

Briefing on Gender Identity in Wales

This report details the findings of an engagement exercise carried out in Wales to identify the needs people might have regarding gender identity. Its purpose is to inform outcome-focussed equality objectives to aid the public sector in fulfilling its statutory duties under the Equality Act 2010.

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1.0 Background

- 1.1 The Equality Act 2010 (Statutory Duties) (Wales) Regulations 2011 require the Welsh Government to engage with different groups and individuals to produce outcome-focussed equality objectives and a Strategic Equality Plan detailing the actions it will take to achieve them. If the objectives are to be meaningful and make a difference to people's lives, it is imperative that the Welsh Government (WG) engage with people when forming them.
- 1.2 The LGBT Excellence Centre was commissioned to deliver an engagement event to gather information on the main issues and difficulties faced by people in Wales who are considering, have been through, or are going through, gender reassignment (transsexual people), as well as people who identify as transgender or otherwise have a stake in addressing such issues.
- 1.3 This information will be used to inform the development of the Welsh Government's equality objectives and ultimately ensure that they make a difference to people's lives.

2.0 The LGBT Excellence Centre

- 2.1 **Mission** – The LGBT Excellence Centre is a social enterprise and registered charity that delivers support services, projects, programmes, and events relating to sexual orientation and gender identity for individuals and organisations. It does so with the aim of promoting greater equality and protecting human rights.
- 2.2 **Vision** – LGBTEC upholds and promotes professional standards of best practice, involving communities and empowering individuals in order to influence policy at a strategic level.
- 2.3 **Our goals:**
 - **Empower** people to lead full and rewarding lives without limits based on sexual orientation and gender identity by providing the highest quality educational, cultural, and wellbeing programs;
 - **Heal** the damage caused by discrimination based on sexual orientation and gender identity by providing the highest quality health and social services;
 - **Advocate** full access, equality, and human rights for all people regardless of their sexual orientation or gender identity by promoting our communities' needs at local, national, and international levels;
 - **Lead** through example by living by our values, sharing our expertise, and celebrating the diversity of individuals, families, and communities.
- 2.4 **Our objectives:**
 - Raise awareness of issues affecting said persons, in particular by operating a helpline and centre to provide information, training, advice, and support;
 - Advance education and raise awareness with regards to issues of equality and diversity;
 - Promote activities that foster understanding between people from diverse backgrounds;
 - Conduct or commission research into equality and diversity issues and make the results available to the public;
 - Cultivate a sentiment in favour of equality and diversity.

3.0 Terminology

- 3.1 **Androgyne** – is a person who does not fit clearly into the typical masculine and feminine gender roles of their society. They may also use the term *ambigender* to describe themselves. Many androgynes identify as being mentally ‘between’ woman and man, or as entirely genderless.
- 3.2 **Cisgender** – is a term used to describe individuals who have a match between the gender they were assigned at birth, their bodies, and their personal identity (i.e. the opposite of transgender).
- 3.3 **Female to Male (FTM)** – is a term often used to refer to transsexual individuals who are born with female biological attributes but identify as, and often wish to reassign their gender to, male.
- 3.4 **Gender Dysphoria or Gender Identity Disorder (GID)** – is the formal diagnosis used by psychiatrists and psychologists to describe persons who experience significant gender dysphoria (discontent with their biological sex and/or the gender they were assigned at birth).
- 3.5 **Gender Identity** – is the way in which an individual self-identifies with a gender category (e.g., as being a man, a woman, or in some cases neither), which can be distinct from biological sex. Basic gender identity is usually apparent by age three and is extremely difficult to change after that.
- 3.6 **Gender queer / gender bender** – are terms often used to refer to androgynes, but the terms *gender queer / gender bender* and *androgyne* (or *androgynous*) are neither equivalent nor interchangeable. *Gender queer* is not specific to androgynes, does not denote gender identity, and may refer to any person, cisgender or transgender, whose behaviour falls outside conventional gender norms. People who identify as *gender queer* may think of themselves as one or more of the following:
- both man and woman (bigender, pangender);
 - neither man nor woman (genderless, agender);
 - moving between genders (gender fluid);
 - third gender or other-gendered (which includes those who do not give a name to their gender);
 - having an overlap of, or blurred lines between, gender identity and sexual orientation.
- 3.7 **Gender Reassignment or Confirmation Surgery** – are terms for the surgical procedures through which a person's physical appearance and sexual characteristics are altered to resemble that of the opposite sex. These procedures are part of a treatment for gender identity disorder / gender dysphoria in transsexuals. They may also be performed on intersex people, often in infancy and without their consent.
- 3.8 **Intersex** – is the presence of intermediate, or atypical combinations of, physical features that usually distinguish female from male, such as genital ambiguity or sex developmental differences. An intersex individual may have both male and female biological characteristics.
- 3.9 **Male to Female (MTF)** – is often used to refer to transsexual individuals who are born with male biological attributes but identify as, and often wish to reassign their gender to, female.
- 3.10 **Neutrois** – is an identity used by individuals who feel they fall outside the gender binary. Many neutrois consider themselves as belonging to a third gender, while others feel agendered. What they have in common is that they wish to minimize

their birth gender markers (e.g., by the removal of their breasts if they were born female or their facial hair if they were born male).

- 3.11 **Transgender** – refers to an individual who identifies with a gender inconsistent or not culturally associated with their biological sex. Simply put, it defines a person whose biological birth sex conflicts, or is considered by society to conflict, with their psychological gender.
- 3.12 **Transsexual** – is a term that refers to men and women (referred to as a trans men or trans women respectively) who desire to establish a permanent gender role as a member of the gender with which they identify, often (but not always) pursuing medical interventions as part of the process.
- 3.13 **Outing** – is the disclosing of someone’s gender identity or sexual orientation without their consent, through ineffective procedures, by accident, or intentionally.

