



 Trans Healthcare Action

Trans Healthcare and Moral Panics



Introduction – Me

Jes (she/it)

Committee member of Trans Healthcare Action

My focus is on research, such as Freedom of Information requests, parliamentary activity, and newspaper articles



Introduction – THA

Irish community-led grassroots group

**Working towards informed-consent trans
healthcare**

**Human rights and community-based approach
in primary care**

Co-production is essential



Agenda

Current state of trans healthcare

Past and current moral panics

Working Inclusively

Our vision for trans healthcare

Today



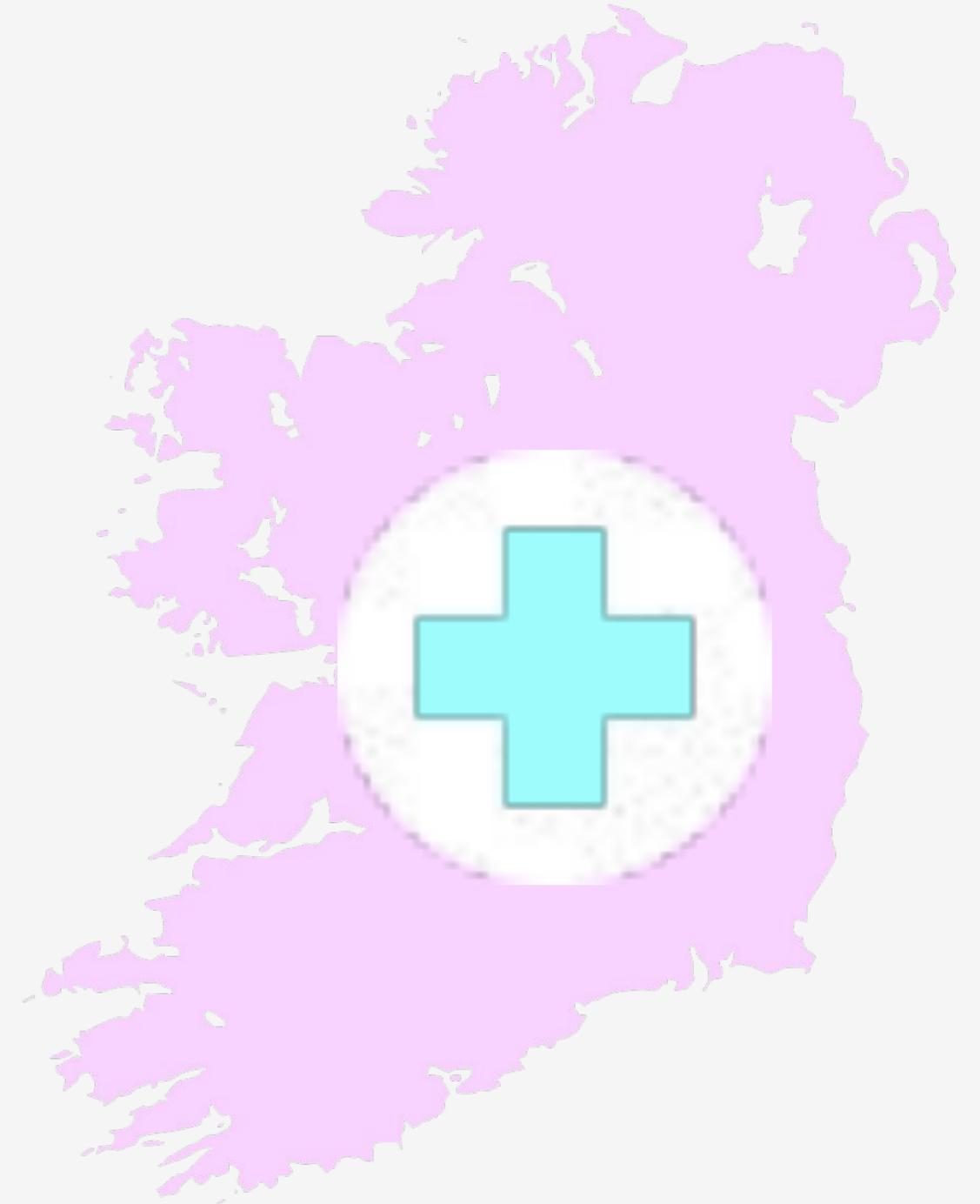
Current Irish system

Ranked worst in the EU for availability and accessibility of trans healthcare by TGEU

