**The Care of Transgender Children and Young People in Healthcare**

***This article is not the final published version, but the Author Accepted Manuscript of the version published*** [here](https://www.nursingtimes.net/education-and-training/transgender-service-users-far-too-frequently-experience-health-disparities-13-02-2025/)

**Abstract**

Transgender people have reported negative experiences in health care settings. This is often due to a lack of education and knowledge from healthcare staff which in turn results in discriminatory attitudes, behaviours and inappropriate care.

Within healthcare, nurses have the greatest interaction with patients and therefore the importance of educating nurses, and indeed other healthcare staff, should be a priority. This, in turn, will impact positively upon the patient experience, and care, for transgender people.

There does not appear to be, currently, any transgender inclusive training for nurses, either as students or registrants, meaning that our healthcare staff do not have the fundamental training or knowledge base towards promoting a transgender inclusive culture with information informed culturally competent practitioners. This article discusses the impact that a lack of awareness is having upon the transgender communities, with a particular focus upon children and young people, and the importance of introducing a robust training program at both undergraduate and postgraduate level.

**Keywords**

Transgender, children and young people, education, cultural awareness, healthcare, knowledge.

**Introduction**

As suggested by Guerin (2021), within nurse education – both pre-registration and post - registration, there is a distinct lack of information about the specific needs of transgender people within any age range. Guerin also identifies the limited consideration for transgender health care in both educational healthcare textbooks and nursing-based academic journals. This perpetuates existing health disparities and invisibilities which are faced daily by transgender people resulting in nurses and other allied healthcare professions lacking key knowledge of gender diversity, and how to provide the best care for transgender and nonbinary people within health care settings. Healthcare professionals need to seek out appropriate training and education if they are to provide the best possible care and outcomes for transgender people.

 Lim et al (2015) state that this is significantly lacking within nurse education both nationally and internationally. Currently, there is no requirement for undergraduate nurses, either in the UK or the United States, within any field, to learn about any aspect in relation to LGBT+ healthcare - and subsequently there is very little teaching on the subject. Student nurses are ‘perfectly’ placed to introduce a culture shift into clinical practice, and a greater understanding of gender inclusive healthcare. They are the future NHS workforce. Wider implementation on a national/international scale of gender inclusive nursing education would increase confidence, cultural competence, awareness and improve the experiences of transgender people when accessing healthcare.

**Children and Young People (CYP)**

Affected transgender individuals are usually aware of gender dysmorphia by the age of 5 years (Bosten & Levy 1991). Gender dysphoria needs to be distinguished from gender-atypical behaviour, where children assigned male, for example, at birth, show an interest in activities usually preferred by girls and vice versa.

Mercer et al (2013) stated that marked gender-atypical behaviour occurs in approximately 2-3 % of the general population, most of whom are not transgender. Many children who demonstrate gender dysphoria before puberty do not continue to so during or after puberty.)

Within the last twenty years, there has been a considerable increase in the number of children and young people being referred to gender identity clinics. This has been observed both nationally and internationally. More recent referrals are generally presenting in their early teens, and there has been a significant increase in those assigned female gender at birth. Increasingly, in more recent referrals, behavioural and emotional disturbances have been present (Graham 2023).

The assessment and management of gender dysphoria has been pioneered recently and gender identity clinics nationally and internationally are adopting similar guidelines for treatment and assessment. The effectiveness of the interventions is well established and, from an evidence-based perspective, appears to relieve gender dysphoria and improve psychological wellbeing (Graham 2023).

However, there are still significant gaps in knowledge. It is unclear whether the considerable increase in referrals to gender identity clinics is due to less societal stigma, and therefore affected individuals are willing to ‘come out’ at a much younger age or whether clinics are dealing with a different population with different needs than previously. Miller et al (2023) suggest that life for transgender children can be extremely challenging. They must try to communicate how they feel – often to very sceptical people. Their peers may bully them and mock them. To be able to cope they need to develop resilience and have a safe space (and people) who they can talk openly to. Psychological counselling for children, and their families, begins well before any medical intervention.

As part of the consideration of evidence for a national policy on puberty suppressing hormones, NHS England commissioned the National Institute for Health and Care Excellence (NICE) to conduct an evidence-based review into the use of puberty blockers and feminising and masculinising hormones as treatment for gender incongruence and/or gender dysphoria in children and young people. The final policy, published in March 2024, sets out that gonadotrophin-releasing hormone analogues (puberty blockers) are no longer available as a routine commissioning treatment option for children and young people under the age of 18 years.

Why is this important to know? Every child and young person, regardless of their gender, sexuality, race or ethnicity deserves the same standard of treatment. Many transgender people have specific healthcare requirements which many healthcare professionals, both qualified and in-training, have little or no knowledge about. Miller et al (2023) state that many transgender patients themselves are having to provide education to healthcare staff on gender diversity and the appropriate care that they require. This is unacceptable.

In line with the NMC code of conduct (2015), a nurse should possess an appropriate level of cultural competence to be able to provide a high standard of care to **all** patients. Nurses need to be able to understand all their patients’ requirements and how to address their needs. This includes transgender people. If all patients are to be treated in a professional and inclusive manner, then it is of the utmost importance that nurses are empowered with a sound knowledge base about gender inclusive care – from the very beginning of their journey into healthcare. Children and young people are at the start of their journey. It is an emotive, confusing, stressful time for them, and they are trying to come to terms with a major life changing event. We need to be able to support their needs, have an awareness of their options, and help them through their challenges.

**Misconceptions**

There are many common misconceptions about transgender people and the care they need. Stonewall (2018) reported that 62% of trans people said they’d experienced a lack of understanding of specific trans health needs by health care staff. Stonewall also reported that most healthcare professionals are unaware that transgender people are at an elevated risk of both physical attack, and domestic abuse, in comparison to cisgender peers. Linked to this is a greater incidence of poor mental health due to transphobic stigma.