4.0 Health

- 4.1 Transgender people reported that there is very little awareness of gender identity issues and health matters in Genito-urinary Medicine (GUM) clinics. This results in transgender people feeling apprehensive about using the service and receiving the attention they need. The appointment system is also gender segregated, which can result in the outing of a trans individual to the professionals and other patients waiting at the clinic. This is in breach of the law.
- 4.2 There is general lack of awareness of the pathway for gender reassignment and this often results in delays in supporting transitioning. GPs do not have the information to understand the needs of transsexual people, and although guidance is widely available, there is a no sense of priority or need to deal with trans individuals. Some trans people reported that GPs have refused to register them or to provide them with prescriptions even when they have been on medication for a long time.
- 4.3 GPs are often unaware of the need to refer transitioning individuals to Endocrinology and believe that only Charing Cross in London can prescribe hormones. This delays treatment for transsexual people. Furthermore, even when a referral is made to a local endocrinologist, there are waiting lists and other delays in service provision.
- 4.4 There are several inconsistencies in the information available to the medical profession about the pathway for trans treatment. It is almost a ‘postcode lottery’, which results in trans people not being able to access reliable advice, and agencies not being able to advocate for and support individuals to help them obtain the treatment they need.
- 4.5 Training on gender identity matters is widely absent and the resulting lack of awareness creates huge difficulties for trans people in receiving the health care they need.
- 4.6 There are still great delays in confirmation treatments, often due to lack of funding and transsexual individuals being signposted to Charing Cross in London for treatment.
- 4.7 Trans people reported further issues in the treatment and understanding of older trans people. There is a general perception that older people no longer need support for transitioning due to their age. There is also lack of understanding and empathy for the frustration felt by individuals who cannot transition because of health risks brought by older age.

- 4.8 There is a lack of awareness of the treatment of post-op people who are not mixed gender.
- 4.9 Astonishingly, many transsexual people resort to self-medicating by taking hormones purchased over the internet when they are not able to get the support they need from the NHS. This can lead to great health risks and such individuals should be brought under medical supervision immediately to minimise the impact of their inappropriate medication. However, these individuals tend to have a lack of respect for the system due to past mistreatment and are therefore often reluctant to re-engage with the NHS.
- 4.10 There is not a monolithic transgender experience and individuals should be able to choose the treatment that is most appropriate to their individual needs. For example, a trans man who would like to have only a mastectomy is, under the current system, refused this surgery, as it is perceived that they need to first undergo a reassignment of their genitals. However, many female to male transsexuals do not want genital reassignment because of the invasive nature of the surgery and its potential repercussions, such as loss of sensitivity, failure to achieve an orgasm, scarring, and bacterial infections. Also, some trusts would consider a mastectomy 'cosmetic' and refuse to provide it.
- 4.11 Most trans people reported that the health profession seems to blur the distinction between gender dysphoria and other mental health conditions such as stress and depression. This is reportedly due to the lack of support for and understanding of their gender identity issues, which can have an impact on their emotional and mental wellbeing, leading to depression, drugs and alcohol abuse, self-harm, and suicide. This is further complicated by the fact that many transgender people feel depression and anxiety as a result of the discrimination and disadvantage they endure living in a prejudiced society. Many professionals then have difficulty distinguishing between mental illness, mental health issues caused by external factors, and the individual's transgenderism.
- 4.12 There are still great concerns for the lack of support for and understanding of the needs of young trans people. Early diagnosis presents some huge advantages in the provision of adequate care and can also minimise the impact of irreversible body changes caused by puberty. Puberty forces sex-dimorphic changes on the body of a young person – changes which lead to much more dramatic surgical intervention being required later if the person is to transition successfully. Some clinics are now trialling puberty blockers with a view to reducing the potential harmful effect of an inappropriate puberty on a young person. There is evidence that puberty suppressants, whilst controversial, can pause or stop the puberty process until the young person has chosen their most appropriate pathway.
- 4.13 Access to funding can be inconsistent from one health trust to another. For example, whilst one may consider electrolysis a cosmetic treatment, another may grant the funding for it. This leads to great confusion for trans people.
- 4.14 Many transsexuals experience feelings akin to those felt in adolescence as they learn to live in their chosen gender, and therefore need help with cosmetics, dephorment, voice, etc. Such support can also help minimise the abuse they receive when outside.

Recommendations

- 4.15 There should be local clinics able to provide advice and support for trans people. Health professionals could also provide basic tests and post-operative care to

individuals who would otherwise need to always travel to London for appointments.

- 4.16 Training on gender identity issues should be provided to all staff, especially those providing front-line services. Such training should be made a contractual requirement for GPs, given that they are often the first port of call for transgender people.
- 4.17 The health sector should develop a more thorough understanding of the issues involved in transitioning and in supporting trans individuals in general, providing trans-based literature wherever possible.
- 4.18 The Welsh Health Specialised Services Committee should establish a clear pathway for trans individuals by providing guidance and literature in plain English that details the treatment and support available.
- 4.19 The NHS should have in place Patient Charters for transgender individuals that cover such issues as waiting times for treatment.
- 4.20 It should be ensured that Endocrinology understands the need to include transgender people in service provision regardless of mental health linkages.
- 4.21 All policies, practices, and training courses should be impact assessed to include trans issues; trans issues should not be restricted to equality training. This should be evidenced in staff personal development plans.
- 4.22 Signposting resources should be made readily available to GPs for guidance. Transgender identities exist on a spectrum and treatment protocols should respect and encourage free choice and diversity rather than focussing on the notion of 'curing gender identity disorder' by forcing people into 'acceptable' (hegemonic) versions of male or female through surgery.
- 4.23 The current pathways seem to focus on 'curing' people of being transsexual by making them into 'acceptable' versions of male and female. This creates a culture of uniformity in which deviations from the norm must be 'corrected', rather than one of diversity. Efforts should therefore be dedicated to creating a legitimate and safe space for people to be trans, neutrois, or gender queer if they so choose.
- 4.24 The NHS needs to provide more flexible and varied routes to support therapy. Because gender identity can vary so much from person to person, there should be as much variety in the support available; individuals should be able to access surgery, cosmetic support, and/or other services according to what is most appropriate for them.

5.0 Education

- 5.1 Within the last few years, students in elementary, secondary, and post-secondary schools and their parents have become more open with regards to gender identity issues, with students feeling more confident about disclosing their gender identity to their peers.
- 5.2 However, in Wales there is no consistent support for transgender people available from Local Education Authorities, individual schools, or staff within schools, very often resulting in needs going unmet.
- 5.3 Despite the existence of general anti-harassment/bullying policies in most schools, transgender students still face harassment and violence, often due to ignorance and bias against them. Transgender youths are also at higher risk of dropping out of school and often report having been called names and bullied by their peers. Some have been known to drop out completely.

