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Transgender men's accounts of normalisation of maltreatment in healthcare: 'you're not treated like a human; you're not treated like everyone else'.

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ABSTRACT

Transgender people often struggle to attend appointments with healthcare professionals due to fear of discrimination regarding their gender identity. This is apparent in the research conducted internationally. However, this research groups all subpopulations of the transgender community together as one. Little research has been conducted into the healthcare experiences solely with transgender men from the UK. Specifically, when accessing healthcare that is not directly related to their transition, of which statistics have shown the high occurrence rates of discrimination. To understand the barriers transgender men face when accessing healthcare, qualitative phenomenological research was undertaken with 10 participants who self-identified as transgender men and had experience accessing healthcare that was not related to their transition directly. In-depth interviews were conducted, transcribed verbatim and analysed using Interpretative Phenomenological Analysis. Three main themes were established: Negative experiences; Normalisation, Social Norms and aspects of discrimination; and Healthcare interaction, community and relationships. This article will focus on the theme: Normalisation, Social Norms and aspects of discrimination, due to the limited space and this being the most novel and richest of the three themes.

Introduction

In the UK, the term 'transgender' (trans) is often used as an umbrella term to describe a person whose sense of personal identity and gender does not correspond with their assigned sex at birth (Hunt, 2014). For example, a transgender man lives as a man at present but was thought to be female at birth. Some transgender people identify as neither male nor female and often describe themselves to be non-binary.

Until recently statistics in the UK surrounding the prevalence of transgender people were limited, however, following the inclusion of the first-ever question on gender identity in Britain's National 2021 Census (Greenhalgh, 2021) it was seen that from the 45.7 million respondents, a total of 262,000 people (0.5%) indicated that their gender identity was different from their sex registered at birth (Office for National Statistics, 2023). Although this percentage may appear small, when looking at the rates of referrals to NHS Gender Identity Development Services (GIDS) the increase in the visible population of transgender people becomes apparent. From a total of 138 in the financial year 2010-11 to 691 in 2014-15, jumping to 1409 in 2015-16. Referrals continued to rapidly increase up

to 2748 in the year 2019-20 until in the year 2020-21 they sloped slightly to 2383. This increase from 2015 onwards shows the visibly growing population successfully gaining referrals, however, this is not an accurate reflection as some individuals may not have gone on to seek any medical care and have chosen to socially transition. Furthermore, some individuals may have opted for a privately paid route. It must be noted that this increase may be a result of the increased awareness of trans healthcare and trans issues in the media, as individuals who feel they are trans are more able to approach professionals for a referral to GIDS services. This greater awareness of services means more people have the opportunity to present at GIDS, rather than an actual population increase.

Background

Transgender men's experiences of healthcare

There is a limited quantity of healthcare research regarding specifically trans men, especially in the UK. A common issue is grouping all types of trans people as one (Mitchell & Howarth, 2009), including but not limited to trans men, trans women and non-binary people. This is problematic as just like cis men and cis women, their healthcare needs are very different, and their experiences of discrimination also differ vastly (Nadal et al., 2014; Poteat et al., 2021; Talusan, 2016). Generalising findings to all sub-groups of the trans community is not appropriate in healthcare research, yet a lot of research continues to cluster trans people together.

International studies have touched on the experiences of solely transgender men in situations such as pregnancy (Falck et al., 2021; Moseson et al., 2021), sexual health (Bauer et al., 2013) and gynaecological care (Connolly, Hughes & Berner 2020; Pulice-Farrow, Gonzalez, & Lindley, 2021). However, generally, there is a large focus on the health disparities of transgender men compared to cis women and little research looking into the experiences of the trans men themselves in these situations. There is also very little research regarding general healthcare and services not related to their gender identity and transition. This lack of research with trans men thus far has been highlighted by Scheim et al. (2020)'s scoping review. From the 53 studies they found on trans men's health, most studies had small samples of trans men and only nine studies were specific to trans men. Of the domains identified in their review, general healthcare access only covered 18.9% of the scope. Scheim et al (2020) highlight the issues with underrepresenting trans men in research: the inappropriate extrapolation from trans women; missed opportunities to enhance understanding of sex-based and gender-based health; and the reinforcement of their exclusion from policy processes (Scheim et al., 2020). Falck et al. (2021) also highlight the issue of compromised medical safety for trans masculine individuals during childbirth because of a lack of education and the legacy of old gender recognition laws in Sweden.

