



Our Position Statement on Transgender Equality

We are passionate in our efforts to highlight the lived experiences of trans people and to call for equality in all areas of society which impact our health and wellbeing.

This position statement is for anyone who wishes to understand how LGBT Health and Wellbeing approach equality for transgender people. It has been shaped by the knowledge, understanding and ethos which we have developed, and continue to develop, through engagement with our trans community members and through our personal experiences of living with trans identities.

We intend that this Position Statement speaks to key aspects of our approach and work in relation to trans people; and that it addresses some of the most pressing issues for our trans community. However, we are aware that all of our lives are complex and forever developing and that we may therefore not have addressed everything that deserves our attention. If you are a trans person or trans ally and you wish to contribute to this document, please contact us – contact details are at the end of the document. We are committed to serving and representing our trans community in the best ways we can.

1. Trans identities

- 1.1. We use the term 'transgender' and usually abbreviate this to 'trans'. A trans person is someone whose gender identity does not align with that which they were assigned at birth. Individually, we talk about 'trans men' (people assigned female at birth who transition into male identities) and 'trans women' (people assigned male at birth who transition into female identities).
- 1.2. We use 'trans' as an umbrella term which includes non-binary identities. A non-binary person is someone who understands their gender identity as neither female nor male.
- 1.3. We have moved away from the use of terms such as 'transsexual', 'transvestite' and 'cross-dresser'. This is because they are understood to have overtones of medicalisation, and / or can be pejorative. However, we understand that some people may prefer these terms; and we will always respect the definitions and identities which people are most comfortable using for themselves. Moreover, we acknowledge and respect that some people may reject any identity label.

- 1.4. We note that the language we use to describe our identities is evolving alongside and within our LGBT+ community. In engaging with the community, we will remain open to new conversations about language. We will strive to ensure that the language used and promoted by LGBT Health and Wellbeing reflects that of the community we serve.
- 1.5. We respect self-identification. We promote the social necessity of asking people to state their correct pronouns so that they can be addressed in a way that is affirming and comfortable. We further advocate that all self-identified women be referred to as women and self-identified men be referred to as men. We do however note the need to talk about 'trans women' and 'trans men' in medical or therapeutic contexts where a person's trans history is directly relevant to their situation and treatment.¹
- 1.6. We note that Scottish law does not distinguish between sex and gender and that equality discrimination happens on the basis of protected characteristics someone is perceived as having.
- 1.7. We understand there is a continuum between sex characteristics and gender identity. This means that some, but not all, trans people will need to bring their physical body characteristics in line with their gender identity in order to optimise their health and wellbeing.
- 1.8. We note that 'gender reassignment' is a protected characteristic under the Equality Act 2010 and that trans people are protected on the basis of their transgender identity regardless of the status of their transition. We further note that trans people are protected on the basis of their having, or being perceived as having, other protected characteristics. For example, a trans woman can also experience discrimination as a woman.
- 1.9. We note that non-binary people are currently not protected by the Equality Act, and this is a gap.
- 1.10. We champion an accurate interpretation of the Equality Act whereby, in almost all cases, trans people are able to use facilities and services which best align with their gender identity. A person is protected from discrimination occurring on the grounds of their transgender status or gender identity.²
- 1.11. We understand the Scottish Government's proposal to reform the Gender Recognition Act (2004), bringing it in line with international best practice, to be a positive move towards affirming individual trans people's identities. We welcome the proposed reforms as a means of reducing the difficulty and intrusiveness of the current process. We understand the current process to produce significant barriers for trans people wishing to be represented by their correct gender marker on legal documents.

¹ Adapted from Barker M. and Richards C. *Sexuality and Gender for Mental Health Professionals* p.19

² Finlayson L. Jenkins K. and Worsdale R. (2018) *"I'm not transphobic but ...": A feminist case against the feminist case against trans inclusivity*. Verso

- 1.12. We believe that a key determinant of wellness is having choice and control over one's own identity. Trans people should therefore be able to identify their own gender, exercising personal choice instead of being subject to control by the state or medical institutions.
- 1.13. We affirm our understanding that trans people can currently access facilities and services on the basis of their self-identified gender and without the requirement of a Gender Recognition Certificate. We perceive no reason that this will change in light of proposed reforms to the Gender Recognition Act.