Rated F for timely and adequate access to trans healthcare by LGBT Ireland

De facto centralised "gender clinic" model

No national gender-affirming healthcare policy or guidelines



Issues with the system

Lack of access to quality care

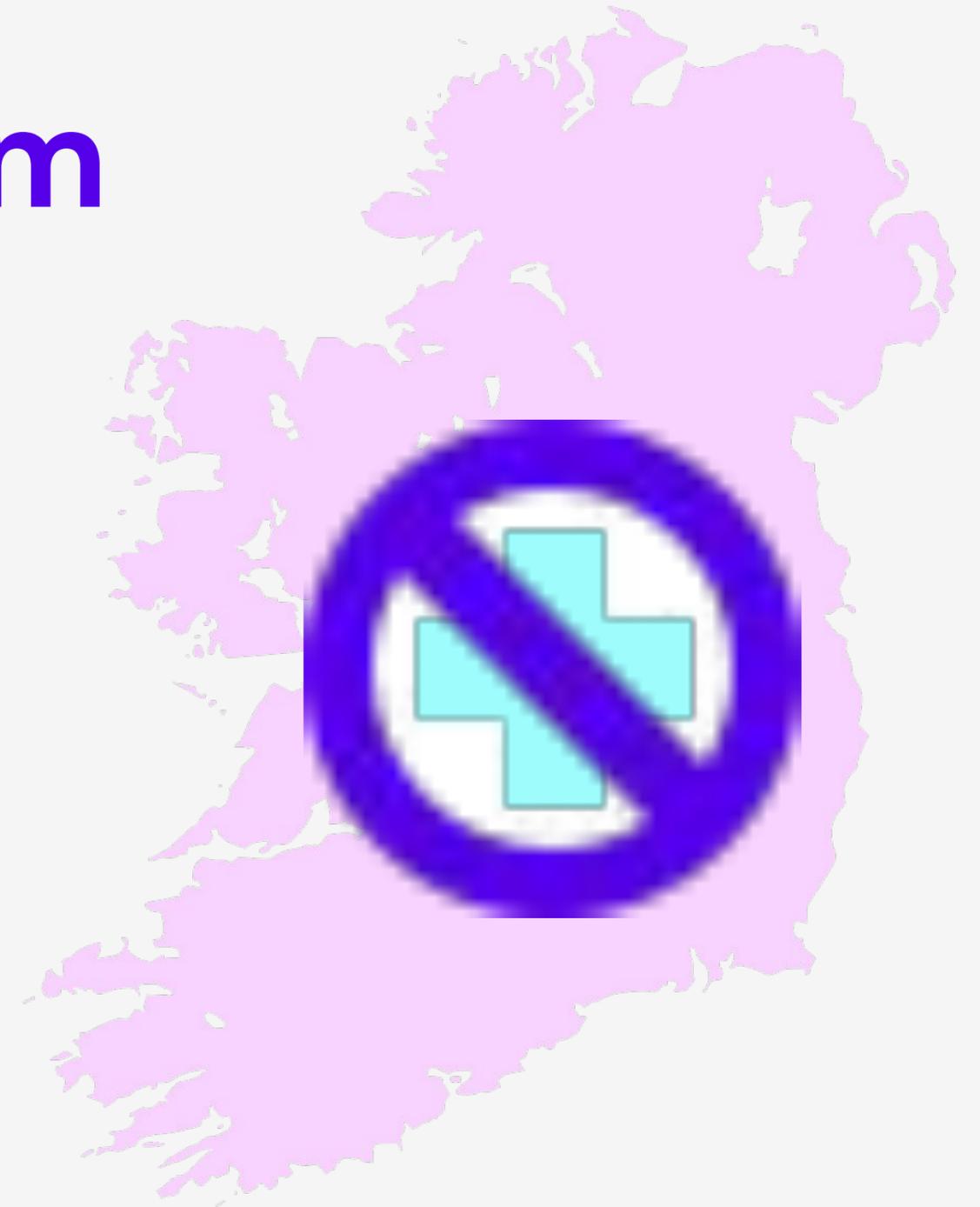
Decade-long wait list for the primary public service

Nonexistent youth service

Denial of services in primary care

Little to no availability of surgeries within Ireland

Failure to adhere to international guidelines



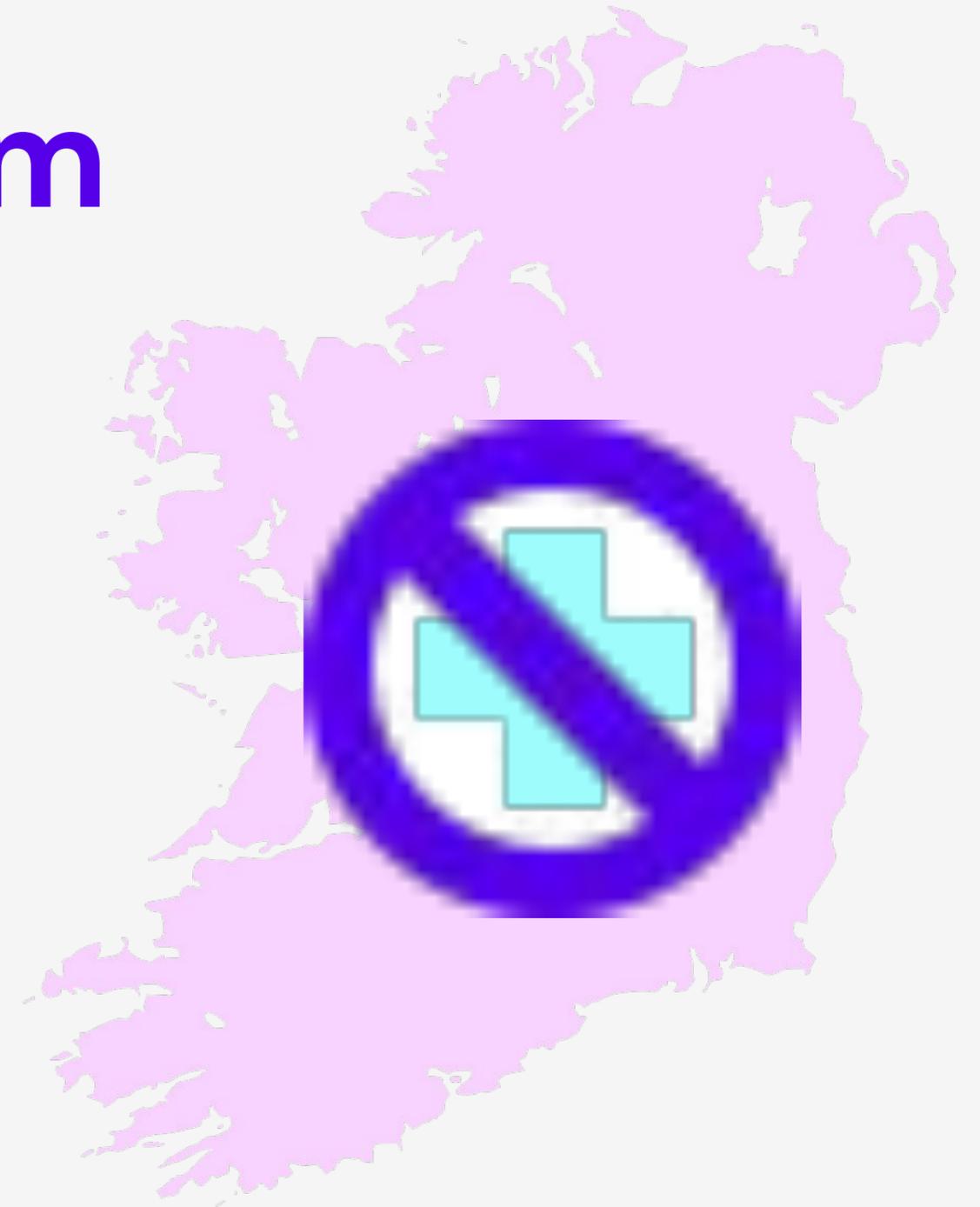
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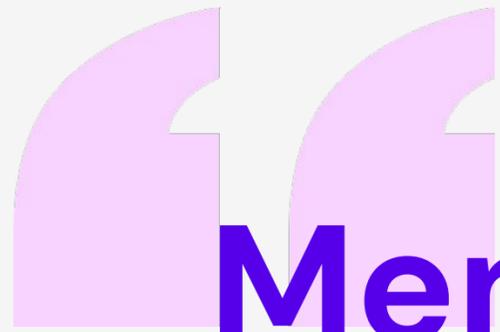
Lack of bodily autonomy

