

Transgender

Dimensions of inequality in the South West

The Regional Transgender Network assessment and
report using the EHRC's ten dimensions of Equality
November 2009



Transgender: Dimensions of inequality in the South West

Foreword

I would like to thank Equality South West and Brenda Weston in particular for putting this report together, she has been enthusiastic in writing the report and persistent in getting me to read and comment on the drafts. She has ended up with a fine piece of work which is novel in its method and which captures the feelings and thoughts of a small group of people who are often ignored and usually misunderstood in the diverse world of equality and who are the butt of ignorance and intolerance in wider society.

I am very pleased to note that the Tavistock clinic which runs the only gender clinic for children in the UK has changed its policy on puberty blocking and has said it will aim to adopt the assessment criteria used by the clinics in Holland to identify gender dysphoria in teenage and pre-teenage children; i.e. to distinguish dysphoria from other gender identity issues that may resolve as the child grows older.

Of course it remains to be seen how this will work in practice and whether it will mean that trans children are able to transition successfully by undergoing only one puberty. This will resolve those difficulties that arise from the visible markers that we commonly use to classify gender (absence or prominence of chest, ditto Adam's apple, facial hair, height, size of hands, feet. etc. etc.) being seen as incongruent. For it is the incongruence of these markers that seem to give permission for so many people to pass comment on strangers, to insult them and in some cases physically to abuse them and moreover, to think they have a right to do so.

So there is hope on the horizon that young transpeople will not have to tolerate what we have gone through; but other areas of concern have not changed and it is the job of this report to highlight those areas. The report has formed the basis of SWTEN's work plan for the next three years and although I cannot see us changing all that there is to change I hope we can make a significant contribution to policy making and attitudes in the region. It would be good to know that people who read this report will be moved to support the work of the Network and to incorporate its recommendations into their own working practices wherever relevant.

Krzysztof Vere-Bujnowski

Co-Chair, South West Transgender Equality Network

Background

Equality South West is working with the Regional Equality Networks (RENs) to gather qualitative information using the EHRC's Equality Measurement Framework as a basis for group discussions and assessment of inequalities in the region.

The aim is

“to identify whether, at what life stages and in what ways people who identify with each of the equality strands¹ experience social exclusion and/or discrimination - as a result of their 'equality status' - in relation to the ten EHRC framework dimensions”

The desired method is to hold focused group discussions among REN members, posing the above questions and asking them to note members' agreed responses.

Using the attached worksheets, members of the South West Regional Transgender Equality Network trialled this approach as a follow-on session after their 2009 AGM, using a workshop guide (also attached). The REN members broke into three groups, each taking three different dimensions as the basis for their discussion. Additionally, the 'Identity, expression and self-respect' question was addressed by all groups.

“It takes so much strength and courage to keep going as a Trans person that there's little room for anything else.”

Members then regrouped for a plenary discussion, where each group shared the conclusions they had reached about the dimensions they had discussed, and members from other groups were invited to ask questions or add to the points identified. The inter-connectedness of key issues became evident in these discussions, and this is reflected in the report, where responses to some dimensions are dealt with together.

It was evident that the allotted time was not sufficient to enable everyone to give full consideration to the questions. It was therefore agreed that this draft report would be prepared as a basis for further comment and discussion, and would assist the priority setting for the following year's work programme.

¹ The Transgender Equality Network is independent of the LGB network in the South West region

Group Discussion Outcomes

Longevity and Health

A key area, and one which spans all age groups from youth to old age, is the high percentage of attempted – and successful – suicides among Transgender people. Research was quoted that showed an overall attempted suicide rate of 34%, with a 50% rate for people in their teenage years.

An associated issue, which connects with the well-being aspect of the 'health' dimension, is the prevalence of long-term depression. It was also identified that Transgender people are vulnerable to strokes connected with anxiety and depression.

There was also a consensus view that Transgender people frequently experience barriers in health service provision, with policies, and access to adequate and safe treatment, being inconsistent and generally unsatisfactory. This was attributed to a lack of commitment to ensuring good equality and diversity practice in health service delivery.