- 5.4 Although post-secondary schools have begun to implement policies to accommodate transgender students, throughout Welsh schools there is a huge lack in the understanding and addressing of gender identity issues, and gender identity appears to be the least considered protected characteristic.
- 5.5 Because transgender issues are often framed only in a LGBT context, the specific needs of transgender people and the difference between sexual orientation and gender identity are not well understood or addressed. For example, gender non-conformity can result in children being picked on and bullied in adolescence due to their peers being aware of sexual desire and orientation but not of gender identity issues.
- 5.6 School-based counsellors, nurses, and chaplains are often the first port of call for a young person who needs support in exploring their gender identity or in dealing with bullying. However, they often do not have appropriate training or access to adequate information and signposting mechanisms.
- 5.7 Gender variant people reported that elementary schools have more difficulty with decisions relating to transgender students than secondary and post-secondary schools do. There is often concern that by supporting a younger gender variant child in their self-defined gender identity or expression, the school will inadvertently create a psychological pathology in the child. Indeed, gender variance is still considered a bad thing that should be discouraged in the hope the gender variant person will change their mind. But whilst some children may change their minds, many do not, and this attempted discouragement can have a lasting psychological effect on them. Additionally, just as a gay youth cannot be 'made' heterosexual, a gender variant youth cannot be 'made' to conform to a 'normal' gender identity.

Recommendations

- 5.8 Schools should educate young people about gender identity from an early age, teaching them that acceptance of different gender identities is normal. Children who grow up secure in their own identity and are taught to respect others are less at risk of growing into offenders, and more likely to achieve their potential and contribute positively to society.
- 5.9 Informed and confident responses to gender-based bullying should be common practice, with relevant support and counselling offered to bullies and offenders to help them explore the root of their behaviour.
- 5.10 All instances of transphobic bullying and behaviour should be recorded and reported to school liaison or hate crime officers to help gather intelligence about potential trends of prejudice in local communities.
- 5.11 Gender identity should be explored throughout the curriculum and included in lesson plans, as is the case with other equality and human rights issues. Good practice should be identified and shared among schools so they can influence existing anti-bullying campaigns to include sexual orientation and gender identity issues.
- 5.12 A focus on respect, human dignity, civil behaviour, and freedom of the individual needs to be an integral part of every lesson, and should be inclusive of all equality strands, including those not currently considered protected characteristics.
- 5.13 Teachers and staff should assist in the referral of youths who are distressed about their gender to competent agencies and professionals. Counselling for family members and friends affected by the circumstances may also be appropriate.

- 5.14 School policies regarding both employment and anti-harassment/bullying should specify gender identity as an area of potential difficulty and be enforced meaningfully. School policies should also ensure fair treatment of students by staff and facilitate connection with community-based resources.
- 5.15 School policies should explicitly address not only verbal or physical harassment, but the need for:
- trans-specific issues relating to sex segregation in bathrooms, showers, locker/changing rooms, sports teams, gym classes, field trips, support/counselling, sex education classes, and dress codes to be addressed;
 - forms that record and monitor gender as well as gender identity;
 - guidance relating to preferred pronoun and name use;
 - privacy and confidentiality policies and procedures;
 - the inclusion of trans-positive content in school curriculum;
 - training and resources for teachers and school staff.
- 5.16 Staff who work with youths who are either exploring their gender identity or undergoing gender reassignment should have appropriate training and access to information about hormonal and surgical modification.
- 5.17 Youth club staff should be trained to identify and deal with the needs of transgender or gender variant youths in order to ensure their inclusion and avoid segregation and bullying.
- 5.18 Gender identity awareness training should be compulsory for all teaching and non-teaching staff in all education establishments.
- 5.19 Estyn should play a vital role in making sure that systems to monitor progress on gender identity equality are robust and that bullying on gender identity grounds is dealt with appropriately as set out in recent WG documentation.
- 5.20 Governors have a great responsibility to understand both gender identity bullying and employment matters for gender variant people, and to lead change in education establishments with regards to these issues. They should therefore be appropriately trained.
- 5.21 LGBT societies and officers should be better informed with regards to gender identity and not focus only on sexual orientation issues.
- 5.22 School-based counsellors, nurses, and chaplains should be trained to deal with gender identity matters competently and sensitively and have access to adequate information and signposting mechanisms. There must also be guarantees that they will explore the issues positively and not inform the transgender young person that they are 'wrong' or try to discourage them from their chosen path.
- 5.23 Schools should offer trans guest speakers at assemblies to raise awareness among the whole school community.
- 5.24 PE and other sports activities/initiatives should be more diverse and impact assessed to uncover any risks they might pose to gender variant people.
- 5.25 Every school and education establishment should participate in campaigns such as LGBT History Month and/or get accredited with the Rainbow Mark to improve their performance with regards to LGBT issues.
- 5.26 It should be considered that most of the issues outlined above affect not only students who may be gender variant, but also cisgender students who are the children of gender variant parents, who are often bullied because of their parents' gender identity.

6.0 Housing/accommodation

- 6.1 In our consultation a significant number of people reported currently needing, having needed, or anticipating that they would need, housing assistance.
- 6.2 Transgender people reported unsatisfactory housing conditions so, as with any demographic group that is disproportionately poor or unemployed, they may need assistance in finding affordable long-term housing.
- 6.3 Transgender people reported having difficulty in finding safe emergency housing or shelter due to the diversity of their circumstances and needs. For some transgender people, poverty relating to employment discrimination or inability to work leads to homelessness. Others are fleeing from a violent family member, current or former partner, co-worker, or neighbour, and need both shelter and trauma support services.
- 6.4 A few people reported experiencing, or being at risk of experiencing, homelessness as a result of being evicted by an unsympathetic landlord, or of their disclosure of their gender identity or a relationship with a transgender person to a relative or friend.
- 6.5 Many shelters and other forms of emergency accommodation are sex segregated (e.g., women's refuges) and lack adequate private access to showers, bathrooms, and sleeping facilities.
- 6.6 Placement decisions and housing allocations are based on the perceived gender of the individual rather than their actual gender identity. This can not only be difficult for the transgender individual, but also expose them to assault and harassment from other residents or neighbours. This is in direct contravention of the law.
- 6.7 Gender variant people involved in our event reported that, in their experience, landlords, shelters, housing associations, and social services lack the training and education to understand and accommodate the needs of transgender people and are thoroughly unaware of the law.
- 6.8 Asylum seekers are often allocated temporary or emergency accommodation by the UK Border Agency (UKBA) without any equality impact assessments. This often results in gender variant asylum seekers having to share houses and flats with homo- and/or transphobic people. Gender variant asylum seekers involved in our event reported being the subject of on-going harassment, threats, and attacks. Whether these offences were reported to the police or not, they were not taken seriously by the UKBA or the relevant housing providers.
- 6.9 Private landlords were reported to present greater issues for transgender tenants through their lack of awareness of both transgender issues and a landlord's obligations under the law. Their focus seems to be solely financial and they lack empathy in dealing with disputes or considering issues reported to them.
- 6.10 Gender variant people reported that Local Authority Housing lacks awareness of their needs. This is compounded by a lack of equality impact assessment of third-party contracts and commissions, leaving gender variant people open to abuse and discrimination from builders, carpenters, electricians, and other professionals who might need to enter their premises for maintenance and repairs. This is in contravention of the Single Equality Act 2010.
- 6.11 The public sector was reported to often fail to fulfil its duty of care towards trans people under the Human Rights Act and the Equality Act through a lack of awareness and a perceived low level of need.

