

The Beaumont Society: Submission to the Commons Select Committee on Transgender Equality

The Beaumont Society is a national self help body run by and for the transgender community and is the UK's longest established support organisation for that community, having been in continuous existence since 1966. We offer support to transgender people, together with their partners and families, as well as advising and training on transgender issues.

As well as being a support network, the society keenly promotes the better understanding of the conditions of transgender, transvestism and gender dysphoria in society, thereby creating and improving tolerance and acceptance of these conditions by a wider public. The society welcomes this opportunity to re-examine the current legislation and to submit views on its effectiveness.

1. Terminology and definitions

These are the definitions that are currently used by the Beaumont Society and appear in its promotional material.

- 1.1. **Transgender** describes the general case of a person adopting clothing, appearance or lifestyle of the gender opposite to that assigned to them at birth. The term embraces *all aspects of gender variation* from fetishistic transvestism at one extreme – through variations of cross dressing – to gender reassignment at the other extreme.
- 1.2. **Biological sex** is the condition of being male or female, as determined by chromosomes and body chemistry. In puberty it is marked by the development of secondary sexual characteristics, e.g., facial hair in men, breast development in women.
- 1.3. **Gender** is expressed in terms of masculinity and femininity. It is how people perceive themselves and how they expect others to behave. It is largely culturally determined.
- 1.4. **Transvestism** refers to the adoption, fully or partially, of the clothes normally identified as belonging to the opposite sex. Some people may also dress as part of a disguise, for entertainment or fetishism.
- 1.5. **Cross-Dressing** is the desire to adopt the clothes, appearance and behaviour normally associated with the opposite gender. For some it is simply "dressing up", while for others, known as Dual Role Cross-Dressers, it is a need to adopt the opposite role as fully as possible, on a temporary, or on a full-time basis. Sometimes such individuals are referred to as transgenderist.
- 1.6. **Gender Dysphoria** refers to the dissatisfaction with one's gender (masculinity or femininity) which is in conflict with one's physical sex. The term is usually restricted to those who seek medical and or surgical assistance to resolve their difficulty.
- 1.7. **Transsexuality** is a profound form of Gender Dysphoria, where the need is to express oneself and to be, as far as possible, in the gender to which one feels comfortable irrespective of biological sex.

The Beaumont Society opposes attempts by some sub-groups to claim that the term transgender applies only to themselves. To us the term includes people labelled as transsexuals, transvestites, cross-dressers, bi-gender, ambi-gender, gender-queer and other groups. The society encourages workers in the field to remember that there are individuals behind these labels, often fragile, sometimes traumatised, and many of these individuals, possibly the majority, do not fall neatly into the labelled groups.

