

Supporting people with a learning disability who identify as Trans/non-binary

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Aims:

- To describe work with two people with intellectual disabilities who were referred to the Trans Support Service
- To consider how their intellectual disabilities impacted upon their presentation
- To consider how to ensure support in relation to gender identity

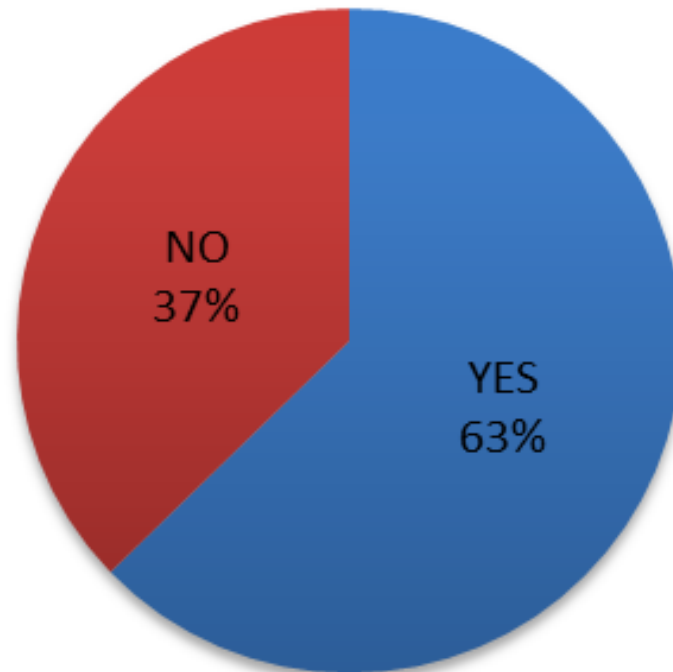
Service Context

- Service is available to anyone aged 18+ who identifies as trans/non-binary/gender diverse
- Offers support to people at any stage in relation to transitioning (or not)
- Aim is to offer advice, support and signposting
- Intention was to offer maximum of 4 sessions, but more are often required
- Not part of a Gender Identity Clinic

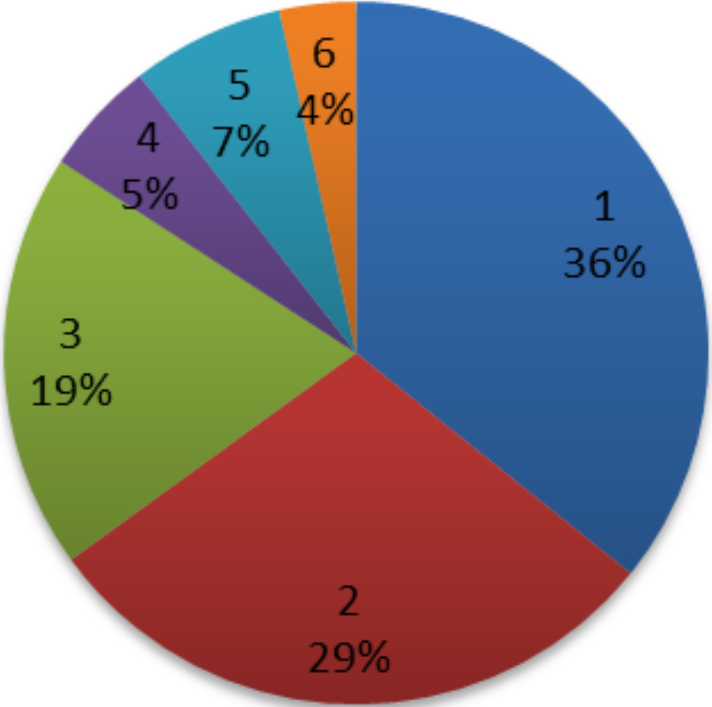
Service Context

- Audit information showed complexity of people referred/self-referring – multiple mental health diagnoses, suicidal ideation etc.
- People with autism over-represented in referrals (in common with all gender identity services) – 19% of referrals
- Several referrals for people with ID

Reporting additional diagnosis or difficulty?



How many additional diagnoses/difficulties to consider? (n=59)



In order to transition...

