

Better  
Health  
Briefing

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**Barriers to  
health faced by  
transgender and  
non-binary black  
and minority  
ethnic people**

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## Key messages

- 1 Transgender and non-binary black and minority ethnic people need improved and more equitable access to health services.
- 2 There is a need for increased access to social services/behavioral health for these individuals.
- 3 Health professionals in all health related fields should be required to have additional trainings to support their work with this community.
- 4 There is a demonstrated need for additional research examining the experiences of these individuals with health care services, both in the community and academia.

## Introduction

Research has demonstrated that access to health care is a major determinant of good health, particularly for transgender and non-binary (trans/NB) individuals (Grant, *et al.*, 2010; Institute of Medicine[IOM], 2011). Moreover, being able to disclose identities, behaviors and concerns to health providers in order to have honest conversations has been demonstrated to be a crucial piece of the collaboration between patients and their providers (Hoffman, *et al.*, 2009). Given that trans/NB individuals tend to experience elevated rates of discrimination when attempting to access health care (IOM, 2011), and that black and minority ethnic people also experience a high likelihood of discrimination when trying to use health care services (Benjamins and Whitman, 2014), there is a clear need for a focus on the intersection of race/ethnicity and gender identity, exploring how this crossroad of identity impacts the experience of accessing health care of individuals who are trans/NB black and minority ethnic people. This briefing offers four propositions for creating improved overall health for trans/NB black and minority ethnic individuals. These are listed in 'Key messages' above.

### 1 Transgender and non-binary black and minority ethnic people need improved and more equitable access to health services.

Trans/NB individuals often undergo challenges when trying to access a variety of health care services. One issue is the need for the patients to educate their providers about the needs of trans/NB people, sometimes even simply informing health care providers about trans-friendly etiquette and language (IOM, 2011; Poteat, *et al.*, 2013; Seelman *et al.*, 2012; Xavier, *et al.*, 2005). Another issue facing trans/NB black and minority ethnic people is elevated rates of discrimination when trying to access health care services.

### ***Identity based discrimination***

Between 20 per cent and 23 per cent of trans/NB individuals have experienced transphobic related discrimination when attempting to access health care services (IOM, 2011; Kengay, 2005). Black and minority ethnic people also experience extremely high rates of discrimination and being denied access to medical care (Benjamins and Whitman, 2014; Smedley *et al.*, 2003). Studies have shown that approximately 4 per cent of trans/NB people use emergency health care, such as accident and emergency or the emergency room as a primary provider (Clements-Nolle, *et al.*, 2001), and other research has noted that being a trans/NB black and minority ethnic individual is correlated with increased emergency health care use (Grant *et al.*, 2010). In some extreme instances, this racist and transphobic discrimination has led to horrific outcomes, such as the case of Tyra Hunter. Tyra was a black transgender woman in the United States who was denied access to ambulance treatment based on her gender identity after surviving a hit-and-run accident, and this denial of care resulted in her death (Jillson, 2002).

Trans/NB youth face barriers to appropriate health care services due to their inability to consent to medical treatment in most countries. Lack of education among medical providers about developmentally appropriate solutions (Castañeda, 2015), and relatively few legal protections (Romero and Reingold, 2012) increase the risk for trans/NB youth. Trans/NB individuals have reported being refused treatment, being accused of being at fault for their health condition (Scorgie *et al.*, 2014), and having providers use inappropriate language, precautions, and even being unwilling to touch them (Rosendale and Josephson, 2015). In many indigenous and aboriginal communities, those who self-identify as trans/NB or Two-Spirit encounter numerous challenges due to the intersections of their identities (Ylioja and Craig, 2014). Access to a health care provider in a rural community and stigma associated with the gender-minority identity within the cultural context create logistical barriers, including having to travel long distances to receive care, or, alternatively, relying on emergency rooms for care. Among some members of diverse trans/NB communities, there is a perception that health care providers are less willing to do preventative screening for black and minority ethnic people than for white people (Newman, *et al.*, 2008).

### ***Intersections of discrimination***

There has been little research on the intersection of gender identity and race/ethnicity regarding health care experiences, but what research exists demonstrates even higher rates of discrimination than that faced by cisgender (those whose sex assigned at birth matches their gender identity), black and minority ethnic people, or white trans/NB individuals. A recent study in the United States found that trans/NB black and minority ethnic people experienced significantly higher rates of discrimination than their white trans/NB counterparts when trying to access doctors/hospitals, emergency rooms, and ambulances (Kattari, *et al.*, 2015). When individuals' racial identities were examined, those trans/NB individuals who were bi-/multi-racial or Latino identified experienced higher rates of discrimination across all three contexts, with black trans/NB individuals experiencing more discrimination when trying to access doctors/hospitals and ambulances, and American Indians being more likely to experience discrimination when trying to use emergency rooms (Kattari, *et al.*, 2015). One limitation to the current research is that much of it originates in the United States. The lack of international research regarding medical access for trans/NB black and minority ethnic people does a disservice to this population, and further restricts our knowledge as to how problematic these barriers may be in other settings.

