to GP’s around gender and sexuality *“Sometimes doctors are shitty which makes it really scary going to doctors”*. Another young person said, *“I end up going to my breathing specialist doctor for everything because he talks about neutral stuff without male stuff or female stuff”*.

None of the group found that schools taught them about sexuality and/or gender and no education was trans inclusive. Young people stated frustration about different schools having different approaches, *“There needs to be an understanding of parents and doctors that this is what they (the school) are going to say and if you’re uncomfortable with that then I’m sorry but they need to know it”*.

A hospital received praise from changing two of our young people’s name on their record although one of them said that they now have two files, one under their birth name and one under their preferred name. One young person who had experience staying in a mental health unit said, *“in mental hospitals there are so many trans people and they don’t know how to look after trans people”*.

They also discussed eating disorders and how it is different for someone experiencing gender dysphoria, *“Yes it’s about your body and mind but it’s not the same as a trans person. Trans people have eating disorders because of dysphoria”*. They then spoke about how in the hospital they were in, there was designated single sex lounges *“I*

could only go into these rooms when there were only guys there which made me feel really uncomfortable. I would have preferred to go in when girls are there because I've never had any bad experiences with female people. They said I wasn't allowed with the female people because it means I must be a predator. Essentially they said I was going to molest someone." The same young person also told us "non-permanent staff would misgender me" due to them having their assigned sex on their birth certificate.

The focus group expressed frustration in health care providers not knowing the language around gender and sexuality. *"It's annoying when people expect you to explain things"* with the group saying that they should not have to be the ones that teach GP's and health care providers *"it shouldn't be up to us to educate other people"*, with another young person adding *"especially not doctors"*. A young person described when they tried to explain something in a way that they themselves understood *"they (the GP) look at you and go "what"*. A young person gave the example, *"If I've gone to you with chest pain or back pain, I shouldn't have to explain to you why I wear binders."*

Recommendations

Recommendations from the focus groups and anonymous feedback were:

- 1) Health care providers' forms to be trans inclusive. E.g. don't mix gender / sexuality questions; list options alphabetically to avoid bias; have another 'write in' option to be inclusive; have a preferred name option (and use it).
- 2) The need for informative and inclusive relationships and sex information/literature available and visible at GP's surgeries, schools and hospitals.
- 3) The need for all health care providers to receive LGBT+ inclusive education around relationship and sex education as well as puberty.
- 4) The need for resources and information to be available for parents of trans children.
- 5) The need and importance of non-binary health and puberty information and education.
- 6) The development of a trans inclusive relationships and sex booklet and a health and puberty booklet.

Overall young people's recommendations on how to become more trans inclusive was to collect information on people's preferred name and pronouns and actively use it, to be more educated on experiences and difficulties trans young people face and to have trans inclusive literature available.

From these focus groups the young people expressed their wish that SAYiT create a trans inclusive RSE booklet and a trans inclusive health and puberty booklet to be available to health care providers. We have listened to the young people and are now in the process of creating these two booklets in collaboration with the young people.

Appendices

Appendix A

As a trans person do you have any questions around health and puberty you want answering?

What are your own experiences of health and puberty as a trans person.

What advice do you have for trans people regarding sex and pleasure?
(No worries if you don't have any!)

What are your own experiences of sex and pleasure with yourself or other people as a trans person?



About Healthwatch Sheffield

Healthwatch Sheffield is the city's local consumer watchdog for health and social care services. The organisation exists to help adults, children and young people to influence and improve the way health and social care services are designed and run in the city. Healthwatch Sheffield is completely independent from the NHS and Sheffield City Council.

About the #SpeakUp grants

In 2018/19 Healthwatch Sheffield ran a small grants programme called 'Speak Up'. Sheffield-based voluntary and community sector organisations were invited to apply for a small grant of up to £1,000 to run consultation and engagement activities. Organisations were asked to relate their projects to one of the aims and priorities in the 2018 - 2020 Healthwatch Sheffield ['Together for Good' Strategy](#).

The programme was designed to enable local organisations and community groups to gather views and experiences of health and social care services from Sheffield residents, especially from those who do not traditionally have a voice. The aim is to ensure that health and social care decision makers in the city hear from a diverse range of people about their experiences of services.



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