Invasive psychiatric assessments

Discrimination and stereotyping

Exclusion of trans people from policy development





Mental Health

Recent research in Ireland found that among trans and gender non-conforming people

44% experienced severe/extremely severe symptoms of depression

55% experienced severe/extremely severe symptoms of anxiety

35% experienced severe/extremely severe symptoms of stress

75% had self-harmed

82% reported suicidal thoughts

39% had made a suicide attempt

Being LGBTQI+ in Ireland, Key Findings, 2024, Belong To and Professor Agnes Higgins School of Nursing & Midwifery, Trinity College Dublin



Healthcare Access

69% had accessed trans healthcare abroad

29% had self-medicated

Top 3 barriers are waiting times, lack of knowledge among practitioners about transgender healthcare and geographic distance to services.

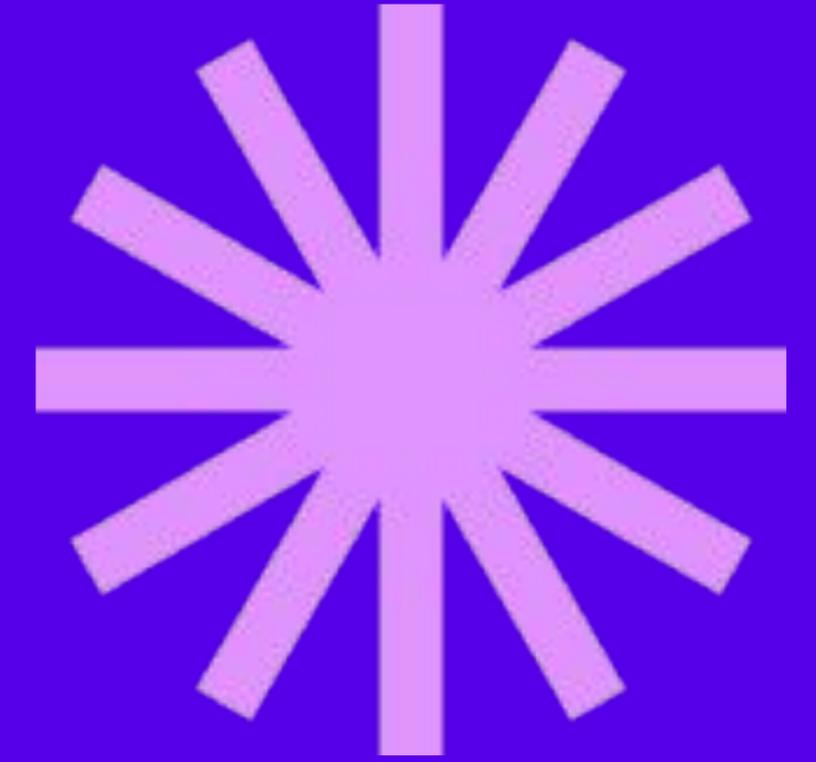


Community Experiences

I was questioned extensively, and it was suggested that I undergo more psychiatric evaluation, or quit transition outright, because I dated a cis woman, and it was expected that I should be strictly heterosexual.

I was also dissuaded from medical transition, and it was repeatedly suggested that I should detransition, because my family did not support me.”

(26, woman, transgender woman, pansexual, ID 981)



Moral Panics

Panics

Societies appear to be subject, every now and then, to periods of moral panic. A condition, episode, person or group of persons emerges to become defined as a threat to societal values and interests; its nature is presented in a stylized and stereotypical fashion by the mass media; the moral barricades are manned by editors, bishops, politicians and other right-thinking people; socially accredited experts pronounce their diagnoses and solutions; ways of coping are evolved or (more often) resorted to; the condition then disappears, submerges or deteriorates and becomes more visible. Sometimes the object of the panic is quite novel and at other times it is something which has been in existence long enough, but suddenly appears in the limelight.