2. Availability and reliability of data on trans population

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- 2.2. The society's Helpline deals with about 50 calls per week, though some of these may be repeats. In addition the society's eleven Regional Organisers, contacted by e-mail or telephone, each deal with about five inquiries each week, although this figure can be variable. Some of these will be follow ups to the helpline. We would therefore estimate contacts at about 80 - 100 per week. Contacts can be from the whole range of transgender individuals, partners and parents, all seeking reassurance, support or advice.
- 2.3. We therefore suspect that the trans population is larger than current estimations. Many more people are presenting as trans, are seeking support and guidance, and are approaching their GPs. The apparent size of the trans population will continue to be inaccurately low until it is no longer seen to be embarrassing or socially detrimental to be identified as trans; i.e. until the taboo is lifted.
- 3. How our government has performed in advancing trans equality & comparing this internationally**
- 3.1. We recognise that the UK is in the forefront of support for its trans community, when compared to many other countries. It would, though, be too easy to become complacent.
- 3.2. There are still problems to solve, not least the continuing lack of widespread public acceptance of trans people in some parts of the country, and the view that a mention of a "bloke in a dress" or "a bird thinking she's a bloke" can still be seen as easy ways to get a laugh, even on mainstream TV channels.
- 4. How the Gender Recognition Act 2004 operates and questioning if it needs amending**
- 4.1. There is an explicit assumption in the Gender Recognition Act that there are two 'opposite' genders – corresponding to the two sexes, male and female. Consequently those who do not conform to this binary: e.g. intersex, gender queer, ambi-gender etc., continue to be 'non people'. However, it is certainly an improvement on the situation prior to 2004.
- 4.2. The route to applying for a Gender Recognition Certificate is a long and expensive one, and ultimately requires collecting and presenting large quantities of documentary evidence to support the application. The government could look towards making the process more streamlined and less onerous whilst maintaining its rigour.
- 5. Information on the "spousal veto"**
- 5.1. The society would support any move to remove the so-called "Spousal Veto" in England and Wales. It is a misplaced and totally unhelpful item of legislation, serving merely to increase friction in relationships that might already be under severe strain, allowing vindictive spouses to have unfair power over the transitioning partner who may already be feeling very vulnerable and emotionally fragile.
- 5.2. We recognise the strain that spouses find themselves under with a trans partner and we accept that they need to voice their feelings but this veto is a step too far. There are no legal grounds for providing one person a veto over the exercise of another person's rights; even if those two people are married. To obtain a GRC a person must have been living in the acquired gender for at least two years, so that provides more than enough time for a discontented spouse to arrange an annulment of the marriage or a divorce.
- 6. How effective the Equality Act 2010 is for trans people**
- 6.1. The 2010 Equalities Act had a major impact on the way in which trans people were treated, particularly by police forces, many of whom produced policies detailing their support procedures. This raised the bar, but also had the effect of raising expectations. We believe that the country is now ready to make another major step forward in the acceptance of trans people. It needs leadership at the highest level to do so.
- 6.2. Of the spectrum of individuals who might describe themselves as Transpeople, The 2010 Equality Act only explicitly includes those 'with the protected characteristic of gender reassignment'; i.e. a transsexual person. For those with this characteristic, life has improved considerably. However, transvestites, crossdressers, dual gender

2010 Equality Act only explicitly includes those with the protected characteristic of 'gender reassignment'; i.e. a transsexual person. For those with this characteristic, life has improved considerably. However, transvestites, crossdressers, dual gender and other gender fluid people who do not fit the sexual binary do not seem to be protected by this act and it is the view of the Beaumont Society that they should be.

7. Employment and work issues that affect trans people

- 7.1. There is still too much variation in the treatment of trans people by employers. Those in professionally qualified roles are generally treated well, but this is often not the case for part-time, temporary and agency workers.
- 7.2. Too much can still rest on the personal attitude of a trans person's own line manager who may be in a position to convert personal antipathy into antagonistic decisions that ruin a trans person's career. Managers who are shown to have made decisions based upon prejudice of this type should face prosecution.
- 7.3. It is still policy for some employers to transfer trans employees to "back-room" positions, out of the public eye. The employers seem to think that members of the public might take offence at being dealt with by a trans person. Surely this practice runs counter to the Equalities legislation? It panders to a perceived public prejudice that might not exist; a prejudice that is wrong if it does exist and that should not be indulged. Trans equality and acceptance will be accelerated if more of the public met trans people as part of their everyday life, not just in news stories and gossip columns.
- 7.4. Another area of controversy is the use of toilets. Despite it being clear that trans people should use the toilet assigned to the gender with which they identify, in some workplaces trans people are expected to use toilets designated for the disabled or toilets for the gender they were assigned at birth. Government should be encouraging employers and local authorities to build unisex or non-gender specific toilets in future.