- 6.12 Housing providers seem not to consider issues that might arise from bad allocation of accommodation, and seem unaware that some LGBT people do not have 'typical' families. This results in people being placed a long distance from relatives, friends, and specialist support services, leading to the breakup of families and relationships and the disruption of family support.
- 6.13 High school drop-out rates for gender variant youths are high, in part due to harassment and violence at school. Furthermore, trans youths are sometimes forced out of their homes by unsupportive parents, resulting in homelessness and housing issues.

Recommendations

- 6.14 Advocacy is necessary to promote agency-wide policy changes that remove barriers to gender variant people.
- 6.15 Case advocacy is also useful, as many shelters' gender variant access policies involve case-by-case decisions to determine whether or not a person is 'appropriate' as a client.
- 6.16 With both long- and short-term housing, advocacy may be needed to address discrimination from landlords or harassment from neighbours.
- 6.17 Shelters, landlords, and housing providers should employ practical, simple strategies that accommodate transgender needs (e.g., curtains across shower stalls and access to single-user bathrooms). A consensus on best practice with regards to this should be established.
- 6.18 An ethos of equality and tolerance of diversity should be embedded within and across organisations and not limited to the notion of a 'diversity officer' or an 'LGBT officer'. Certain employees (such as housing officers) are especially likely to come into direct contact with transgender people. Based on our findings, we suggest this means that awareness training needs to be treated as a matter of priority.
- 6.19 Some employees, like tenancy support officers, need more training than others. However, those in the higher echelons of a company need to make sure that gender variant people are understood in greater depth by all staff at all levels.
- 6.20 Support from Triangle Wales (which is now part of the LGBT Excellence Centre) is available to help the housing sector devise policy and practice guidelines for the accommodation of gender variant service users.

7.0 Care and support

- 7.1 Long-term residential care refers to medically supervised housing for people unable to live independently or with loved ones. Many of the issues discussed in other sections apply to advocacy for gender variant people living in care.
- 7.2 Transgender individuals reported that long-term residential care – whether in hospitals, care homes, residential homes, or hospices – lacks trans-specific protocols to ensure respectful and sensitive personal care. This is particularly the case with regards to bathing, physical examination, and any other procedure involving the chest or genitals of transgender patients.
- 7.3 Privacy and confidentiality are also key concerns for transgender people in long-term care, as information can spread very quickly throughout a facility.

- 7.4 Cross-dressing or other gender variant behaviour is seen by some residential care providers as ‘acting out’ and is often actively discouraged. In our experience there is particular confusion within long-term care about cross-dressing being an ‘inappropriate’ expression of sexuality (as cross-dressing is stereotypically considered a type of sexual fetish which it not necessarily is).
- 7.5 Transgender people in residential care often experience severe isolation, compounded by barriers to peer support access. Younger transgender people (in care due to disability or chronic illness) who are living predominantly with seniors can be particularly frustrated by the lack of age peer access and relevant programming.
- 7.6 Staff or family members can dismiss an older person’s disclosure of transgender identity as being a sign of dementia or confusion.

Recommendations

- 7.7 Care staff should be educated and trained to understand the range of reasons people cross-dress (including but not limited to erotic stimulation) and also to encourage frank discussion of the sexual needs of long-term care residents, regardless of their gender identity.
- 7.8 Formal complaints should be encouraged if transgender residents are being punished for cross-gender expression. Advocacy may be needed to create an environment that supports the older person in their exploration and expression of feelings relating to their gender identity.
- 7.9 Community social workers may be able to coordinate transport and caregiver assistance to make it possible for transgender residents to access trans-specific community peer support groups and events, or to facilitate inpatient visits.
- 7.10 Staff in long-term care facilities should be educated and trained to help ensure that transgender visitors who are providing peer support to a resident are treated respectfully by all staff.
- 7.11 As the majority of long-term care residents are elderly, advocacy services should also be sourced to address the needs of older transgender people.
- 7.12 Counselling may be needed to address all of the psychosocial issues described above. In our experience, advocacy is often needed to help gender variant people in care access effective counselling, address general residential issues (placement, safety, etc.) and help agency staff implement proactive anti-discrimination measures.
- 7.13 All care homes and support services should have knowledge of and access to gender variant resources, including counsellors.

8.0 Age

- 8.1 Older transgender people are intensely marginalised not only by poverty but also by widespread societal assumptions that gender diversity does not exist among older people.
- 8.2 Some older transgender people have identified as transgender for many years or transitioned as young adults; others start questioning their gender, come to identify as transgender, or seek to transition late in life. Many older transgender people have kept their gender identity a secret for many decades, and are motivated to come out as transgender after a relationship breakdown, the death of a partner, or

by the diagnosis of a potentially terminal disease (as they feel there is less to lose at this point).

- 8.3 Whilst some older people are open about being transgender, others are fearful of disclosing their gender identity – particularly in settings where others have great power over their lives (such as residential care) – and may be deeply closeted.
- 8.4 For frail older people or people with some types of chronic illness (e.g., unstable angina) a medically assisted transition may not be feasible due to health risks. This can lead to depression and despair as the person feels they will never be able to live as themselves. But an inability to access hormones and/or surgery need not necessarily prevent such people from finding ways of living a more congruent life as transgender. Such people are, however, likely to need support and counselling to achieve this.
- 8.5 Many young gender variant people become aware of their gender identity at a very young age. The average age at which the people we consulted discovered or became able to express their gender identity was 12. However, most had ‘felt different’ and/or felt discomfort or confusion with regards to gender-related issues since they were a lot younger.
- 8.6 Young gender variant people said they felt there needed to be more safe, accessible, friendly places for them to go to get support. Suggestions included a drop-in centre or a coffee shop that is not centred on drinking.