The Media

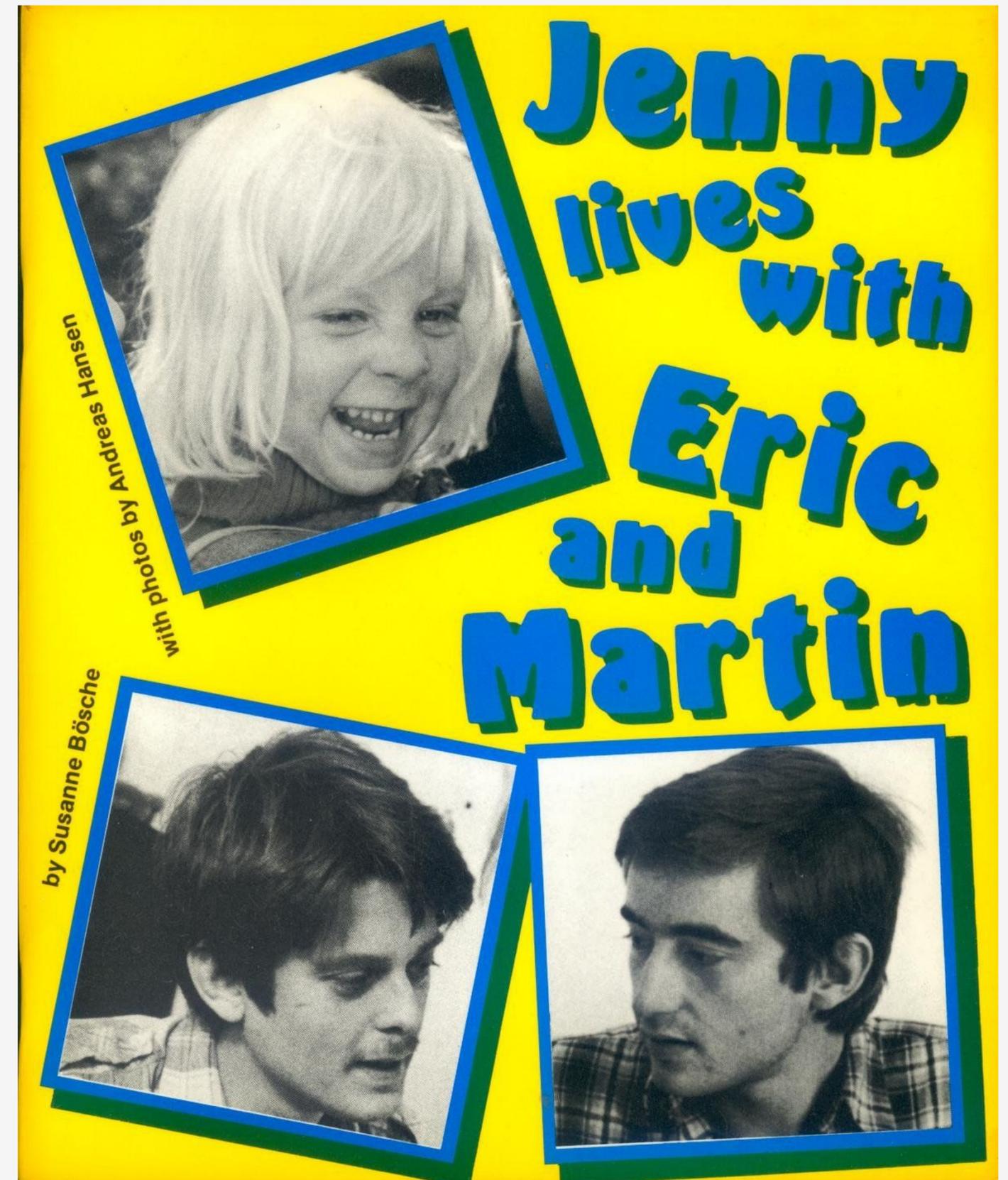
"the media are involved in a panic in three key ways: amplifying a problem, shaping up a folk devil and setting an agenda"

"the news media will engage in these practices for a number of reasons, not least of which is a vested interest in meeting commercial ends. Panics attract readers and viewers who in turn attract advertising dollars."

"the intersections between social media and legacy media mean that feedback loops, which are central to moral panics, are now part and parcel of the production of news"

Section 28

- Prohibited promotion of homosexuality by local authorities, including in schools, in 1988
- Centered was a 1983 picture book, which a 1986 *The Sun* front page called a "Vile Book in School" claiming it was use in London schools
- Much hay was made of this politically
- In reality a single copy was purchased for a teachers' centre, and was never seen by London students



Section 28 Rhetoric

The idea that homosexuals form an oppressed minority is nonsense.

The notion that they are entitled to propagate their peculiar practices at the public's expense is preposterous. Yet they are contriving to do so.

They are now insinuating their sexist propaganda into some of our schools. Homosexuals are not entitled to promote before a captive and impressionable audience of children in schools the gospel of Sodom and Gomorrah.

- George Gale, Sunday Mirror, 4 May 1986

'The cartoons are blatantly homosexual propaganda and totally unsuitable for use in classroom teaching or school libraries.'

- Education Secretary Kenneth Baker, Daily Mail, 16 September 1986

Signs of a Panic?

"The Daily Mail has increased its overall coverage of trans issues by over 1800% over the past decade.

Last month [Jan 2023], it ran 115 articles about trans people. 100 of them were negative. Ten years ago, they ran just 6 articles – and none were negative."