The most prevalent body of research regarding trans men's health internationally is cervical cancer screening and accessing these services. Berner et al. (2021) looked at the experiences of transgender men and cervical screening in the UK, using a cross-sectional survey of transgender men and non-binary people assigned female at birth (TMNB) at an NHS gender identity clinic (GIC) and an NHS sexual health service specialising in care for transgender people. Out of the sample, 64 were eligible for screening and out of this 58% had attended a cervical screening, however 65% stated they had delayed this process at least once. Their gender identity was of reason for non-attendance due to anticipated discrimination, which is reasonable as one participant was turned away entirely. Further due to issues of dysphoria (distress relating to the mismatch between their gender identity and assigned sex (Zucker, Lawrence & Kreukels, 2016)). Participants (approximately one-third) reported a negative experience related to their gender identity at their last cervical screening test due to uncomfortable questioning and a lack of understanding in trans health (Berner et al., 2021).

In the UK there have been various studies looking into the experiences of navigating Gender Identity

Clinics (GICs) (Speer & McPhillips, 2013; Taylor et al., 2019; Wright et al., 2021), again these are the experiences of all transgender people being grouped together and not specifically looking at solely transgender men. For example, Speer & McPhillips (2013) had 21 participants, only 2 of which were transgender men, the rest being transgender women when investigating patients' perspectives on psychiatric consultations in gender identity clinics. One study by Atnas, Milton and Archer (2015) investigated the transition experiences of 11 transgender men navigating the UK healthcare system and social transition. Barriers were identified in the process. A major barrier is the perceived power imbalances felt between themselves and healthcare professionals, as seen in international research (Bauer et al., 2015). Expanding on this, Bauer et al. (2015)'s study looked at experiences with family physicians in Ontario. Bauer used the term 'family physician' implying a degree of familiarity, however trans people were still having negative experiences and were reluctant to approach their family doctor, which again highlights the issues trans people are facing in accessing healthcare. They felt as though the HCP held a gatekeeping position, leaving them to feel vulnerable and having to fight for treatment and ensuring they say the 'correct' thing in order to access it. This effect of power imbalance also led individuals to feel as though they had to submit to inappropriate and personal questioning: 'because I'm FtM people think they can ask everything... a price for successful and happy transition is you've gotta talk about your cock.' (Atnas, Milton & Archer, 2015, p.11). Another theme that repeatedly came up amongst participants was fear; particularly fear of being rejected on all levels, fear of social contexts for example family and friends and fear of the medical transition itself.

As presented, there is a severe lack of research focused on transgender men in the UK. The larger body of research is conducted internationally and there is a major need for research to be conducted in the UK.

Health outcomes of trans people

With such a high prevalence of transphobia, it is apparent that this can and does result in adverse mental health issues for transgender people as a result. The Transphobic Hate Crime Report (Bradley, 2020) showed that 72% of respondents identified transphobia as having a negative impact on their mental health, issues such as anxiety, depression, and PTSD. Exposure to transphobia and a lack of societal acceptance has been significantly correlated to increased levels of depression (Nemoto, Bodecker, & Iwamoto, 2011; Su et al., 2016). In comparison to the general population, transgender people have a higher prevalence of mental and sexual health concerns, HIV (Jaspal et al., 2018), self-harm and suicide, along with high levels of substance abuse (Connolly & Gilchrist, 2020; Reisner et al., 2016) and this is well supported by previous literature (McNeil et al., 2012; Nemoto, Bodecker, & Iwamoto, 2011; Su et al., 2016). Autistic spectrum conditions are also of higher frequency amongst trans people in comparison to the general population (Van Der Meisen et al., 2016).

Alongside the impacts on mental health, physical health has also been compromised as a result of the stress experienced from transphobia and mental health issues. The Transphobic Hate Crime Report (2020) showed that 63% of respondents experienced physical impacts due to transphobia, the most common type being the physical symptoms of anxiety. Their physical health was compromised by issues such as: over or under-eating, self-destructive behaviours (self-harm) or had caused bodily harm through the incorrect use of a binder (the use of an instrument in trans masculine individuals to conceal the appearance of their chest). Moreover, health conditions caused by stress were experienced by respondents (Bradley, 2020).

Disparities in healthcare among transgender persons in the UK

Given these high levels of detrimental health outcomes for the transgender community and the need for accessing transition-related healthcare, the

need to access healthcare intervention is becoming a pressing issue. The National LGBT Survey (2017) showed that 80% of respondents had accessed public healthcare services in the 12 months before completing the survey and access was higher among trans women (87%) and trans men (89%). This becomes an issue when high levels of discrimination towards trans people have been found within healthcare services in the UK.

Whittle et al. (2007) showed that one in five participants from the 2007 Engendered Penalties study said that their GP was 'not trans friendly' and 6% of cases actually refused to help. A further 17% of respondents had an experience with a HCP who did not approve of gender reassignment and hence refused services. Individuals also felt that they were treated differently by HCPs due to their trans status. Although these findings are relatively old, it is worth mentioning as a basis to show how rates of incidents have risen and that this issue has always been present. Watkinson and Sunderland (2017) discuss the findings from the Equalities Review (2010) and discovered that over half of the participants experienced discrimination because of their transgender status. This was through healthcare being denied altogether by the HCP or that they felt that treatment was adversely affected (Department of Health, 2011; 2008). Results from the National LGBT Survey (2017) further support this where 21% of trans respondents said that when attempting to access healthcare services their specific needs were not considered and ignored completely.