One effective practice employed by both the Gender Identity Center in London and a private Gender Identity Center in Brighton is that of having a small team of nurses who specialise in trans health. Many of the health issues trans people face, particularly those who have had some form of sex reassignment

surgery, are quite personal and can be very distressing to the individual. These trans health trained nurses are available to be contacted via phone or email, rather than only via office visits. Having this line of support from a trained specialist for these types of issues can be very comforting and helpful for a lot of trans people who might not feel comfortable coming in to see their health provider.

Trans/NB black and minority ethnic people experience high rates of discrimination in health care settings, and undergo multiple marginalisation when attempting to access health care. This community needs increased access to health care in order to have increased levels of overall health and wellbeing.

## 2 There is a need for increased access to social services/behavioral health for transgender and non-binary black and minority ethnic people.

The mental health needs and barriers to accessing quality culturally responsive behavioral health services for trans NB individuals are well documented by scholars.

### *Structural discrimination*

Trans/NB black and minority ethnic people are frequently referred to as a sub-, or, *hidden population*, which is further complicated by their inability (or lack of desire) to self-identify as trans/NB on intake forms, government documents, and legal paperwork. Additionally, many trans/NB individuals prefer to self-identify with one (dominant) gender category, increasing the likelihood that they will not be recognised as trans/NB (Melendez, *et al.*, 2006). Lack of confidentiality has been cited as a primary concern of trans/NB black and minority ethnic people, particularly those from rural or small communities (Boyce, *et al.*, 2012; Scorgie *et al.*, 2013), and those who are diagnosed with HIV/AIDS (Chávez, 2011). Among migrant and refugee trans/NB individuals, fears of legal struggles and cultural insensitivity are paramount in the avoidance of seeking treatment (Chávez, 2011). Further, the criminalisation (and associated stigmatisation) of sex workers is a barrier to access services and actually increases the risks for HIV/AIDS and STIs among these members of the population (Scorgie *et al.*, 2013).

### *Interpersonal discrimination*

Cisnormativity is the assumption of a normative, non-trans/NB identity, and is the root of transphobia, as well as other forms of discrimination and marginalisation (Pyne, 2011; Bauer *et al.*, 2009). From the pathologisation of trans/NB identities through formal mental health diagnoses (Taylor, 2013; Castañeda, 2014), to the difficulties procuring appropriate treatments including hormones and/or surgery (Melendez, *et al.*, 2006), real and perceived stigma are tremendous barriers to accessing both routine and transition-related medical care (Cruz, 2014; Socías *et al.*, 2014). Racism, ageism, and other forms of intersectional discrimination also affect the trans/NB populations. Trans/NB elders have been found to be avoidant of health care that they perceive will make them reliant on service providers who may be insensitive or discriminatory (Hardacker, *et al.*, 2013). The little literature that exists indicates that trans/NB black and minority ethnic people experience higher rates of discrimination when trying to access mental health centers, drug treatment programs, domestic violence centers and rape crisis centers, when compared to their white trans/NB counterparts (Kattari, *et al.*, R & R). There is a clear need for more research at the intersection of race and gender, and the experiences of these individuals when accessing behavioral health services.

### *Non-pathologising framework*

Behavioral health professionals should engage in non-pathologising practice that seeks not to diagnose trans/NB individuals with a mental health condition: a practice that acknowledges the complexities of gender and race and their role in the health symptomology clients may be encountering. One element of this non-pathologising practice is to move away from simply diagnosing trans/NB people with gender dysphoria, and move towards exploring the behavioral health needs of these clients which may stem from dealing with transphobic discrimination, or may have nothing to do with their gender identity. Such a non-pathologising framework would make behavioral health services more accessible to trans/NB black and minority ethnic people and allow them to maintain better mental and behavioral health.

### **3 Health professionals should be required to have additional trainings to support their work with trans/NB black and minority ethnic people.**

Trans/NB individuals face numerous barriers to culturally responsive health care (Wilkerson, *et al.*, 2011). Due to the unique experiences of trans/NB black and minority ethnic people when trying to access health services, it is crucial for professionals to have access to trainings and frameworks that will support them in providing culturally responsive care.