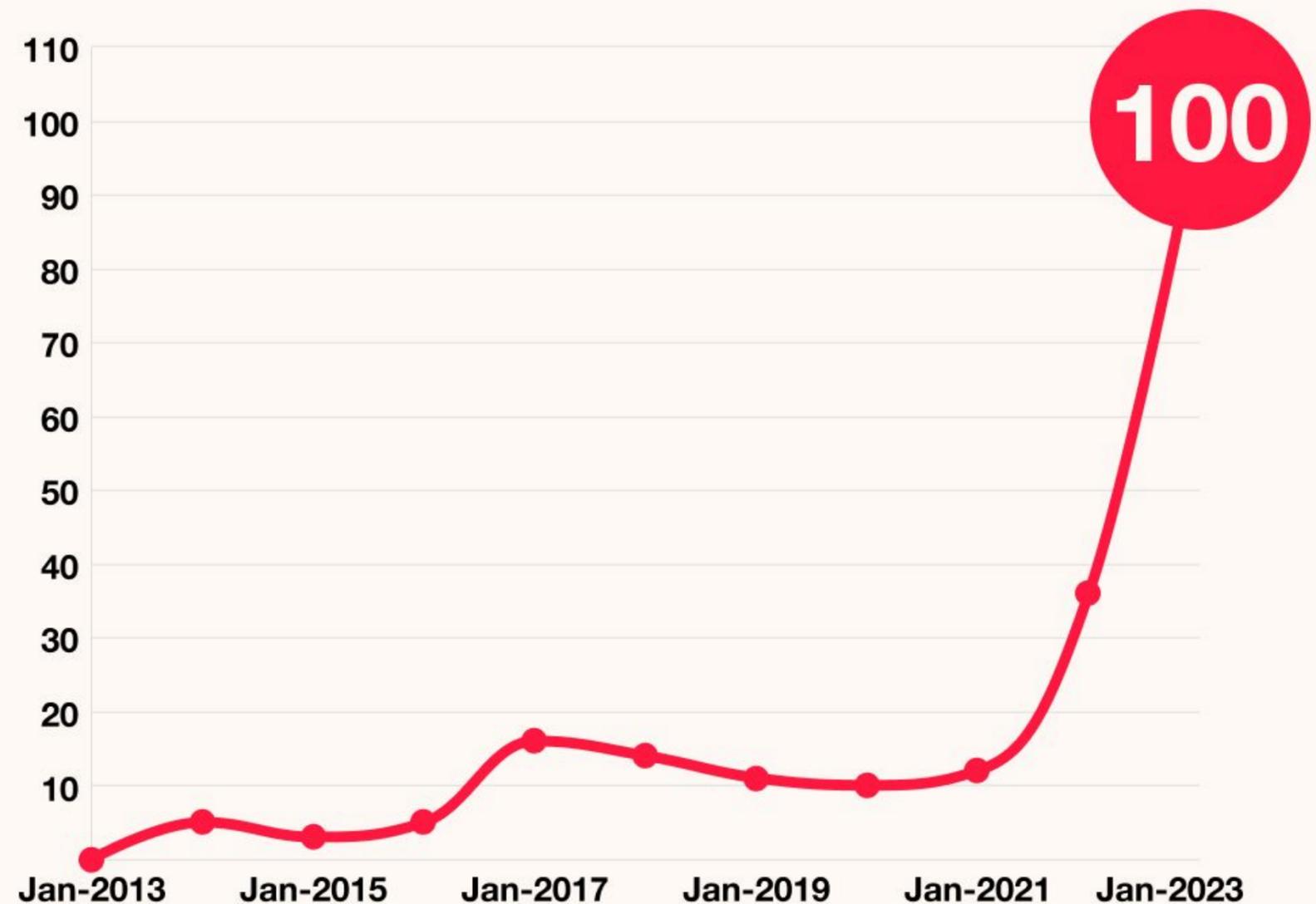
<https://twitter.com/novaramedia/status/1628084951831785483/photo/1>

<https://www.splcenter.org/hatewatch/2017/10/23/christian-right-tips-fight-transgender-rights-separate-t-lgb>

Daily Mail coverage of trans issues has increased by over 1800% since 2013. They ran 100 negative articles last month.

Source: analysis of Daily Mail articles by Eil Folan

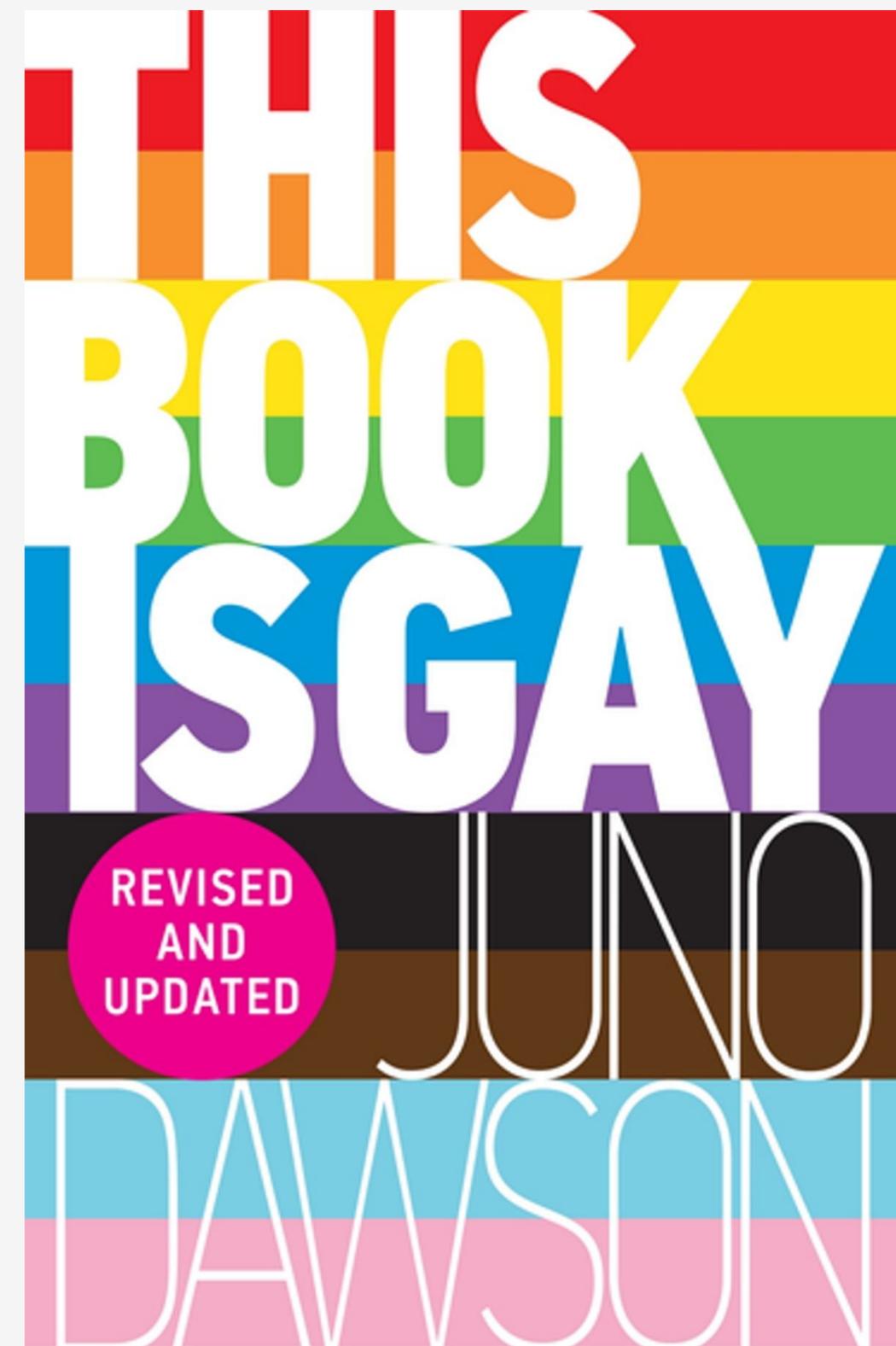
Mail articles that are negative towards trans people