More recently, findings from the Transphobic Hate Crime Report (Bradley, 2020), showed that 46% of respondents had not received the correct medical treatment due to transphobia. Additional comments from participants in this survey described incidents to consist of being misgendered by medical staff, verbal abuse/transphobic comments, educating HCPs on trans issues and being refused treatment. In the 12 months prior to the survey, 55 respondents experienced incidents of transphobia in medical settings, and 59 respondents experienced transphobia from a medical professional. Within this sample, transgender people with disabilities, which relied on healthcare services, said that transphobia had a significant impact on their daily lives, further supported by TransActual UK (2021). For example, if encountering a transphobic healthcare professional or being exposed to a transphobic situation in their healthcare services, they had no choice but to return to a place where they feel unsafe and uncomfortable.

Moreover, TransActual UK (2021) showed that 70% (higher for trans men) of respondents reported being impacted by transphobia when accessing general healthcare services. On account of being trans, 14% reported that they were refused GP care on at least one occasion. These statistics go to show the extent of discrimination transgender people face regarding generic healthcare in the UK.

The present study will focus solely on transgender men in the UK due to the lack of 1) UK research on transgender people's experiences of generic health and 2) Lack of solely transgender male research. Most of the research regarding transgender people focuses on the community at large and not the individual sub-categories that it consists of. As seen above, trans men have been seen to have higher access rates to healthcare and higher incident rates than other subsections of the trans community. Yet trans men appear to be underrepresented in research due to smaller sample sizes and ultimately lack of research altogether. Therefore, the present study wanted to give a voice to this under-represented group in the current literature by highlighting trans men's experiences and showcasing the unique experiences they have from a qualitative perspective.

The research questions of the original study were as follows:

1. What are trans men's experiences of accessing general healthcare services and healthcare providers?
2. What sorts of discrimination do trans men face, if any, from providers?

3. How do trans men's experiences impact the strategies involved in negotiating the healthcare system?

Methods

Given the specific and ideographic nature of the present study and the lacking literature surrounding such, it was deemed appropriate to analyse the data using Interpretative Phenomenological Analysis (IPA; Smith, 1996). Stemming from multiple theoretical roots: phenomenology; hermeneutics; and ideography, IPA is considered unique due to it being able to explore, describe, interpret, and situate the participants' sense-making of their experiences. It further adopts the concepts of the lifeworld (Langdridge, 2007): temporality (the experience of time), spatiality (the experience of space), embodiment (the experience of one's own body) and intersubjectivity (the experience of relationships with other people). The data keeps its relevancy, accuracy and detailed collection and analysis by imploring these core principles. These principles allow IPA to focus on getting to the essence of people's experiences and to understand their experiences you must get as close as possible to understanding how people see and experience things. It enables an in-depth look into the men's lived experiences and formulates an understanding of personal meaning and how the men make sense of their experiences. IPA has been used successfully when researching transgender populations and their experiences with certain healthcare contexts (Applegarth & Nuttall, 2016; Blodgett, Coughlan & Khullar, 2017; Delaney & McCann, 2021). The study aimed to capture the men's experiences in generic healthcare encounters and explore how the men make sense of their interactions.

Design and data collection

The design, data collection and analysis were all consistent with IPA. Following ethical approval, data collection took the form of semi-structured interviews and written as well as verbal informed consent was given for audio recording. Interviews lasted approximately one hour, ranging from 30 minutes to 90 minutes, which were conducted between March 2022 and June 2022. Interviews were via online video call (Teams) and transcribed by the main researcher. All identifying information was removed to ensure confidentiality.

Participants

IPA is interested in full narratives therefore is appropriate to use with smaller sample sizes, as in the present study. Snowball sampling was used to recruit self-identifying transgender men from community forums on Facebook, specifically trans-masculine support groups. Access was already granted to such platforms as an emic researcher; therefore, access did not need to be granted by group moderators (Pike, 1954, 1967, 1982). However, permission was obtained prior to posting the advertisements. Recruiting online allowed for a larger scope of participants with varying backgrounds such as socioeconomic status, ethnicities, and age. This choice was made as finding participants in the local areas proves hard as transgender men make up a small percentage of the population.

Participation was voluntary and participants had to make initial contact via e-mail to participate. Participants consisted of 10 self-identifying transgender men living in the UK of various ages, locations, stages in transition and backgrounds. Names of participants have been changed and pseudonyms used.