- Capacity and consent
- Consistency
- Absence of other explanations for gender concerns

Anthony

- Referred by CLDT
- Living at home with mother
- Very supportive brother living nearby
- Described as 'wanting to be a woman, although he has a girlfriend'
- Referral indicated that Anthony had worn female clothing when attending day services

Anthony

- Referral activated during lockdown
- Attempted to conduct sessions by telephone (family have no internet access for video calls)
- Sessions were very difficult – often seemed that I got the communication wrong and that Anthony could not understand me. Mother always in the room?
- Decided to postpone until could meet face-to-face

Anthony

- Finally able to arrange home visits
- Whole scenario differed markedly from expectations generated via earlier phone calls
- Anthony appeared to enjoy sessions from the outset
- Very rarely struggled to understand questions or to respond appropriately
- Asked many questions – very fixated on certain topics

Anthony

- Very fixed in view that he wanted to transition, with specific focus on developing breasts. Quickly acquired good knowledge – consent to treatment?
- In very conflicted position regarding relationship with girlfriend
- Multiple confusions about interplay between gender and sexuality
- Regularly accessing 'gay' porn

Anthony

- Sudden change – ‘I don’t want to be a woman. I want a man to want me as a man’
- ‘I am a gay man’
- Lots of questions regarding the content of gay porn - ?unaware that the participants were actors
- Excellent support from family immediately – dating, venues etc.

Anthony

- Anthony acknowledged that he might 'change his mind' again in the future
- Reasons for change somewhat obscure: overcoming internalised homophobia? Previous feeling that only legitimate to want men sexually if you are a woman? Feeling more supported as gay man than trans woman?
- No longer eligible for TSS

Anthony

- Could (probably) acquire capacity, but absence of consistency, and possible presence of other explanations for 'trans' status

Anthony

- Importance of context for sessions
- Importance of extended assessment
- Importance of proximal support (especially in absence of internet access)

- Referred on for sex education. What capacity do services have for providing this in sufficient detail?

Mark

- In supported living
- Referred by CLDT nurse. Long history of 'cross-dressing' but his nurse had formed opinion that he may be Trans
- Verbally, very supportive staff team
- One parent supportive, the other actively hostile to him cross-dressing

Mark

- Very significant intellectual disability
- Significant verbal aggression
- Described as highly anxious

Mark

- Attempted sessions by phone – disastrous! Staff unclear about their role. All questions relayed to Mark, often with well-meaning but unhelpful interpretation. Monosyllabic responses.
- Postponed until home visiting possible
- Mark very anxious about sessions, but from outset staff noted how long he stayed in them – strong desire to discuss his feelings about gender

Mark

- Questions had to be repeated and reversed due to possible tendency to repeat second choice given
- Open questions almost impossible
- On general topics could be vague and inconsistent
- Remarkable consistency and certainty on questions about gender identity

Mark

- Revealed that had always wanted to be a girl/woman
- Felt happier in women's clothes – less aggression and less anxiety?
- Very clear about what he wanted to wear
- No knowledge at all regarding transition
- No awareness of other Trans people/no access to Trans (or wider LGBT+) culture

Mark

- Could not grasp concept of hormones
- Could not grasp what experience of surgery would be like, nor risks attached to it, other than the most starkly negative
- Seemed to feel that if dressed in women's clothes, wig and prosthetics all the time, would feel satisfied
- Very afraid of dressing outside the home – 'gangs'

Mark

- Tried to generate even more supportive living circumstances:
- ‘Trans awareness’ for peers (‘We wouldn’t tolerate racism’)
- Images of famous Trans people
- Induction for new staff
- Thinking about attending Trans support groups with staff
- Direct staff support with buying clothes

Mark

- Has consistency
- No other explanations for 'trans' status
- Lacks capacity to consent to treatment
- Service role to support/adapt to facilitate all reversible changes

Mark

- Would a GIC have come to the same conclusion?
They would make their own decision
- Might he continue to experience dysphoria once he had opportunity to dress much more often?
- Will the service be able to respond robustly to hostile parent?
- Would this work in a single gender environment e.g. secure service?

Conclusions

- Find ways to be trans-affirmative
- Support reversible changes even if this is a 'behavioural experiment'
- Selection, support and training for staff
- Monitor impact – reduced aggression?
- If in any doubt, refer to GIC

Any Questions?

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