It was felt that these issues are exacerbated by a general/systemic lack of appropriate health care provision and awareness about the effects of gender dysphoria and the health needs that arise. For example, gender dysphoria routinely categorised as a mental illness. The fact that psychiatric assessment and diagnosis occupies a pivotal role in determining access to the desired medical and surgical treatment is a fundamental issue in the experiences of Transgender people; and being categorised as having a mental health issue has a detrimental impact on recovery from treatment.

There is an overarching need for health and social care professionals to receive appropriate training in relation to gender dysphoria and the kinds of interventions and care required...

There is a growing body of evidence concerning health issues that specifically affect older and younger transgender people.

Older trans people may have undergone surgical and medical treatments up to 40 years ago, the long term impacts of which have yet to be clearly understood by clinicians.

For children and young people experiencing 'gender identity disorder' research and case study evidence gives a confused picture which has led to the conclusion that treatment is inappropriate before the age of 18, when puberty is likely to have passed.

There is an overarching need for health and social care professionals to receive appropriate training in relation to gender dysphoria and the kinds of interventions and care required, this should be refreshed as the knowledge base grows, and trans people should be invited to contribute actively to this learning process.

Members felt that health service complaints procedures were difficult for people to negotiate, and this resulted in inadequacies in health services in respect of Trans people's needs not being adequately recognised or addressed.

The prohibition on treatment before age 16, and the problems arising from transitioning after puberty has finished create unnecessary hardship, and members cited policies and practices regarding suspending puberty using "puberty blockers" that have already been implemented in other countries such as Holland and Canada.

Case studies from Holland and Canada should be drawn upon to inform the necessary policy changes in the UK specifically in relation to early treatment.

There is a need for families and key public agencies to recognise that feelings of the kind that transgender children experience from an early age are real and should be accepted, in order to prevent a history of mental health issues which have the potential to lead to suicide/attempted suicide.

Recommendations

Inequalities in children's school (and home) environment, combined with health service provision, create inequalities across the life span. Health service and education policy makers and providers should consult with and involve Transgender people to achieve the following:

1. Early intervention in schools to create a specific, proactive, committed response to the needs of Transgender children and young people, including
 - a. an active anti-bullying policy
 - b. police working with schools addressing trans issues of safety
 - c. awareness training for education staff and governors
 - d. trans issues described and introduced into PHSE and other (e.g. Science) parts of the curriculum
 2. Changes in mental health policy, including the de-categorisation of Gender Dysphoria as a mental illness, and provision of appropriate counselling to help tackle depression and attempted suicide.
 3. A joined-up approach to service provision and commissioning in the health service, including
 - a. A review, and alignment - through joint working, of policies across the South West to reflect best practice
 - b. Improvements in training and explicit corporate commitment to equality and diversity among all NHS staff
 - c. A review of complaints procedures in order to ensure they are accessible and that the issues raised and organisational responses are well-publicised.
 4. Case studies from Holland and Canada should be drawn upon to inform the necessary policy changes in the UK specifically in relation to early treatment.
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Physical security, Identity, Expression and Self Respect

Members encountered widespread cultural barriers and prejudices and identified these as a major source of hate crime and Transphobic abuse throughout the life span.

When young the common experience of having no-one to talk to, or no-one who could be trusted to listen, is reinforced throughout one's life by the effects of others' religious beliefs and prejudices. Such social attitudes preclude freedom of self-expression for transpeople for fear of being objects of derision and targets of Transphobic bullying. Largely because puberty has already occurred male to female Transgender women are generally more visible even after transition than transmen and can routinely face danger from open abuse.

Devon and Cornwall, and Gloucestershire ... police have Transgender liaison officers ...

Dorset police training includes 'perceptual training'/scenarios.

Recommendations

1. Policy makers, and those involved in implementing community safety measures should consult with, and involve, Transgender people to achieve appropriate hate crime policies and practices based on good practice examples within the South West, as well as in other regions (and countries) – for example
 - a. Devon and Cornwall, and Gloucestershire - the police have Transgender liaison officers
 - b. Dorset police training includes 'perceptual training'/scenarios
 2. There should be police placements with the Transgender community as part of the police induction process for new recruits
 3. For Transgender people to feel they can "talk about yourself and be yourself" without fear of abuse and ridicule there needs to be
 - a. Acceptance among equality and diversity groups, and officials with specific equality and diversity roles and duties, cascaded to workplaces, schools and all public arena
 - b. Widespread education – that difference in normal
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Education and Productive and Valued Activities

For Transgender people lifelong learning opportunities in the UK are accompanied by lifelong barriers to realising their potential.