Data Analysis

Using IPA guidelines (Smith, Flowers & Larkin, 2022) the researcher familiarised themselves with the data through repeatedly reading the transcripts and listening to the recordings. The analysis involved systematically trawling the transcripts and examining them for meaning, this was done vigorously and line-by-line to ensure nothing was overlooked. Identifying statements relevant to the phenomenon and further comments were added throughout each revision. The themes identified

from individual transcripts were utilised to form connections and links between corresponding transcripts or clustered together if an overarching theme was presented. Identified themes were finalised from each participant's transcripts by deciphering which ones were of the most importance, determined by which themes were spoken of frequently and the level of evidence from the accounts. Evidence from the whole dataset formulated the finalised themes and sub-themes.

Findings

The original study set out to investigate transgender men's experiences of healthcare as a whole, including aspects from previous research such as the range of incidents that occur, the consequences and the way men subsequently approach healthcare. Such as, but not limited to avoidance of care altogether, non-disclosure of their trans status, sacrifices that must be made and the role of community. The men in the present study did discuss all these, as with previous research, however the research uncovered an aspect of normalisation that is much less researched.

Three main themes were identified from the analysis:

- Negative experiences.
- Normalisation, Social Norms and aspects of discrimination.
- Healthcare interaction, community and relationships

Due to the length of this article *Negative experiences* and *Healthcare interaction, community and relationships* will be removed due to more coverage in previous research, particularly internationally. The focus will be on the theme of *Normalisation, Social Norms, and aspects of discrimination*. All the participants discussed how common occurrences of discrimination were and how they had become normalised and accustomed to expecting these types of issues to occur in appointments. These experiences of normalisation will be discussed in the present article as this was the most novel theme to arise and had the most phenomenological richness and relevance throughout the narratives. Additionally, little research has investigated normality dimensions such as the men have created in the present study.

A very brief summary of the excluded two themes of the overall study was that all the men to some degree experienced some form of discrimination. The five subthemes included under *Negative experiences* were: Barriers to care; Misgendering; Denial of care; Lack of Knowledge & educating; and Inappropriate comments/questions.

With regards to the theme *Healthcare interaction, community and relationships*, there were three subthemes: Support systems; Agency and barriers to action; and Changing approaches and decision-making. All the men discussed ways in which their healthcare approaches changed as they experienced prolonged exposure to discrimination, such as avoidance and disclosure of their trans status. The men also discussed their support systems and the significant impact being part of the transgender community (mainly online forums) helped with support and advice when it came to healthcare.

Normalisation, Social Norms and aspects of discrimination

Throughout the analysis it became clear that due to ongoing experiences with HCPs and the negative experiences they have had, the men began to normalise this treatment and it began to manifest itself in such a way that the men begin to expect maltreatment. This in turn fed into the men's anxiety surrounding healthcare and how they began to feel about themselves in this context. The following section will explore these areas, which seemingly have not been studied in-depth in previous research, under the following four subthemes: Normalisation; Expectation; Anxiety and Passing privilege and social norms.

Normalisation

The issue of normalisation and becoming accustomed to negative experiences was discussed

throughout most of the men's narratives of their experiences within healthcare. Elements of being treated differently than cisgender patients because of their trans identity (as seen by Whittle et al., 2021), having to educate, inappropriate comments and the influence of the people around them were discussed in concordance with normalising their healthcare experiences.

In relation to being treated differently than other patients, participants in Lindorth's (2016, p. 3516) study described themselves as being living teaching material and 'feeling like a monkey in a cage'. Similar resemblances were seen in the present study:

> *It feels like you are like a novelty to them, and so they think they can ask all sorts of questions.* – Tom

Some participants also expressed this feeling of differentness with having to educate HCPs by saying they never want to feel objectified in a healthcare encounter and stated they would *'want them to at least know my name and know what I'm about'* (Harley). Another participant felt that even if HCPs treated them nicely in face-to-face contact, they believe the HCP will still view them as a *'spectacle'* and discuss their case with co-workers. Within this idea of educating HCPs, Harley made an interesting statement surrounding how certain questions have inadvertently provided him with an almost automated response and that he has a *'speech prepared'*. He said he has come to recognise instances of educating less and less over the years because he is constantly having to explain what transgender is and what trans health is. The recognition of this goes to show that because insistences of lack of knowledge occur frequently in healthcare encounters it seemingly does not begin to register that this is not necessarily appropriate, and it is something Harley has adapted to and accepted as an everyday occurrence.