2. Equality in health and wellbeing

- 2.1. We are deeply concerned about the continuing high rates of mental ill health within the trans population. Current research shows 7 in 10 trans people report having experienced depression.³ And the rates of suicidal ideation among the trans population have also been shown to be alarmingly high.⁴
- 2.2. We believe these poor health outcomes are not inevitable for trans people. They are perpetuated and exacerbated by barriers in society, including: poor information about the mental and physical health care needs of trans people; discrimination within healthcare settings; later engagement with healthcare providers due to the fear of encountering poor attitudes; stigma, poor information provision, misinformation and discrimination within society in general.
- 2.3. We have a specific concern about the lengthy waiting times for trans people seeking gender confirmation treatments and psychological therapies. We are concerned not only about the negative mental health impact of waiting for treatment, but the lack of resources for GPs and other services to support people around their gender identity.
- 2.4. We call for greater investment in services, including health and wellbeing services, to support the needs of trans people. We promote the general need to invest in trans awareness training and to champion trans inclusive practice. In the more specialist environments in which trans people seek gender confirmation treatments and psychological therapies, we promote the need for gender specialism and the professional development and retention of staff with interest in this area.
- 2.5. As a service delivery organisation, LGBT Health and Wellbeing is committed to providing events, activities, individual support and therapies that are trans inclusive, including many that specifically address experiences associated with being trans.

³ Stonewall Scotland (2018) *LGBTI In Scotland*

⁴ For example, see McNeill et al (2012) *Trans Mental Health Study* https://www.gires.org.uk/wp-content/uploads/2014/08/trans_mh_study.pdf

- 2.6. We aim for 100% accessibility of our events and services. This must always include the availability of gender neutral toilets and a safe environment free from conflict, discrimination and harassment. Where we cannot meet accessibility requirements, we will be clear about this and seek to identify alternative methods of engagement and inclusion. We will continue to consider and improve accessibility.
- 2.7. We ensure all staff are able to use up-to-date understandings of trans identities when delivering their work, and we proactively review and develop the knowledge of all staff on a regular basis.
- 2.8. We are committed to serving the trans community to the best of our ability. As such, we seek regular feedback and engagement opportunities with trans community members, aiming to understand the extent to which our services are meeting their needs and improving their lives in real terms. We aim to co-identify improvement opportunities, and to shape our service delivery in a meaningful way.
- 2.9. We believe that services which have a role in reducing the health and wellbeing inequalities faced by trans people cannot do so effectively without meaningful and sustained engagement with trans people themselves.

3. Other equality issues

- 3.1. We highlight the linkages between the health and wellbeing of trans people and the multitude of inequalities this group faces throughout society. We are clear that equal outcomes in health and wellbeing for trans people require an intersectional approach to tackling inequality, and are simply not possible in the absence of equality across other parts of society.
- 3.2. The key areas where we understand trans people to be disproportionately disadvantaged in relation to the cisgender population, and where it is therefore most necessary to address intersecting inequalities, are: employment, disability and domestic violence.
- 3.3. We are deeply concerned about the discrimination trans people experience in **employment**. In December 2011 the UK Government stated that 88% of transgender employees experience discrimination or harassment in their workplace.⁵ Discrimination and harassment in the workplace on the basis of transgender identity is both illegal and inexcusable.
- 3.4. Although there is no population level data available, we suspect that the incidence of unemployment amongst the trans population is significantly higher than that of the non-trans population. Of trans people engaging with LGBT Health and Wellbeing's services, 29% are unemployed – while the overall rate of unemployment in Scotland is 3.5%.⁶ Transphobic attitudes,

⁵ <https://www.hr-24.co.uk/articles/transgender-employees/>

⁶ Annual Service evaluation 2018.

non-inclusive employment practices and fears around coming out in the workplace are all barriers to finding and sustaining suitable employment.