2023: Ireland

- "Through February and March in Cork, one group of protesters entered the City Library five weeks in a row demanding staff take the LGBT+ title *This Book is Gay* off the shelves, describing it as "filth" and inappropriate for 12 to 17-year-olds"
- "Monday's *Liveline* featured two callers speaking out about the so-called threat of these books. The callers were in fact founders of two of the astroturfing groups listed above."
- "In the letter, CPSMA General Secretary Séamus Mulconry said that teaching school children about "what it means to be trans" ... might add to what he called "a growing psychological contagion amongst young and vulnerable children"."

Staff at Cork library abused over LGBT+ reading material, 2023, Eoin English, Irish Examiner
INTO condemn CPSMA over letter on transgender issues, 2023, Emma O'Kelly, RTÉ



2023: Ireland

- A cancer charity shares a story about prostate screening for transgender, non-binary, and intersex people
- 103 replies before comments were turned off, and 820 quote tweets. Vast majority are transphobic.

"Cop on to yourself and stop allowing yourself to be used for fetishistic validation. Men with an autogynephilic fetish get off on getting organisations like you to bow to these ludicrous demands."

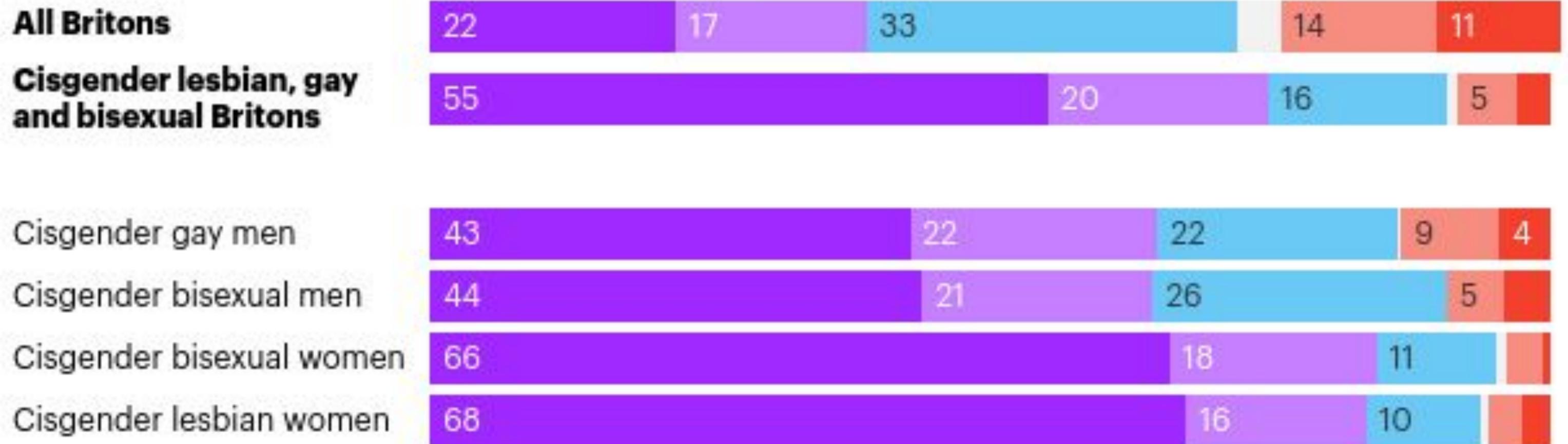
"You insult actual cancer sufferers by instead spending time on kids' identity woes."

<https://twitter.com/MarieKeating/status/1703695529245372416>



How positively or negatively would you say [you personally] view transgender people? %

Very positively Fairly positively Neither positively nor negatively Don't know Fairly negatively Very negatively



YouGov

All Britons sample: 2-3 August 2023
Cisgender lesbian, gay and bisexual sample: 30 May - 17 June 2023 • Get the data

<https://yougov.co.uk/society/articles/45983-what-do-lesbian-gay-bisexual-and-transgender-brito>

Spotting a panic (1)

**Spotting a panic can be tricky when you're in the middle of one
Especially as the framing will seem reasonable on the surface**

- **Power dynamics**
 - **"Aren't allowed talk about this" published in national media**
 - **Marginalised groups don't have good media access**
 - **Cherry picking/bias on members of a marginalised groups who are platformed**
 - **Tone policing**
 - **Calling out bad behaviour treated as worse than the bad behaviour**

Spotting a panic (2)

- **Sources and science**
 - **Extremely common for referenced papers to not support a point made**
 - **Misinformation networks exist**
- **Proportionality**
 - **Is the panic disproportionate to the issue, are bigger issues ignored?**
- **Good faith**
 - **Dogwhistles**
 - **Double standards**
 - **One off reasonable-ish comments vs patterns of behaviour**
 - **Sealioning, moving goalposts, "concerns"**