The men discussed that being treated differently than cisgender patients was something they experienced and had become accustomed to. It was a surprise or shock for them when they were treated as a *normal* patient:

> *The fact that if I'm coming out of a situation like healthcare situation, I'm over the moon, if I've been respected as a human being, like that's how bad it is.* - Noah

When the men were asked to describe what a positive experience was to them, participants simply said they wanted HCPs to *'treat them like they are normal'* without the role of their transition playing into the experience and inappropriate questions when it is not of relevance. Noah emphasised how they view a positive encounter as *'being seen as a person'* and not being made to feel like a *'joke'* or a *'freak'*. He describes how he is *'not treated like a human'* like everybody else and refers to trans people as *'subhuman'*. Another participant shares similar feelings:

> *I feel like times where I've just gone into an appointment and just been treated like a regular patient. That to me is seen as a positive experience just because I'm so used to being, having experiences that are a bit negative, so just going in and being treated as anyone else to me is seen as a positive experience.* – Freddie

When Freddie was attending his GP surgery to seek care for a prolonged skin condition he felt as though he was not taken seriously and received poor treatment. Due to experiencing healthcare as a trans person and the recurrent issues Freddie encountered he said he *'just sort of took being treated poorly as how I'm supposed to be treated'*. Due to previous experiences in healthcare, he believes he did not take a stance when the care was not reaching an adequate standard because he was used to being treated poorly:

> *I just kind of was so used to being disregarded and treated like lesser than other patients that I feel like I didn't sort of advocate for myself in the way that a cis person would have done in the situation because I was just used to being treated unfairly.* – Freddie

Another instance was when Lucas went to see his GP to seek an autism assessment referral and this was denied on the basis of the GP perceiving him to be comfortable with eye contact. He described how he felt about this refusal in the terms of being '*disappointed but not surprised*' as he perceives this to be a normality for trans people.

Throughout the interviews some of the men became apologetic in a way because they felt that they could not directly recall specific examples as they felt that all experiences '*blurred into one*' and because most experiences contained elements discussed in this analysis. They felt as though because it had become an everyday reality for them that they began to not even acknowledge these experiences anymore:

> *It's just normalized to me that I'm going to be treated differently because I'm trans that it doesn't even like, like it goes over my head. That's why it's so hard to remember things because it's everything; every experience is like that to some degree.* – Noah

> *I think it just you just get normalized to that or stuff like that. After a while like you don't really even think of them as being problems because it just becomes so normalized to you that you don't really need your experience to be validated. It's just like a part of like how you exist in the world.* – Andrew

When discussing issues of inappropriate questioning and comments, particularly surrounding their genitals and surgeries, the men discussed how at first this was a shock and it did affect them emotionally, however as time went on and similar issues were experienced repeatedly the element of surprise was removed and the men started to become accustomed to these topics. Tom described that when it came to questions about genitals and bottom surgery, they said it was such a common occurrence for them that they began to just find it annoying rather than realising the true extent of the circumstance:

> *During the first one I experienced, I like freaked out, but it happens so often that like, I don't even think about the nuance of it anymore and how creepy it is. I'm just like this is annoying.* – Tom

Noah also expressed this:

> *I also like didn't realize until sort of later on that it was like a problem because I was like wait, why did they ask me that? But it's just so normal to me that like I would get asked things like that.* – Noah

To further add to Noah's experience, because he was so used to being asked these questions and had an extreme experience with his mental healthcare co-ordinator he even started to view inappropriate questioning as a good experience when it *'should have been a negative experience'*. Participants also discussed how they begin to not see the issues as being inappropriate. The men discussed how it was outsiders from the situation (specifically family and friends) who made them realise the issues with the situation and how it is not acceptable:

> *Actually other people might make a bigger deal out of it than I do… And like it doesn't always come across to me as being wrong until maybe somebody else says something about it.* – Andrew

With Noah's prolonged experience with his mental health co-ordinator and how he feels the need to have a friend accompany him for the call, Noah says:

> *She seems more horrified by the phone conversations than I do 9 times out of 10 because I'm so used to how I am being treated by this guy and she's like this is so bad like blah blah blah. Because I just forget because it's literally become normalized to me that I'm literally like having transphobic shit just put in my face* – Noah

Expectation

Arguably as the men begin to normalise their experiences it is no surprise that they began to

expect to be treated in this way in healthcare settings. All the men in the present study expressed some remark in regard to expecting to be treated poorly through saying this matter of fact or insinuating that they feel lucky that they had a 'good experience'.