Recommendations

- 8.7 Counselling may be used to address all of the psychosocial issues described above, but this should be provided by professionals who are competent in dealing with sexual orientation and gender identity issues and have received appropriate training.
- 8.8 Advocacy is often needed to help transgender people access trans-competent counselling, address general residential issues (placement, safety, etc.), and help professionals in different agencies and organisations implement proactive anti-discrimination measures (as few of them have trans-specific policies or awareness).
- 8.9 There should be no upper limit on the age at which a person may begin a medically assisted transition; people in their 60s, 70s, and 80s who are in good health have successfully started hormone treatment or undergone feminising/masculinising surgeries.

9.0 Employment

- 9.1 Gender variant people often find it difficult to gain or sustain employment, especially if they are transitioning. Gaining employment can be difficult because work history, references, degrees, and personal identification like driver’s licenses are often in a previous name or use gender references that do not match what the person currently presents.
- 9.2 Some gender variant people reported that when they disclosed their gender identity during unsuccessful job interviews they perceived this to be the reason they were not offered employment. They also reported that when they did not disclose their gender identity but it was later discovered by the employer, this was used as grounds for dismissal.

- 9.3 Employment is very problematic for transgender people and those exploring their gender identity. People who are visibly gender variant or 'out' as transgender routinely experience employment discrimination as most organisations are worried about how their customers or clients will feel about dealing with a transgender officer or representative.
- 9.4 Although discrimination is unlawful and can be addressed through complaints and employment tribunal proceedings, there is little recourse if it cannot be proven. Additionally, there is little awareness of the law or how it might apply. For example, on the recent TV show 'My Transsexual Summer', the owners of a shop committed an overt breach of the Equality Act by explicitly stating that they would not hire a transgender person, even if they met the criteria in every other way. This leaves the perception that action is not possible and discrimination is permissible.
- 9.5 Sometimes when people come out as transgender at work they are fired, demoted, passed over for promotion, or even harassed so much by co-workers that the work environment becomes too difficult to bear.
- 9.6 Some gender variant people reported that they found it difficult to access support from trade unions, as they are not always aware of gender identity issues and lack necessary training.
- 9.7 In some cases transgender people may seek vocational assistance to explore career options or access retraining. Career change may be motivated by the decision that it is not feasible for them to stay in their current line of work during/after gender transition.

Recommendations

- 9.8 Employers should assess whether or not gender variant individuals are adequately covered by existing policy on issues such as confidentiality and harassment, and amend such policies accordingly.
- 9.9 Transgender people intending to 'come out' or transition while working should be assisted in developing a plan to help them do so. This plan should include education for the employer about the practical aspects of on-the-job transitioning and the legal rights of transgender employees.
- 9.10 If referral to specialised employment services is appropriate, care should be taken to ensure that vocational counselling resources are trans-competent.
- 9.11 Bullying and harassment should be dealt with competently and effectively. It should be ensured that gender variant people are aware of their rights and have access to advocacy services to help them resolve any issues.
- 9.12 It is imperative that the Equality Act is enforced as it is written in law, and is followed in private contract agreements and service delivery.
- 9.13 Gender variant employees should be supported in socialising with others and getting peer support and guidance from colleagues and organisations. If this is not possible in-house, employers should assist their employees by connecting with other organisations and networks.
- 9.14 A person who is transitioning should be involved in all discussions on how to deal with issues relating to their transition that arise in the workplace.
- 9.15 The employer should consider whether or not training or briefing colleagues with regards to an employee's gender identity will be necessary, and at what point and by whom this will be carried out. This should be done with consideration of the transgender individual's wishes.

10.0 Legal protection

- 10.1 The Equality Act currently affords protection for people who are characterised by their intention to permanently live in the opposite gender to that which they were assigned at birth. The term used in the Equality Act to refer to this protected characteristic is 'Gender Reassignment'. The wording of the Equality Act therefore confuses the general public as to whether or not all gender identities are covered by the law, and whether or not someone would be afforded protection should they be discriminated on gender identity expression or behaviour grounds.
- 10.2 Gender reassignment or confirmation surgery is not necessarily needed or desired by some transsexual and transgender people. Whilst some might seek it, others are happy to live in-between genders or require only minor medical procedures. This is particularly the case for some intersex people as well as some people who identify as transvestite, neutrois, gender bender, and/or gender queer. It also has to be understood that many new terms are emerging, and within a term like 'transvestite' there is a distinction between a hobby-like interest and a more permanent identity.
- 10.3 Although information relating to an individual's gender reassignment treatment and/or gender identity constitutes 'sensitive data' for the purposes of the law, this is very often overlooked and such information is disclosed to third parties.
- 10.4 If a person working in an 'official' capacity becomes aware that someone has a Gender Recognition Certificate (GRC) (and therefore a transsexual history) it is a criminal offence under the Gender Recognition Act to disclose that information. However, those without GRCs are not afforded such protection.

Recommendations

- 10.5 The Equality Act should be reviewed to amend 'Gender Reassignment' to 'Gender Identity'.
- 10.6 More awareness should be raised in the public domain about different gender identities and the concept of gender fluidity.
- 10.7 Being cisgender should be recognised as a gender identity and therefore afforded protection under the law as being heterosexual is under the sexual orientation characteristic.
- 10.8 The Data Protection Act (1998) requires confidentiality of information processed on the internet or via e-mail and conveyed by telephone or post. Data on gender identity and gender reassignment should only be processed for reasons specified in the Act.
- 10.9 It is good practice to extend the protection of privacy afforded to transsexual people who have GRCs to those who do not. If a manager is giving a reference for an existing trans staff member, the manager must use the name currently used by that employee and not refer to a former name or gender status.
- 10.10 Unwarranted breaches of confidentiality should be treated in a serious manner and may amount to harassment.

11.0 Leisure

- 11.1 Transgender people reported that it is often difficult to find leisure facilities that are sympathetic to or understanding of their needs.