Things to Keep in Mind

This is not easy, and having to comprehensively check everything is unrealistic

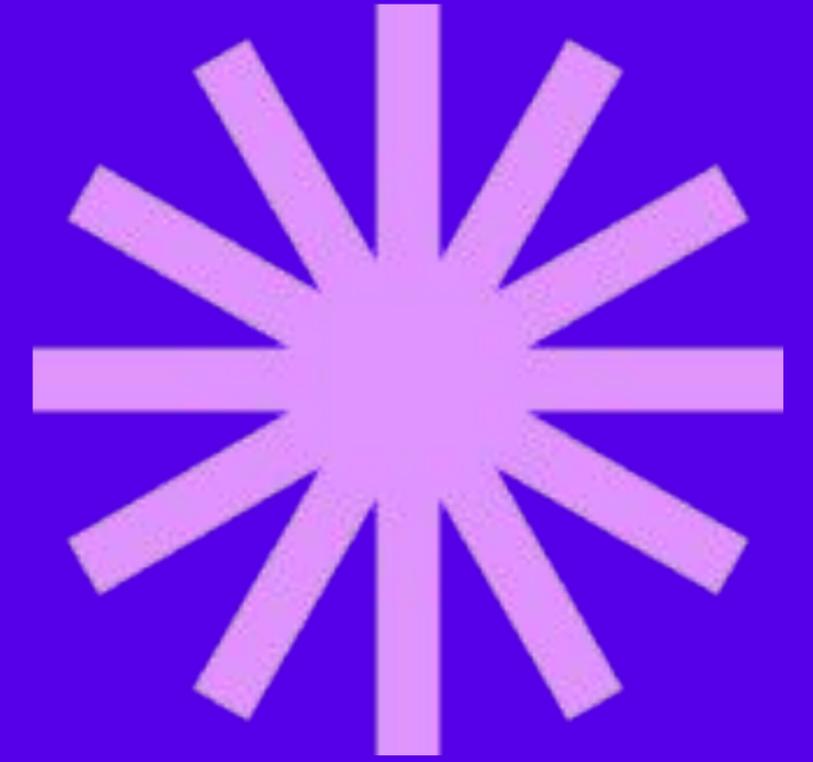
There's no one person/group you can trust to always be on the right side of things

Listen to marginalised groups when they talk about their experiences

Intersectionality

We don't debate human rights

Get media training, you can decline media requests



Working Inclusively

General Advice

Research and services should have a diverse advisory group from the relevant population

Co-production is best

Treat patients as individuals, stereotypes can be very misleading

Maintain privacy, don't out people

Beware trans broken arm syndrome

See also: "Have you tried losing weight?"

Consider what you'd do for equivalent cis situation

Respect

Don't ask:

- **If you've "had the surgery"**
- **What's your real/biological name/gender**
- **Who's the biological mother?**
- **How did you catch HIV?**

If there is a genuine medical need for this information, be sensitive

Ask exactly for the information you need, and preferably indicate why

Bad: Sex, gender, biological gender

Good: Pronouns, titles, anatomy, organ inventories, legal gender, hormonal gender

When things go awry

If you mess up a name or pronoun, correct yourself and move on

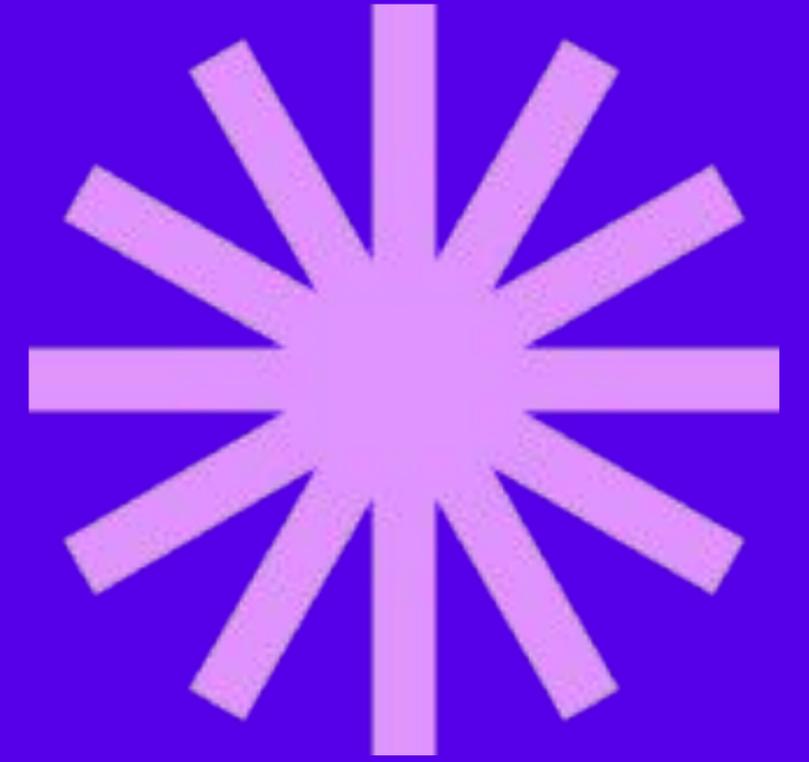
Don't make it about you, or how hard it is to get it right, or how we're so brave