There were mentions of expecting HCPs to lack knowledge and ask inappropriate questions when entering a healthcare experience. The men expected this to happen no matter the circumstance for being present. Participants discussed that they mentally prepare themselves for the attitudes a HCP may have towards transgender patients and what might get said, what questions could be asked or how they will be treated. Participants stated being more prepared for those kinds of attitudes now they have experienced them in the past and they are aware they exist. With this expectation to be treated differently or poorly, half of the men discussed ways in which they prepare for these instances prior to appointments:

> *Even if something doesn't happen, you just presume that it's going to or you kind of have your guard up a little bit just in preparation anyway.* – Freddie

A couple of the participants stated that they expected the HCP to lack knowledge on the subject matter and went in armed ready to explain the healthcare they need. This was either because of their own past experiences or through communicating with other transgender men saying '*everything I've heard prior to going was that GPs know jack all*" (Jason). Another participant brought a folder of information in with them when seeking a referral to the GIC as they anticipated that the HCP wouldn't know anything surrounding the process. When it came to misgendering, a participant expected this to happen often in appointments, whether due to system changes or the understanding that early in their transition being '*passable*' was not as frequent. In order to prepare for this Tom would '*get it out there before them*' so they could establish whether the HCP was making an innocent mistake of if they are doing it on purpose as a form of discrimination.

Harley discusses how trans people have known of people to have had negative experiences within healthcare spaces and acknowledges that this contributes to the expectation of maltreatment even if personal experience is not present. Harley goes on to say that even though this contributes to the expectation and anxiety as '*it is a lot to take in*' at least '*having that prior knowledge allows you to make strategies for later*'. This preparation aspect is important in the sense of showing this expectation the men have, however was explored more in the main theme *Healthcare interaction, community and relationships*, excluded from this article.

The men expressed gratitude in the sense of being lucky when they receive appropriate care or that issues discussed in the previous theme did not make themselves apparent. This sense of feeling lucky when being treated as a '*normal*' patient alludes to the fact that they expect to not be treated in such a way. A good way to portray this to create an understanding is if a cisgender patient approached their GP in respect to an issue they were having, got treated and did not receive questions about their genitals or surgeries they've had, this is normal as cisgender patients do not expect this to happen. It is not experienced or common knowledge such as it is within the transgender community. The men have not been lucky; they have retrospectively been treated how they should be treated when receiving healthcare. It could be argued that this contributes to the normality dimension that the men have created for themselves.

When it came to getting shared care, Noah, said he was '*really lucky*' as he does not know of anybody else in his area who was able to get shared care between their GP and their private GIC. Tom described being '*really lucky*' with that fact that he has received good mental healthcare and that his trans status did not take up his appointments when seeking help for other issues. Lucas stated he feels he is lucky because aside from his GP surgery and the experiences he has had there, he cannot recall any negative experiences with any other form of medical

practice or clinic. Overall, Ollie proclaimed he has been *'really lucky'* that he has not had a bad experience with any healthcare professionals. As discussed previously some of the men had issues with location and distance when it came to accessing care. One participant, Miles, had an endocrinologist not far from where he lived and he described this as lucky because this particular HCP was experienced in treating transgender patients. This same participant described how he got lucky and *'struck gold'* with his GP and when he went into the army and returned he re-registered with that specific GP as he knew that he would be treated there. Miles also states that they have been lucky because most of the HCPs he has encountered have been *'pretty well educated'* in treating transgender patients.

Anxiety

Anxiety in this study presents itself arguably as a result of the subthemes normalisation and expectation. Anxiety was present for the men prior to appointments due to the fear that they would be treated poorly because of their gender identity. Having to move GP surgery or attending a healthcare environment they have not been in before and worries of not receiving treatment due to being trans were also sources of anxiety. Four of the men discussed how they experience anxiety prior to any healthcare encounters. This anxiety stems from thoughts of: *'Am I going to be respected? Am I literally going to get hate-crimed while receiving care?'* (Noah). There were also mentions of the anxiety stemming from the expectation of having to answer to inappropriate questions:

> *Even approaching things like doctors to help, what sort of bread and butter, what they see every single day because I know it's just going to be something completely inappropriate.* – Charlie

An interesting point from Lucas was that having an experience with a doctor caused more anxiety than seeing nurses or healthcare assistants and he is *more wary of doctors than other healthcare professionals.* He explained this was a result of him feeling that doctors *'have a whole air of kind of superiority and they have like a really terrible bedside manner and they don't even know how to like speak to people'*.

This anxiety was heightened when participants were going to a place they had not attended before. This was apparent especially for Jason who had to attend a 'women's health unit' for some health issues he was having. He suffered anxiety for the initial appointment but especially with the second due to it being in a different hospital. Jason stated he would still be feeling anxious if he had to return, even at the same hospital due to the circumstances for which he was there. He worries about being questioned as to why he is there, being a man in a women's health unit, due to a prior experience he had with this at his first appointment where the nurses stood there, looked at him and said: *'I think you're in the wrong place'*. This caused *'embarrassment'* for Jason especially because 'he *did not want to draw attention to himself*'. Jason expanded on his anxiety surrounding appointments transferring into his interpersonal relationships. He describes that at the times of appointments his feelings of worry and upset affect his partner and family because they are also worried about him. Jason further explains that past negative experiences contribute to his anxiety surrounding appointments. There was an instance where Jason was attending his first appointment at the ENT department where the HCP asked, behind closed doors but was overheard if the next patient was male or female and he says:

> *If that experience hadn't happened, I perhaps would have gone into the Women's Health unit feeling less worried and anxious.* – Jason

Noah also shares this anxiety about new environments, particularly around hospitals due to the wide range of staff body with varied cultural backgrounds. He discusses worrying about having to navigate these cross-cultural situations as he is not sure what transgender biases they have and whether they had specific training about how to deal with him. He *'especially feels more anxious and nervous knowing that they probably have very little knowledge of*

what he's going through'. Tom also shares this saying they understand why people do not want to go to appointments when the HCP is not '*from the same community and like culture as you are*'. This idea of the unknown attitudes of a practice is also expressed in one of the men's worries about moving GP. Lucas says that moving GPs when you are transgender is difficult anyway, without the worries of not knowing '*how your new GP is going be with trans people*'. Lucas describes worries of whether the new GP will be receptive in wanting to treat them and take over their care or if they are going to '*understand what any of it means*'.

Participants expressed the desire to see the same HCP at their GP due to being anxious about being unaware of what the HCP knows about them and having to re-explain to every new HCP their situation, which contributes to their anxiety before appointments. Anxiety surrounding appointments is reduced when participants are attending an appointment with a HCP they have established a relationship with. Harley said he is more likely to seek help from his private GP he has known for a long time because he '*knows her and trusts her*', he is '*more likely to go her if he ever had a query*'. However, is less likely to seek help from an NHS GP, for example, he had a lump towards his groin area and he stated he would never go to an NHS GP with that. There was also discussion in the men's narratives of holding on to the same GP once they are aware they treat them well. There were a few instances of men keeping hold of their GP even if it meant sacrifices had to be made such as location; '*because it is rare that you have to cling on to that person for the rest of your life*'.

The element of trans broken arm syndrome (Pearce, 2018) arose under the subtheme of anxiety. Trans broken arm syndrome refers to the over-evaluation of the mens' trans identity and using it as a cause or distraction for the issues they are experiencing. The men expressed feeling anxious that their issue will be blamed on either being trans or the trans-related care they are receiving such as HRT. This was a shared anxiety through a few of the men's accounts:

> *I'm scared of like any ailment that I have, being something that's going mean that I'm going to have to get off testosterone. Like I'm scared that people won't look any further than that and just make me get off testosterone* - Tom

Mental health was mentioned specifically in relation to trans broken arm syndrome and participants expressed worry that the current state of their mental health will be perceived as due to being trans and they will not get the help they need.

Passing privilege and social norms

Three of the men in the present study discussed their experiences with being more '*passable*' and how this equips them to fit into social norms and thus feel more respected in healthcare environments. 'Passing' within the transgender community refers to when a trans individual is perceived and read as the gender in which they identify, usually without the acknowledgement that they are trans. Where men lacked experiences of discrimination, they also mentioned the idea of passing privilege and how this may indirectly impact their treatment within healthcare. A couple of the men expressed gratitude to the fact that they can be perceived as cisgender, Harley talks about being fortunate that he is able to not have to disclose his trans status, partially due to the type of surgery he had leaving no scars and acknowledges how this could be a benefit to him.

> *When you are, like, more palatable as a trans person, you definitely are given more respect, unfortunately. Which really like and I think for me personally, that's like a good thing for me, which I really hate. Like I feel validated when I'm being validated.* - Lucas

One participant discussed how he feels that being passable, even when a HCP becomes aware, does not have a significant impact because he is still perceived as male:

> *Very fortunate in the fact like of everyone's been pretty respectful and I think it comes down to a lot, is that like, you know, trans men pass well....*

> *But because people look at me and think and see me as male, even when they read things, it doesn't really make much of a difference.* – Miles

These experiences were not as common across the whole group, yet it is important to acknowledge the way in which the men can be strategic in accessing cisgender privilege and the sense of agency these men have.

Discussion

The aim of the present study was to explore transgender men's first account experiences of generic healthcare services. The results from the present study show the range of incidents transgender men experience and the ways in which they strategically navigate healthcare systems. The findings from the two themes (Negative experiences & Healthcare interaction, community and relationships) excluded from this report, align with existing literature carried out internationally and in the UK.