- 11.2 Because toilets and changing rooms are gender segregated, a transsexual person could be outed simply because of a lack of privacy and appropriate facilities. A pre-operative transsexual person is required to undergo the 'real life test' and use facilities for the gender opposite to their assigned gender for a full year before receiving treatment. Yet doing so could expose body characteristics that other people might attribute to the opposite gender, potentially creating discomfort, discrimination, abuse/harassment, and complaints against the transsexual person.
- 11.3 There have been concerns raised that there may be men pretending to be transsexual women in order to gain access to female changing rooms. If this does actually occur, it is an issue relating to crimes perpetrated by men, not by trans women. Access to services for trans people should not be limited because of other people's misunderstanding and stereotypes.
- 11.4 It is unlikely that trans people will use public facilities during their gender reassignment for fear of harassment and ridicule. They are particularly likely to avoid using facilities where people fully undress or shower together.
- 11.5 Other leisure service users may find being around trans people uncomfortable but it is the legal duty of staff to ensure that trans members are not subjected to abuse, whether physical or verbal. Just as providers would not condone abuse on grounds of race or disability, so should they not condone it on grounds of gender identity.
- 11.6 The main issue reported by participants in our meeting was the lack of facilities and opportunities targeted specifically at young trans people. When young people are not in school and want to use leisure centres, parks, or other facilities, they are frequently surrounded by other young people who are often also the bullies in their school. This risk is compounded by the fact that there are usually no adults to supervise these environments, and even when there are, they are often not trained to understand or respond to trans issues.
- 11.7 Sports and leisure facilities are often binary gendered (i.e. they offer separate classes for men and women), making it very difficult for trans people – especially those transitioning – to participate.

Recommendations

- 11.8 If a trans person states that they are legally recognised as their acquired gender (under the Gender Recognition Act 2004), they should be believed and it should be accepted that they are entitled to use the appropriate gendered facilities.
- 11.9 Trans people should not be forced to use alternative changing facilities as this risks outing them to other users. Trans people have the same right to privacy as others, and this right must be respected.
- 11.10 The inclusion of cubicles in changing facilities, whether they are unisex or gendered facilities, is recommended, as this would offer greater privacy for trans people and ensure that they feel safer.
- 11.11 Staff should receive training to sensitise them to trans issues and ensure they are aware of the organisation's equal opportunities policy.

12.0 Power and voice

- 12.1 People we consulted reported a lack of support and advocacy for gender variant people in Wales. Although there has been some improvement, advice on gender

identity matters is practically non-existent among mainstream services due to a lack of awareness and specific training.

- 12.2 Gender identity issues appear to be considered low priority because of the perceived small number of people they affect. However, this perception does not consider the impact that gender identity might have on gender variant people's parents, partners, children, friends, colleagues, educators, health professionals, as well as anyone else who comes into contact with them. Such issues also affect those who are not transgender but prefer to express themselves in less traditionally male or female roles.
- 12.3 Gender identity is extremely varied and although some transgender people might have similar needs, they are not a homogenous group and might differ completely in how they identify or want to be addressed. Similarly, two different people might identify with the same definition and terminology yet prefer to be treated and addressed very differently.
- 12.4 Whilst some consultation has begun with the gender variant community (mainly thanks to the legislative duties brought about by the Equality Act), most engagement tends to focus on MTF transsexual individuals. This might be because:
- the FTM population is more invisible (i.e. they find it easier to 'blend in' after transitioning);
 - many individuals stop identifying as transsexual after gender reassignment;
 - there is a lack of understanding of and engagement with other gender identities.
- 12.5 Consultants and representatives invited to offer input into equality policies and procedures are often not qualified and give input from only a personal perspective. Whilst personal views are an important aspect of consultation and should be valued, they do not result in input that is professional, peer-reviewed, comprehensive, and inclusive of the needs of the whole gender variant community.
- 12.6 Trans issues are often delegated to someone from the sexual minorities (e.g., a gay male or a lesbian). Although there is some common ground between these groups in terms of identity and the oppression and intolerance/prejudice they face, there are also significant differences.

Recommendations

- 12.7 Organisations that wish to develop good practice with regards to gender identity issues should engage with reputable and quality assured organisations and consultants. They should not assume that 'anyone is better than no-one'.
- 12.8 No individual can represent or speak on behalf of a whole community, and unverified opinions should not be considered absolute or exhaustive without further consultation.
- 12.9 Consultation should be carried out as widely as possible, involving both organisations and consultants in order to ensure that the opinions, needs, and issues encountered are as diverse as possible.
- 12.10 The LGBT Excellence Centre has been working to increase the visibility and representation of gender variance and gender identity issues across Wales. It can therefore help organisations to engage with transgender individuals, consultants, community networks, and social groups across the country.

- 12.11 Trainers should be educated to ensure that the information they disseminate is accurate and consistent.
- 12.12 Gender variant people should be encouraged to become more involved in politics and public appointments in order to provide gender variant role models and increase the visibility of gender identity issues.

13.0 Police, anti-social behaviour, and crime

- 13.1 Reporting hate crimes and hate incidents remains an issue in Wales. The people we consulted reported that there are still major concerns in how hate crimes are being addressed by the forces, mainly due to fear of misunderstandings and a lack of awareness, confidence, and appropriate procedures.
- 13.2 Transphobia remains an issue that many agencies concerned with community safety and crime prevention cannot deal with. Furthermore, even organisations that are sensitive towards homophobia still fail to understand and address biphobia and transphobia, but use their progress in tackling homophobia to disguise these shortcomings.
- 13.3 Lack of understanding and resources dedicated to training results in hate crime motivated by transphobia not being recognised or dealt with.
- 13.4 Even when forces declare themselves very supportive of the LGBT community, there are still employees (such as patrolling officers and control room and call centre staff) who have not been trained specifically on gender identity matters, therefore making their efforts very tokenistic and ineffective.
- 13.5 There is very little information made available on positive prosecutions, leaving the community with a lack of confidence in the authorities' ability to address issues such as transphobia.
- 13.6 Trans-specific literature about dealing with crime is not available. There is also a lack of engagement with individuals and organisations that could give input into the development of best practice with regards to promoting the reporting of hate crime and anti-social behaviour to police forces and other relevant organisations.
- 13.7 Many young people reported that the police seem quite aggressive towards them and often tar them all as trouble makers without understanding their issues.
- 13.8 Some of the people we consulted said that they struggle to identify what hate crime actually is; given that there are so many instances of bullying, intimidation, and discrimination against them, they find it difficult to distinguish between what someone should carry on tolerating as part of everyday life and something that crosses the line.
- 13.9 These issues are compounded when incidents that could be considered hate crime happen in a school environment, and are classed as bullying and treated totally different to how the police should address them.
- 13.10 Street safety is still a concern for most gender variant individuals, and town centres at night are considered particularly unsafe. Some public venues also pose problems, as staff and security guards often lack the training necessary to deal with gender identity issues and may refuse a gender variant person entry or ask them to leave.