Honest mistakes happen, try to do better next time

Better to deadname/misgender than to out someone

Outing someone can put them in danger

Ask what names are safe to use with who



Tomorrow

A new system

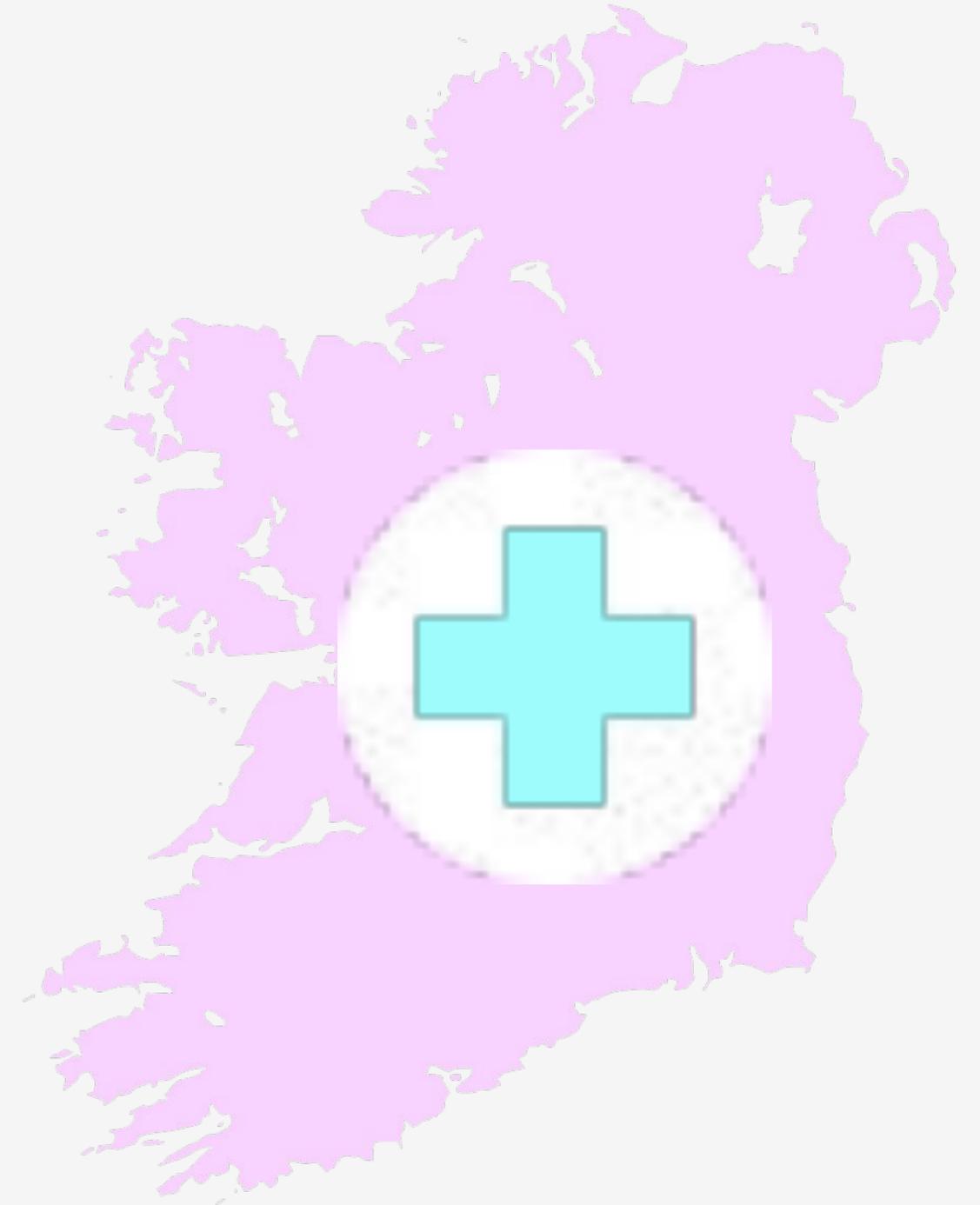
Informed consent model for gender-affirming care

Community and primary care-based

Co-production with the trans community

Affirming approach to care for youth

Upholds the human right to bodily autonomy



Informed Consent Model

Grounded in accurate, evidence-based education on transition

Led by the person's own free and informed decisions about their body and treatment

Facilitated through discussion on the expectations, benefits, risks, and limitations of any treatment

Free from gatekeeping, pathologisation, and discrimination



Some useful Trànsit data to consider

Gender identity on first appointment Total: 4592 (2017-2022)	
Women	41%
Men	45%
Non-binary	10%
In process	4%

Receive HRT on first appointment Total: 1185 (2021-2022)	
> 18 years old	71%
10-18 years old	44%

Challenges faced related to identity	Total: 4592
Social Acceptance	41%
Psychological and/or physical violence	40%
Process: Self-Identification, Self-acceptance, Social Outing	36%
Mental and emotional health: depression, anxiety...	33%
Self-harm and suicidal ideation or attempts	25%
Socio-economic: Employment, disability, migration...	20%

Our challenge is how to care for transgender people without causing further harm.

Satisfaction with healthcare in Trànsit

N=273 respondents (over 18 years old)

First care at Trànsit: 2020–2021 (COVID)

Online questionnaire: March 2023

0: Extremely Dissatisfied; 5: Extremely Satisfied

Quality
of care

4,59

Waiting
times

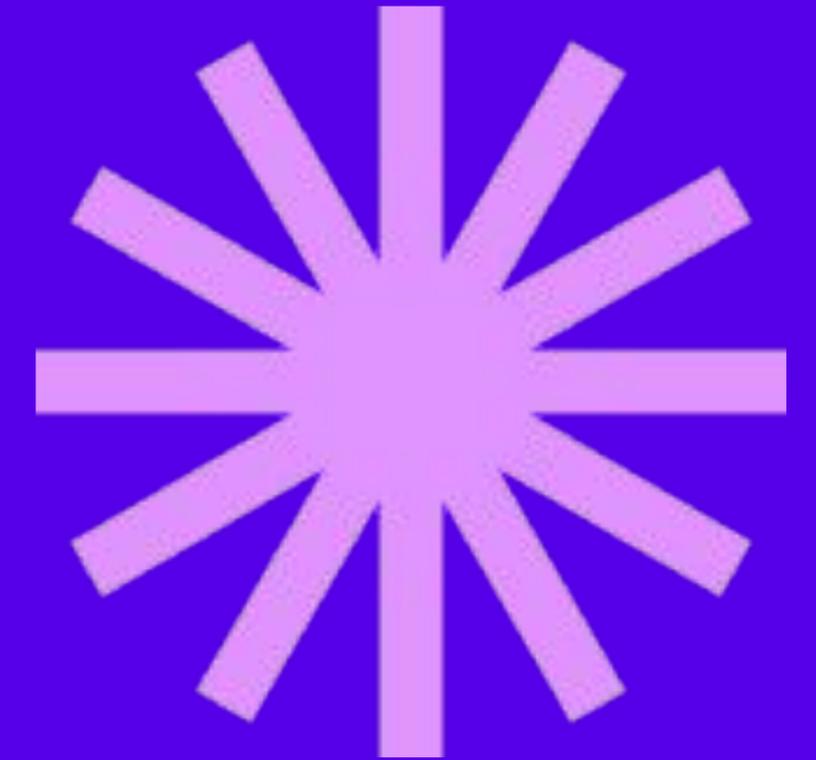
4,18

Average = 36 days

Overall
satisfaction

4,53

Safe space with no judgement: 4.93
Respect for gender self-identification: 4.91
Consent-based decision-making care: 4.85



Questions