The NHS defines gender dysphoria as “a sense of unease that a person may have because of a mismatch between their biological sex and their gender identity”. Some people mistakenly think that gender dysphoria is a mental health issue – this is not true. However, it can lead to significant mental health issues, which can be exacerbated by excessive waiting times for any form of support or interventions.

In January 2016, the House of Commons Women and Equalities Select Committee stated that ‘the NHS is failing to ensure zero tolerance of transphobic behaviour.’ With the stigma faced by transgender people within society, it is unsurprising that discrimination is also experienced by transgender people when accessing healthcare.

**From a student nurse perspective** -

As student nurses, we are preparing for a career that is as challenging as it is rewarding. Our future roles will prioritise providing compassionate care to people from all walks of life. When it comes to providing the best care, the transgender community is a group that should not be overlooked. The need for trans-inclusive healthcare is more important than ever, and as student nurses, it is our responsibility to meet this need head-on with compassion.

Transgender patients – an umbrella term for individuals whose gender identity is different from the sex they were assigned at birth (APA, 2024) – frequently face barriers when trying to access healthcare. As mentioned earlier, The Stonewall LGBT in Britain – Health report (2018) and TransActual's Trans Lives survey (2021) suggest that these barriers include but are not limited to being refused care, healthcare professionals having a lack of understanding and knowledge, and blaming health issues on the patient's transgender status despite it being unrelated. Ultimately, these barriers can deter transgender patients from seeking out care for their health needs, which may impact negatively on health outcomes for both physical and mental health wellbeing. For transgender young people and children, especially in the current political climate, these challenges can be even more defined. As future nurses, we must ensure we create environments and provide care in which transgender patients feel safe, seen, heard and respected.

At the heart of patient care are nurses. In relation to children and young people, we commonly spend the most time with them, their siblings and their extended families, building trust within the professional relationship and providing emotional support through difficult times. For transgender patients, especially children and young people who are still exploring themselves and their identity, trying to navigate a system that has not always been supportive or have their healthcare needs considered can be extremely difficult, daunting, and in some cases harmful as the lack of trans-inclusive policies, attitudes, and practices can lead to mistreatment and an absence of cultural competence. As student nurses, we must be considerate and sensitive to needs regardless of age. Still, extra sensitivity needs to be taken when caring for transgender children, especially as they are at a vulnerable stage in their development.

Treating every child and young person with respect, dignity, and autonomy is at the very core of nursing, and the code should be encompassed in every interaction; for our transgender patients, this is simply affirming their gender identity. This includes asking for preferred names and pronouns, using these correctly, and avoiding making assumptions, which are all practical and empowering means of respecting them. For this patient group, being treated with respect and dignity in these simple ways can reduce stress and negative experiences, ultimately significantly improving short- and long-term health outcomes. The Nursing and Midwifery Council (NMC) Code (2018) reinforces this by stating that we must treat all individuals with kindness, respect, and compassion. Students' approach to their transgender patients should ensure that they are always treated without prejudice as, fundamentally, your patient isn't asking you to understand or even agree with them; like everyone, they just want to be respected and treated like a person. Additionally, alongside the NMC Code (2018), the Equality Act of 2010 is an important policy that protects characteristics such as gender identity against discrimination.

Whilst valid for patients across a range of backgrounds, research by Miller et al. (2023) shows that when transgender patients are treated by staff that are knowledgeable, and are respectful of their gender identity, they have better physical and mental health outcomes. It goes without saying that when our patients experience an inclusive environment that supports their identity and health needs, they are more likely to seek out care again in the future and be more compliant with treatment plans. This, compared with negative experiences, can lead to avoidance of accessing healthcare altogether or being less willing to comply with treatment plans. Again, the NMC Code (2018) places importance on delivering care that meets the patient's needs; trans-inclusive care should be matched to the patient's emotional, physical, and psychological needs, improving the patient's overall health outcomes.

Transgender children and young people are at an elevated risk of being socially marginalised by their peers. Students who provide inclusive care can begin to close these gaps to ensure that transgender patients receive the same level of quality care as everyone else. Advocating for children and young people’s needs is a strong theme throughout the NMC Code (2018). For transgender patients, this means challenging the inequalities and bigotry that they may face. By proactively engaging with trans-inclusive practice, we can positively contribute to reducing disparities in this community.

**Educating our workforce**

Transgender education can be delivered in many ways. Ideally, from the very first year of entering onto a healthcare qualification and revisited regularly throughout the program of training, or delivered through post registration continual professional development, as part of mandatory annual training and as ‘stand-alone’ training. What is very apparent is the lack of education and training about what it is to be transgender, the treatment pathways, and the specific healthcare needs that are associated with gender transition. The benefits to our patients if we are educated in greater cultural competence would be significant in terms of both physical and mental health and wellbeing. This must be actioned as a priority within nurses, and other healthcare professions, training programs and far beyond registration. Not as a ‘standalone’ lecture within a curriculum but as a mandatory annual requirement for healthcare professionals as both practices and legislation are continually changing.

**Conclusion**

Sadly, many transgender people have vulnerabilities due to societal stigmatism - which is very much in existence. Children and young people are particularly vulnerable due to their level of maturity and life experience. As nurses working within paediatric settings, it is our responsibility to protect them, to nurture them and to ‘prevent harm’. How can we do this if we are not aware of what being transgender even really means? Or what their journey has involved so far? How can we support them and care for them properly with no insight or education about how they feel?

The gaps in education around transgender people and treatment pathways is significant and requires immediate address.

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