Recommendations

- 13.11 People should be encouraged more to report hate crimes, and also reassured that those reporting hate crimes will be listened to and taken seriously.
- 13.12 Positive stories about the successful prosecution of homophobic hate crime offenders should be made available to increase LGB people's confidence in the justice system.
- 13.13 Easier and quicker ways to report hate crime would encourage the reporting of more incidents.
- 13.14 Campaigns that tackle transphobia specifically, using appropriate awareness raising literature, should be developed.
- 13.15 Good practice should be shared among police forces, and forums should be made available to facilitate this.
- 13.16 Forces and other agencies should use third-party reporting and trans organisations / support groups to engage with gender variant individuals and promote increased reporting of incidents.
- 13.17 There needs to be greater awareness both inside and outside the transgender community of the difference between a hate crime and a hate incident. There also needs to be more encouragement with regards to the reporting of acts of intolerance and oppression.
- 13.18 Transphobic bullying in schools should be treated as hate crime and dealt with accordingly; schools should not be allowed the freedom to address it as something less important.
- 13.19 Resources should be invested in awareness training for officers and safety training for transgender people (e.g., self-defence).
- 13.20 Greater care needs to be taken when dealing with gender variant hate crime to honour the privacy of the victim and not 'out' them any further than is strictly necessary.

14.0 Prisons and corrective facilities

- 14.1 The gender variant people we consulted identified safety as a major concern for MTFs held in male prisons. They agreed that MTFs should be held in female prisons as the norm rather than the exception in Wales and the rest of the UK.
- 14.2 Some gender variant people reported incidents of sexual assault in prisons (sometimes resulting in transmission of HIV and other sexually transmitted diseases) as well as physical and verbal harassment and coercion to provide sex in exchange for protection from other inmates.
- 14.3 For all transsexual prisoners there are concerns relating to lack of access to trans-competent health care and peer support, confidentiality/privacy relating to disclosure of gender identity, lack of access to information about gender identity and expression, and policies regarding same-sex strip search.
- 14.4 Gender variant prisoners also struggle with the same issues as non-transgender prisoners: overcrowding; lack of access to safe sex equipment; separation from family and loved ones; geographic isolation; forced work in unsafe and underpaid conditions; substandard diet; systemic racism, homophobia, and transphobia; lack of access to their cultural or faith community; limited phone access; poverty; and lack of privacy.

- 14.5 Access to things such as shavers, make up, chest binders, silicone padding and other equipment might be essential for transsexual individuals. However, these are often regarded as privileges and are restricted or taken away, resulting in transsexual individuals feeling uncomfortable and being unable to minimise the risk of being outed, which can lead to them becoming victims of bullying or abuse.
- 14.6 Lack of awareness of the needs of gender variant people is still an issue. It is compounded by institutionalised transphobia and homophobia, widespread among not only inmates, but seemingly officers and other staff too.

Recommendations

- 14.7 Whilst it is imperative that transsexual people are considered at high risk of suffering abuse and appropriate measures are taken to ensure their safety, involuntary segregation or placement in isolation is not appropriate. This is particularly the case when placement in a unit results in being housed with sexual predators, as this reinforces the idea of a transsexual being a sexual deviant. Placement in such units also results in loss of access to programs available to prisoners in the general population.
- 14.8 Risk assessments and advocacy are needed to promote placement decisions based on safety rather than administrative convenience. Officers working in prisons should ensure that safety concerns are taken seriously and addressed promptly.
- 14.9 Extensive training on the issues surrounding gender variance – especially those specific to a prison environment – should be provided to all staff that come into contact with potential gender variant people.
- 14.10 Advocacy with transgender prisoners should be inclusive not only of trans-specific issues, but of general issues of concern relevant to all prisoners.
- 14.11 Consultation with community organisations and individuals with experience in prison advocacy, such as the LGBT Excellence Centre, is often useful.
- 14.12 Awareness programmes and workshops should also be provided to inmates and young offenders in order to rehabilitate them and minimise transphobic bullying, harassment, and attacks.
- 14.13 Competent community-based support should be sourced to provide specialised assistance relating to gender identity issues and transition.

15.0 At home

- 15.1 To receive a full Gender Recognition Certificate (GRC), a transsexual person must be unmarried and not in a civil partnership. This is because under UK law, a marriage is only valid if it is between two people who are considered in law to be of the opposite sex to one another. A civil partnership may only be formed between people considered in law to be of the same sex. This means that transsexual individuals would need to divorce or annul their civil partnership then re-marry or re-register their civil partnership according to their new gender, whether they have obtained a GRC or not.
- 15.2 Some transsexual people are legally married to people of the opposite gender to their birth gender (although after the transsexual person transitions, the couple may present as being of the same gender). These marriages are valid because

until the transsexual party receives legal recognition in their acquired gender, he or she remains his or her birth gender in law.

- 15.3 Married transsexual people who also have a Christian or Catholic faith reported feeling upset that after transitioning they had to renounce their religious marriage vows without being able to renew them in a civil partnership (which does not have a religious meaning).
- 15.4 The needs of gender variant parents are often not recognised as it is assumed that transgender people do not have children. Transgender parents in our consultation meeting reported being single parents with low incomes, yet said they were reluctant to claim child care benefits for fear of discrimination and poor treatment from social services and other organisations.
- 15.5 An issue regarding the registration of a child's birth was reported, whereby the parents are gender variant and had been refused registration of their parental roles in their preferred gender. Should they have transitioned and had a GRC, this might have been allowed. However, gender reassignment procedures make individuals sterile and therefore there would not have been a baby to register. Secondly, gender reassignment is not sought by all gender variant people. This presents an issue that needs to be resolved with fairness and understanding.
- 15.6 Our consultation event discovered a worrying trend of domestic violence in the transgender community, indicating that this group may be at higher risk than others.
- 15.7 Homophobic and transphobic intolerance in families can lead to domestic violence and abuse towards gender variant people, leaving them vulnerable to homelessness.
- 15.8 The few individuals we consulted who reached out for support to help them deal with domestic violence found that mainstream specialist services were not equipped to deal with gender variant individuals and often lacked the relevant awareness and training.