- 3.5. We call for all employers to adopt gender-inclusive policies and practices, to ensure that the rights of trans employees as enshrined in law are upheld, and to create a workplace that is safe for trans employees to be themselves.⁷
- 3.6. While we do not have statistics about the correlation between physical impairments and trans identities, we note that the disproportionately high levels of poor mental health within the trans community (see 2.1) means that a significant proportion of the trans population are **disabled**. A disabled person is someone with a physical impairment or long-term health condition (including mental health condition) which is brought about or perpetuated by barriers in society. Barriers can include: poor attitudes, poverty, inadequate services, lack of information, inaccessible buildings.⁸ A significant majority of people accessing LGBT Health and Wellbeing's services state that they are disabled or have a long-term condition, and this is most frequent amongst trans community members.⁹
- 3.7. We note with concern that trans women are at significantly heightened risk of **domestic abuse**.¹⁰ Moreover, trans survivors are one of the most hidden groups of domestic abuse survivors.¹¹
- 3.8. We recognise that domestic abuse takes specific forms when perpetuated against trans people. This can include: withholding medication or preventing gender-related treatments or therapies; outing the trans person without their consent; wilfully using the wrong pronouns; telling the person that their trans identity is not valid.
- 3.9. We promote the right of trans people who meet the threshold of gender reassignment within the Equality Act 2010 to access single-sex services, including domestic abuse services, that align with their gender.¹²
- 3.10. We believe it is essential that trans people have easily available and accurate information about trans-inclusive services. We will challenge information or public discourse which comes to our attention as offering misleading information or suggestions which could, as a consequence, prevent trans people accessing such services.

4. Public portrayal of trans people

⁷ Adapted from *LGBT Health and Wellbeing Transgender Workplace Support Guide*

⁸ See Social Model of Disability, as defined by Inclusion Scotland: <https://inclusionscotland.org/who-we-are/>

⁹ Overall, 74% of those who evaluated services in 2018 reported a long-term health condition. Amongst trans respondents, this was 80%.

¹⁰ Stonewall (2018) *LGBT in Britain: Home and Communities*

¹¹ Safelives (2018) *Guidance for Multi-Agency Forums: LGBT+ people*

¹² To have the protected characteristic of gender reassignment the person should be 'proposing to undergo ... undergoing or has undergone a process (or part of a process) for the purpose of reassigning [their] sex by changing physiological or other attributes of [their] sex'.

- 4.1. We are deeply concerned about the public portrayal of trans people, where this is shaped by mis-information and sensationalism. We are clear that there are significant and negative impacts on trans people as a result of mis-informed or sensationalist public discourse. Impacts for trans people include: increased social stigma; feeling less safe to express gender identity; greater isolation; an un-doing of the therapeutic benefits gained through mental health interventions; confusion about rights and freedoms; and new incidents of transphobic hate crime.
- 4.2. As a marginalised minority representing less than 1% of the general population, we highlight the social and political disadvantage trans people experience in relation to the cisgender population. We are concerned that the voices and experiences of trans people themselves are silenced by more powerful non-trans voices, and that public perceptions of the trans community do not adequately reflect the realities of trans people's lives.
- 4.3. We are passionate in our efforts to highlight the lived experiences of trans people and to call for equality in all areas of society which impact their health and wellbeing outcomes.
- 4.4. We are clear that it is not the responsibility of trans people, a marginalised population, to ensure an accurate public perception of trans lives. However we fully support respectful, meaningful and consensual engagement with trans people where it is clearly directed at advancing understanding of trans issues and improving the quality of support and services for trans people.
- 4.5. We are also clear that better health and wellbeing and greater equality for trans people are outcomes that we must promote as a society, and that respectful public discussion is one way of facilitating this. However, we strongly disagree with any discussion which posits the advancement of the health, wellbeing or equality of trans people as a social or political choice.
- 4.6. We call on all journalists and media outlets to engage in responsible reporting where trans lives are a focus. We are clear that this involves maintaining awareness of the poor mental health outcomes within the trans population, and understanding that contributing to negative public perception of trans lives increases stigma and discrimination in a way which directly impacts health and wellbeing.
- 4.7. LGBT Health and Wellbeing is committed to sharing media relating to trans people in a manner which prioritises the health and wellbeing of the trans community. We therefore do not give a platform to individuals seeking to invalidate trans identities or regress the rights of trans people. And we will not share content which illustrates the negativity and danger trans people might face, unless we are at the same time providing context, correction or reassurance.

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