Elements of the physical environment (including gender-neutral bathrooms and LGBTQ-affirming posters/stickers), the organisational environment (including intake forms, policies, and mission statements), and the interpersonal environment (including language use) can each impact a trans/NB individuals' likelihood and ability to access services. Incidents of structural and interpersonal discrimination are the most commonly reported barriers to care, and the consequences include increased risk for poor health and mental health outcomes (Wilkerson, *et al.*, 2011).

Transphobia and stigma-related discrimination can have a profoundly negative impact on the overall well-being of trans/NB individuals (Kelleher, 2009; McCann and Sharek, 2015; Meyer, 2003). Blatant transphobic experiences have been associated with high rates of depression, anxiety, and suicidality among trans/NB individuals (Grossman, *et al.*, 2009). In addition, the effects of racism on mental health outcomes among black and minority ethnic people have been cited in numerous studies (Bennett *et al.*, 2005; Gibbons *et al.*, 2004; Pascoe and Smart, 2009). While the social experiences of trans/NB individuals and black and minority ethnic people are accounted for in literature, intersectional research that addresses the unique role of both transphobia and racism in the experiences of trans/NB black and minority ethnic people is almost non-existent.

Studies that have provided transgender specific recommendations for health practice reform have ignored the complex needs of trans/NB black and minority ethnic people (Benson, 2013; Bockting, 2009; Bockting, *et al.*, 2006; Goldberg, 2006; Lev, 2009). Based on this empirical gap in the literature, the following suggested reforms are based on current recommendations with additional practice standards to address the combination of racism and transphobia that trans/NB individuals encounter in various types of health service utilisation.

### *Affirmative practice*

Affirmative practice requires health professionals to understand the unique experiences of their trans/NB black and minority ethnic clients. Affirmative practice affirms the client's gender identity, validates racial identity, and is dynamic and tailored to each client. Therapists who engage in affirmative practice combat discriminatory practices in every aspect of their clinical organisation from training staff about issues of gender and racial diversity to ensuring their policies, procedures, and forms are transparent, non-biased, and promotes gender and racial diversity.

### *Affirmative therapy*

Affirmative therapy is an extension of affirmative practice and is defined as an approach to therapy that uses an empowerment framework, addressing the negative influence that homophobia and heterosexism have on the lives of lesbian, gay, and bisexual (LGB) individuals (Association of Lesbian, Gay, Bisexual, and Transgender Issues in Counseling [ALGBTIC], 2009). Specifically, for trans/NB black and minority ethnic people, affirmative therapy means therapists recognising the impact of transphobia and racism has on clients.

### *Clinical training*

Clinical training is the first step in developing a culturally responsive behavioral health workforce, capable of providing adequate services to trans/NB black and minority ethnic individuals. Goldberg (2006) proposed a three tiered clinical training for both students studying to become behavioral health clinicians and licensed mental health practitioners. The tiered system includes basic education about gender and racial diversity issues, skill building related to building rapport, providing basic mental health services and referrals to clients, and finally advanced trans-specific services such as assessment and evaluation of gender concerns and clinically assisted gender transition.

## **4 There is a demonstrated need for additional research examining the experiences of trans/NB black and minority ethnic people with health care services.**

There is little research on the health access experiences of trans/NB black and minority ethnic people. This lack of research is likely due to the intersection of marginalised identities and the compounding effects of racism and transphobia in health care systems.

### *LGBTQ health research*

LGBTQ (Lesbian, Gay, Bisexual, Transgender and Queer) health in general is understudied in the health care research literature. LGBTQ patients face a variety of obstacles, from stigma to lack of provider knowledge (Committee on Lesbian, Gay, Bisexual, and Transgender Health Issues and Research Gaps and Opportunities, Board on the Health of Select Populations, and Institute of Medicine, 2011). Even within the small body of LGBTQ health research, there is a documented lack of understanding of the health care experiences of LGBTQ black and minority ethnic people. Some racial and ethnic communities do not use the terminology embraced by the mainstream LGBTQ movement to identify their sexual orientations or genders; they may use terminology more relevant to their common languages or cultural contexts

(Fredriksen-Goldsen, *et al.*, 2014). This language barrier may be particularly relevant for people with non-binary gender identities, who frequently use relatively new and culturally-specific terminology to describe their gender identities.

### ***Trans/NB health care research gaps***

Trans/NB patients confront two manifestations of erasure within the health care system: informational erasure and institutional erasure (Bauer, *et al.*, 2009). There is a severe lack of information on trans-specific health care. Trans-related material is rarely presented in medical training (Obedin-Maliver *et al.*, 2011; Snelgrove, *et al.*, 2012). Research studies frequently operate under the assumption that all participants are cisgender, rarely identifying trans/NB participants or exploring issues relevant to trans/NB patients. Transgender identities, particularly non-binary identities, are also erased by bureaucratic policies and paperwork (Bauer *et al.*, 2009). Patient files, insurance paperwork, and other forms often only include male and female options for gender or sex designation and require a patient's legal name. Health care settings, such as hospital wards, are frequently sex-segregated and do not include safe spaces for trans/NB patients (Snelgrove *et al.*, 2012; Bauer *et al.*, 2009). Cisnormativity is pervasive in the health care system, denying the existence of trans/NB individuals and leaving these patients woefully underserved (Bauer *et al.*, 2009).