Issues related to schools and the compulsory education system as a whole were raised under 'longevity and health', highlighting the key role of the school environment and community in securing or undermining the well-being of Transgender children and young people. It was felt that there are 'no education policies for Transgender' or that existing policies are ineffective in this regard.

Members ... identified issues of isolation and non-acceptance, and a lack of understanding and support in further and higher education environments.

Members also identified issues of isolation and non-acceptance, and a lack of understanding and support in further and higher education environments.

Problems during school years create barriers for individuals in fulfilling their academic, creative, professional and economic potential. Depending on the quality of the employer, issues around Transitioning in the workplace often create barriers to effective and efficient working, and therefore to securing promotion.

The Chair of the meeting, commenting on the all-consuming importance of early recognition and resolution of gender dysphoria, noted that Transgender people are 'under-achievers' because, in his experience, "It takes so much strength and courage to keep going as a Trans person that there's little room for anything else."

Recommendations

1. Support from education bodies is vital in meeting the needs and promoting the well-being of Transgender children and young people.
 2. Staff and policy makers in statutory bodies need to be trained on Transgender awareness, including training in primary schools and in the primary curriculum.
 3. Employers and trade unions should seek out and innovate best practice in the workplace, such as time off for necessary treatment, and strong equality and diversity policies and practices, to ensure Transgender workers are supported and able to achieve their career potential.
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Standard of living

There is research evidence suggesting that the standard of living for Transgender people is disproportionately lower than the population average, and this was identified by the REN members as a lifelong issue. This is consistent with observations made elsewhere relating to barriers to learning and career progression, and mental and physical ill-health related to the effects of social prejudice, bullying and abuse.

The fear and reality of hate crime was of key importance to the standard of living of Transgender people, who are “Attacked for who we are”. Security is a fundamental aspiration, and an area where Transgender people feel extremely exposed and unequal.

“Most authorities have policies - but they only tick boxes.”

It was commented that, in general, public policies do not address Transgender needs and that “Most authorities have policies - but they only tick boxes.”

Recommendations

There were no specific recommendations to address inequalities related to this dimension, however, recommendations made under other headings cover the territory, demonstrating the inter-connectedness of the issues.

Individual, family and social life

The impact of family (and social) life on Transgender people is at its most acute during the early formative years of greatest dependence. The experiences of early years have a profound effect on individuals’ self-development (in the sense of fulfilling their potential).

From as young as two years children may know their true gender identity, but lack the confidence and vocabulary to do anything about it, and typically do not have access to adults they feel they can trust and talk to. 80% of those who go on to transition knew by the time they were 8 years old that their gender identity was at odds with society’s perception²

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This leads to young people experiencing puberty in the wrong gender, with lasting consequences for all aspects of their mental health and development in and through adulthood. It also leads back to a powerful theme of these discussions – the need for social acceptance of difference, and the normalisation of gender dysphoria.

² GIRES (Gender Identity Research & Education Society)

Recommendations

In policy terms the key recommendations are

1. Information -
 - a. from primary school level and onwards through the education system and
 - b. for families, with the formation of support and self help groups to assist children and their families through the stages of acceptance and treatment
 2. Puberty blocking to become accepted in the UK as in other countries.
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Participation, influence and voice

The Network members reported feeling “Out of the loop generally”, but particularly during the youth stage. Issues of trust and credibility as a ‘Transgender youth’, and experiences of prejudice and abuse, including Transphobic bullying at school and via electronic means teaches young people that “Participation can also be dangerous”.

The Network members reported feeling “Out of the loop generally”

Recommendations

Safe environments are crucial to enabling Transgender people to gain confidence and strength to participate in democratic processes and exercise their voice. Specific recommendations are the formation of:

1. Safe chat rooms
 2. Support groups – particularly self-help groups
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Legal Security

It was felt that the protections provided in the Equality Act will not be adequate to address everyday assaults on individuals’ dignity and recognised identity. An example was cited as “not being accepted for the gender identity you have, but being treated according to birth identity” in the provision of goods and services.