8. Hate crime issues and media portrayals of trans people

- 8.1. We recognise the good work done by many of the country's police forces in tackling hate crime. We would like to see the priority given to hate crime against all minorities continue for the foreseeable future. Trans people are often easily identifiable in public, rather like people from ethnic minorities, and so make easy targets. All police forces should copy the methods of those that have developed the most effective processes to tackle this crime.
- 8.2. Serious media has covered trans issues well in recent years, with TV and Radio documentaries attracting large audiences. Some TV programmes have opted for the sensationalist approach, and we are aware of occasions where trans people asked to take part in such documentaries have felt disappointed with the resulting transmitted programme, which has too often focused on the shallow aspects that are deemed more attention-grabbing.
 - 8.3. Stories in the tabloid press are also over-sensationalised. Celebrities can appear to gain more sympathetic coverage than ordinary people, possibly because the press are more worried about potential legal claims from them, so give them more control over final content.
- 8.4. Despite the near equal number of FtM and MtF transsexual people, the press overwhelmingly concentrates on the latter. We would like to know why.

9. How trans people are affected by the criminal justice system (police, prisons, courts, etc.)

- 9.1. Trans people are extremely vulnerable within the criminal justice system.
- 9.2. Mistreatment may take the form of their trans nature being deliberately ignored, such that they are placed in accommodation for their original birth gender rather than their trans gender, despite protestations.
- 9.3. There are clear guidelines on how transgender prisoners should be treated in prison. However, Beaumont Society members with experience of the criminal justice system report that their needs as transgender people are not being met. Verbal and physical abuse from other prisoners is commonplace and staff (including governors) lack adequate training. For example, staff members have been reported as regarding being transgender as a 'lifestyle choice'. The Beaumont Society recommends that all staff working in the criminal justice system should have comprehensive training about transgender issues.

10. Health issues faced by trans people, including NHS treatment in its broadest sense

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There are a series of issues here:-

- 10.1. The increasingly long waiting time for referrals and subsequent treatment for trans people presenting to their GPs for the first time.
- 10.2. The ignorance of some GPs about trans issues, often manifesting itself when a trans person appears for the first appointment. Many GPs are sympathetic but tell the patient that s/he is "the first in my experience" and that "this will be a learning experience for us both". This does not instil confidence in the anxious and nervous patient! This is despite NHS guidelines issued in 2008, so improved guidelines are needed.
- 10.3. The astonishingly negative reaction by a few GPs when a trans person appears for the first appointment to ask for an assessment to begin. "You'll be taking money away from more deserving cancer patients" is one quote that we have heard. This runs counter to the NHS guidelines mentioned above.
- 10.4. The need for clear guidelines on the allocation of trans people to wards during residential hospital treatments.
- 10.5. In 2012, a national survey of transgender people in the UK found that 65% had experienced problems with general health care services. More than half reported that they had experienced a doctor telling them they did not know enough about health issues to help them, while a large number of patients had problems with staff using the wrong names, pronouns or descriptions.
- 10.6. Many GPs also misunderstand that when dealing with other non-trans health issues it is unnecessary to raise or involve the patient's trans status or history, and that to do so can cause much distress to the patient.
- 10.7. The treatment of trans people in care homes in the final years of life is an issue that needs to be addressed. We have heard very mixed reports about treatment, and some are worrying.
- 10.8. Fortunately there are examples of excellent practice and it is important that these are publicised and supported in order that they become the norm.

11. Issues for young trans people including education, NHS, social care services

There are a series of issues here:-

- 11.1. The fact that a proportion of secondary schools still seem to be oblivious to the existence of trans teenagers, with no obvious staff preparedness, such that trans teenagers can feel isolated and unsupported at a very vulnerable time.
- 11.2. Anecdotal accounts tend to suggest that a proportion of trans teenagers do not seek help and advice because of fears about how they might be treated. Instead they hide their trans nature, leave school as soon as they reach the age of 16 in order to attend a local college post-16 with a probably more open-minded attitude. This represents a waste of potential talent to the school and could lead to academic underachievement for the pupil.
- 11.3. There is a problem related to uniforms and toilets in some single-sex schools that needs to be addressed. Government guidelines would be useful here.
- 11.4. Teenagers first realising that they may be transgender are extremely frightened and vulnerable. Schools should be prepared to deal with the issue. It is not good enough for a school to wait until the first trans teenager requests help, then react in a muddled panic.

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