Regarding the subtheme of *Normalisation* discussed in this report, the men in the present study discussed how due to frequent exposure to discrimination with HCPs, they have become normalised to how they are treated in healthcare settings. The men normalised being met with ignorance, HCPs being uneducated when it came to understanding transgender healthcare, and the men became accustomed to being treated differently for these reasons. The idea behind this normalisation aspect that the men appeared to display comes from the internalisation aspect of discrimination from the minority stress theory (Meyer, 2003). Although the minority stress theory has a large focus on this internalisation manifesting itself in ways of mental distress (anxiety, depression, self-hatred) and its impact on people's health. It also explains that individuals can begin to accept and internalise these experiences as true (Bessenoff & Snow, 2006; Pyke & Dang 2003) and as what should be considered normal for them. Dewey (2008, p. 1353) discusses that the narratives of the transgender people in their study show the internalisation of societal beliefs and ideologies through their medical experiences and how they begin to expect lesser treatment and expect doctors 'to treat them as stigmatized individuals, as strange patients asking for nonconventional treatment'. Although not in the same vein of healthcare, Rood (2017) investigated the impact of negative social messages on internalised transphobia and found that throughout the interviews participants began to discuss how they internalised these messages and experiences and began to believe that their existence and their identity was wrong and unwanted in society. Although not directly influenced by healthcare experiences itself Rood's findings go on to support the notion that internalised transphobia and acceptance of others' beliefs can occur when exposed to certain ideologies for extended periods of time. This internalisation of stigma has been seen to lead to issues of 'anxious expectations of rejection and stigma avoidance, stigma concealment, and reduced self-efficacy to cope with stigma-related stressors' (Hughto, Reisner, & Pachankis, 2015), which are all predominant in research regarding experiences of transgender healthcare.

The subtheme *Expectation* showed that to some degree all the men went into healthcare spaces anticipating that some form of discrimination will present itself. Previous research has addressed this aspect of expectation (Heng et al., 2018; Hudson, 2018; Roller et al., 2015; Vermeir et al., 2018). The previous research showed that individuals expect lower standards of care by accepting certain sacrifices and tolerance of certain practices. The men in the present study expected to educate HCPs on their needs and would go armed with knowledge and prior research. They further expected to have to answer inappropriate questions. Participants felt that they also had to prepare themselves to be met with ignorance due to their past exposure of such. Due to this expectation, when the men did not experience maltreatment they felt as though they were 'lucky'. The idea of feeling lucky when they have a positive experience demonstrates this expectation.

The above factors led to the development of the subtheme *anxiety*. Men expressed anxiety surrounding any form of appointments, this has been seen by Westerbotn et al. (2017) who found participants expressed anxiety about being treated poorly, denied help and being met with ignorance because of their gender identity. Anxiety was particularly apparent for participants in the present study who were attending appointments either in an unfamiliar environment or with an unknown HCP. The men described this due to not having built a relationship with the HCP prior therefore having to explain themselves and their identity, which they would not have to if they were familiar with the HCP. This idea of having a good relationship with a HCP has been seen in previous research and results in a more positive experience (Heng et al., 2019; Riggs et al., 2014). Establishing a relationship with a HCP has been seen to be positive for transgender people and alleviates anxiety (Hinrichs et al., 2018; Pitts et al., 2009; von Vogelsang et al., 2016) and participants in the present study supported this. Anxiety has additionally been understood in trans healthcare research before in the aspect of fearing denial of care as discussed previously; Bauer et al., (2015, p. 12) found that patients were anxious to bring up to their GP issues regarding their transition due to the 'potential for the physician to restrict or deny access to transition-related care'. Participants in the present study also shared this worry.

Of the few men that spoke on the idea of passing, throughout these men's narratives they, on average, showed fewer experiences of the types of discrimination explored in this study. Godfrey, (2015) discusses how a trans person who is perceived as cisgender may face less discrimination, harassment, and risk of violence and participants in the present study demonstrated this. Participants also mentioned how they are strategic in accessing this cisgender privilege and how it can be a benefit to them.

Further research is required to fully capture transgender males' experiences of healthcare in the UK, to identify where an increase in training and education for healthcare staff surrounding treating transgender patients could be implemented. Training could involve knowledge on the available pathways, having respectful communication and safe appropriate care. Future research could benefit from looking at experiences of private care versus NHS care as participants in the present study gravitated towards this private route. This comparison could highlight the differences in training and policies implemented for private practitioners and potentially highlight what enables trans men to feel more comfortable or receive better care to improve NHS practices. Although simple solutions such as training sessions are beneficial, this level of discrimination these men face requires, where legislation exists such as the Equalities act, to be implemented. There is a need for systematic change where the culture and practices of these institutions need to adapt and consider equality and diversity policies as the need to tackle this discrimination is not being done.

Limitations

The participants in the present study did have varying backgrounds, for example one had a diagnosis of autism, one participant had chronic pain and the men did vary in age and location in the UK. The study could have benefitted from having more individuals with differing racial backgrounds as it has been seen that people of colour (POC) are likely to have different experiences of victimisation (Hatchel & Marx, 2018). Future research may benefit from sampling processes such as purposeful sampling to ensure a varied sample and could investigate the intersections of discrimination between gender, race, disability and sexual orientation.

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