### ***Intersectional research gaps***

Research on the health experiences of trans/NB black and minority ethnic people is currently lacking in many parts of the world. This is complicated by the diversity of cultural and legal support that trans/NB people experience around the globe. For example, despite the fact that transgender/NB individuals have been accepted as members of African societies throughout history, the current criminalisation of same-sex behavior in many African countries creates a hostile climate for transgender Africans (Jobson, *et al.*, 2012). The elevated risk of violence prevents transgender people from participating in research studies on health and other topics. Jobson *et al.* note that there is an "almost total lack of research" on transgender Africans in the epidemiological literature (2012). A lack of awareness or acceptance of trans/NB people in society at large is a major barrier to health research and health care access.

Research on the experiences of trans/NB black and minority ethnic people is a particularly urgent need from an international perspective, given the compounding effects of transphobia and racism. As noted above, trans/NB black and minority ethnic people are especially impacted by barriers to health care access and more information is needed to dismantle the obstacles they face in accessing multiple types of health care around the world.

## Conclusion

Transgender and non-binary black and minority ethnic people face extreme barriers in accessing physical and behavior health care. At this moment, we do not even know the extent of which these challenges lie, given the disappointing lack of research on the intersection of gender identity and race/ethnicity regarding health. One crucial move is for health services professionals to be offered and required to attend additional trainings on this intersection of identities, supporting them in being more culturally responsive in treating trans/NB black and minority ethnic people across a variety of settings. Another call to be made is that of the evident need for research examining the experiences of trans/NB black and minority ethnic people when accessing health services in order to better understand the nuances of discrimination, barriers to access, and how racism and transphobia may intersect in health service settings. Moreover, this research should be done in international settings, given the unique health care and insurance systems on a country-by-country basis. In order to move towards true health equity, and an increased quality of health for all individuals, the needs and experiences of trans/NB black and minority ethnic people should be a foundational part of any conversation.



## Resources

### **GIRES Inclusivity**

[www.gires.org.uk/inclusivity-supporting-bame-trans-people](http://www.gires.org.uk/inclusivity-supporting-bame-trans-people)

Supporting BAME Trans People

### **Gendered Intelligence**

<http://genderedintelligence.co.uk/trans-youth/trans-youth/BAME>

Gendered Intelligence run a youth group for Black, Asian and ethnic minority (BAME) 13-25 year olds in London

### **Race Equality Foundation**

[www.raceequalityfoundation.org.uk/sites/default/files/publications/downloads/Event%20report%20-%20Sharing%20the%20experience%20of%20being%20Black%20and%20minority%20ethnic%20and%20trans%20final.pdf](http://www.raceequalityfoundation.org.uk/sites/default/files/publications/downloads/Event%20report%20-%20Sharing%20the%20experience%20of%20being%20Black%20and%20minority%20ethnic%20and%20trans%20final.pdf)

Sharing the experience of being Black and minority ethnic and trans

### **The General Medical Council (UK)**

[www.gmc-uk.org/guidance/ethical\\_guidance/28851.asp](http://www.gmc-uk.org/guidance/ethical_guidance/28851.asp)

The GMC has recently issued 'Guidance for doctors treating transgender patients'

### **World Professional Association of Transgender Health**

[www.wpath.org](http://www.wpath.org)

### **TransHealth (UK)**

<http://transhealth.co.uk>

### **Mermaids**

[www.mermaids.org.uk](http://www.mermaids.org.uk)

Mermaids is a support group, which works with and supports trans people and their families:

### **You Are Loved**

[www.youareloved.uk.com](http://www.youareloved.uk.com)

A website to support the mental health of trans people

### **National Center for Trans Equality (US)**

<http://transequality.org>

### **UK Trans**

<http://UKTrans.info>

### **Transgender Europe (TGEU)**

<http://TGEU.org>

### **Transgender Health Australia**

<http://transhealthaustralia.org>

### **Australian and New Zealand Professional Association for Transgender Health**

<http://anzpath.org>

### **Canadian Professional Association for Transgender Health**

<http://cpath.ca>

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We welcome feedback on this paper and on all aspects of our work. Please email [briefings@racefound.org.uk](mailto:briefings@racefound.org.uk)

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