Recommendations

- 15.9 There needs to be greater understanding of, and appropriate responses to, cross-gender identification in young children whose parents might strongly oppose their child exploring/expressing cross-gender identity and behaviour. Parents need more help in understanding these issues.
- 15.10 Further research into domestic violence in the transgender community is needed.
- 15.11 Mainstream domestic violence services require training to make them aware of issues and needs specific gender variant individuals.

16.0 Transport

- 16.1 Gender variant individuals reported not feeling safe on public transport (trains and buses). This is particularly an issue at night, and especially weekend nights, when a gender variant person is more likely to become a target of large numbers of threatening youths or drunken individuals.
- 16.2 The public transport network presents a barrier for transgender people who want to travel to city centres to access support services or trans-friendly places to socialise. This is mainly due to lack of routes and/or infrequent services for those who live in more rural areas. Furthermore, those who live in rural areas are likely

to be well-known in their community and travelling on public transport make them vulnerable to abuse – especially if they are ‘visibly’ gender variant.

- 16.3 Bus stops were perceived by the gender variant people we consulted as being one of the places they are most at risk of receiving unwelcome behaviour and comments from people with prejudice.
- 16.4 For young transgender people, public transport is often the only means of accessing support and facilities that can provide them with guidance and social interaction. However, most young people are not confident that public transport staff would intervene and offer them protection should anti-social behaviour arise.

Recommendations

- 16.5 Transport companies and organisations responsible for transport and community safety should ensure that services are impact assessed to identify the issues that gender variant people might face when using them.
- 16.6 Reporting anti-social behaviour and transphobic discrimination/harassment on public transport should be encouraged through engagement with gender variant individuals and the organisations that work with them.
- 16.7 Transport companies should consider that gender variant people might need help in reaching locations that can provide them with support, and concessions or further routes should be planned accordingly.

17.0 Online

- 17.1 Access to the internet is sometimes vital for gender variant people as it can be the only way for them to access relevant information and support.
- 17.2 The gender variant people we consulted reported many issues regarding internet access, such as:
- not being able to afford connection due to being unemployed or on a low pension;
 - libraries and other public facilities deeming trans websites pornographic and restricting access to them;
 - schools deeming trans websites not age appropriate and restricting access to them;
 - parental controls;
 - online social networking being restricted by employers.
- 17.3 Transphobic cyber bullying and online hate crime is not always reported or policed as effectively as racism or other forms of discrimination are.

Recommendations

- 17.4 Organisations should review internet access policies to ensure that gender variant people can access information and support that is vital to their wellbeing.

18.0 Monitoring

- 18.1 Whether in employment, training, recruitment, or the provision of goods, facilities and services, monitoring equal opportunities information has become an important

means of identifying the barriers that some groups might face and helping organisations make the changes needed to remove them.

- 18.2 However, gender variant people are concerned about confidentiality and data protection with regards to giving out such information.
- 18.3 Forms are very inconsistent; different departments in the same organisation often use different forms or questions.
- 18.4 Most monitoring forms do not capture any information on intersex conditions and identities. The results they produce therefore do not reflect the experiences intersex people have in dealing with an organisation, leading to a lack of evidence on how to address the issues they might face.

Recommendations

- 18.5 Monitoring should be carried out as part of a strategy to address equality and human rights issues. This should be clearly communicated to the target audience so that they are aware of why the information is being gathered.
- 18.6 Organisations should explain who is going to see the information, how it will be used, how it will be stored, and what the organisation is going to do once the data has been analysed.
- 18.7 Monitoring should always be a voluntary and anonymous exercise and this should be made clear at the beginning of the form.
- 18.8 Gender identity and sexual orientation should always be monitored as totally different matters and forms should include an option that allows people to self-identify (e.g., 'other: please specify').
- 18.9 Guidance on the most appropriate questions to ask should be sought from reputable and competent organisations, who can often supply a ready-made formatted document.
- 18.10 Advice on how to analyse and interpret monitoring data should also be sought from specialist organisations and professionals in order to avoid erroneous decisions or assumptions.
- 18.11 Relying on one individual to devise monitoring questions might result in restrictive, ineffective forms if the person is not appropriately qualified or sufficiently aware of sexual orientation and gender identity issues.

19.0 Concluding comments

- 19.1 Specialist casework and advocacy is extremely important in supporting gender variant people. Funding and support is needed to ensure adequate and sustainable services are provided to the gender variant community.
- 19.2 Improving resources that deal with gender variant issues will benefit not only gender variant people, but also their families and everyone they come into contact with.
- 19.3 Initiatives to increase community capacity will also help improve the quality and continuity of peer-based counselling, support, and advocacy across Wales.
- 19.4 Engagement in specialist support services can be a positive step in addressing the needs of gender variant individuals, which can in turn contribute to positive systemic change and improvement in their quality of life.

- 19.5 Engagement with organisations like the LGBT Excellence Centre can provide education for professionals and opportunities for organisations to develop and improve resources for gender variant service users.
- 19.6 Training and other awareness-raising activities should be prioritised and adequately funded throughout public services, especially those that are on the front line.
- 19.7 Professionals involved in equality, training, and education can work towards the inclusion of gender identity content in existing education materials, and support the development of new forms of training. None of these tasks can be carried out by gender variant community groups alone.
- 19.8 The stigma associated with gender variance can affect professionals and other individuals, who are marginalised by colleagues for working with people commonly perceived as ‘perverts’ or ‘freaks’. This can be particularly challenging for those who are advocating for change within their own work setting – for example, a member of staff who is challenging discriminatory practices in a hospital, prison, or community workplace.
- 19.9 Collaborations and sharing of successful strategies among organisations that focus on gender identity can provide sustainable and effective solutions for the ever-changing challenges of practice.
- 19.10 Activities and initiatives that encourage gender variant people to develop self-knowledge, self-reliance, confidence, and self-esteem should be fostered. Such initiatives would allow them to address issues that affect their participation in their communities and society in general.
- 19.11 Gender variant people and the organisations that support them should be encouraged to act with self-determination in order to ensure their active involvement in decision making and the wider community.