Currently, the Gender Recognition Act enables transsexual people, that is, those who have transitioned to live completely in their ‘acquired gender’ (as opposed to the gender they were assigned at birth) to apply for legal recognition of their gender’ and if successful they will receive a *Gender Recognition Certificate* (GRC). Those born in the UK will also be given a new birth certificate showing their acquired gender instead of that assigned at

...people who support... equality...are encouraged to do all they can to build up a critical mass of opinion for social acceptance of people of difference on the basis that Difference *is* Normal

birth. On receiving a GRC, the trans person must be treated as their new sex for all legal purposes. A GRC also gives the trans person enhanced privacy rights, which mean that official bodies must not disclose that the person is trans without the express permission of the trans person. The Gender Recognition Act allows trans people to be recognised in their new gender for all legal purposes, including marriage and civil partnership and retirement age for state

pension; and gives them legal protection from others who disclose their status without their permission.

The definition of transsexual person is narrow and confined to those who are undergoing or have undergone transition, this has led to some criticism of the GRA as not embracing other transgendered people who cannot or who choose not to transition but the expression of their gender difference leaves them exposed to discrimination

Recommendations

1. The GRA needs broadening so that transgendered people can have the protections and rights that are currently given only to transsexual people
2. Organisations and people who support equality and diversity work with Transgender people are encouraged to do all they can to build up a critical mass of opinion for the social acceptance of people of difference on the basis that Difference *is* Normal.

Brenda Weston, Equality Development Officer (Policy)

November 2009

Appendix 1

Key dimensions of inequality for transgender people

Transgender Network Workshop session – Wednesday 4th March 2009

Aims of the session

To discuss and reach agreed conclusions on each of the ten issues (domains).

Activity1 (40 minutes)

Using the worksheets provided, note next to each of the four 'issues':

Whether, and in what ways (examples), transgender people in the South West are adversely affected as a direct result of their Transgender status,

At which life stages these effects are experienced (childhood; youth; working-age adulthood; later life) and

Ideas about what needs to be done

If there is uncertainty about the answers to any of the questions please note this as an 'information gap'

Activity 2 (20 minutes)

Following this exercise you will be asked to :

- agree/nominate your five most important priorities
- identify any priority areas for future research – based on the information gaps noted

Group 1			
Issue	Life stage/s Trans people most affected*	Examples of ways that Trans people affected	What needs to be done?
Longevity including avoiding premature mortality			
Physical security including freedom from violence and physical and sexual abuse			
Identity, expression and self-respect including freedom of belief and religion			
Health including both well-being and access to high quality healthcare			

* 1. Childhood 2. Youth 3. Working-age adulthood 4. Later life

Group 2			
Issue	Life stages Trans people most affected	Examples of ways that Trans people affected	What needs to be done?
<p>Education</p> <p>including both being able to be creative, to acquire skills and qualifications and having access to training and life-long learning</p>			
<p>Standard of living</p> <p>including being able to live with independence and security; and covering nutrition, clothing, housing, warmth, utilities, social services and transport</p>			
<p>Identity, expression and self-respect</p> <p>including freedom of belief and religion</p>			
<p>Productive and valued activities</p> <p>such as access to employment, a positive experience in the workplace, work/life balance, and being able to care for others</p>			

* **1. Childhood 2. Youth 3. Working-age adulthood 4. Later life**

Group 3			
Issue	Life stages Trans people most affected	Examples of ways that Trans people affected	What needs to be done?
<p>Individual, family and social life</p> <p>including self-development, having independence and equality in relationships and marriage</p>			
<p>Participation, influence and voice</p> <p>including participation in decision-making and democratic life</p>			
<p>Identity, expression and self-respect</p> <p>including freedom of belief and religion</p>			
<p>Legal security</p> <p>including equality and non-discrimination before the law and equal treatment within the criminal justice system</p>			

* **1. Childhood 2. Youth 3. Working-age adulthood 4. Later life**