

# Women Thinking Trans Issues (WTTI)

## Background and aims of project

'Equality Counting' at Engender was funded by the UK Equality and Human Rights Commission (EHRC) to promote the effective implementation of the equalities duties by establishing opportunities for dialogue between public service providers and women using their services. The project worked with women to:

- Organise as communities of interest around a shared concern
- Research the impact of policy and practice on this issue from a gendered equality perspective
- Articulate the lived experience of this impact in ways that help them engage with the relevant public service provider(s) to achieve the desired change

The following is a case study describing the story of a group of Transsexual Women who came together as a community-of-interest through 'Equality Counting'. The case study will outline the processes, expectations and outcomes *of* and *for* the group. It will also examine roles adopted and impacts on some of the individual members.

## Introduction to community of interest

A male-to-female transsexual woman (trans woman) is someone who was labelled male at birth but has a female gender identity, and therefore transitions to live completely and permanently as a woman. This condition is referred to as Gender Dysphoria or Gender Identity Disorder, Transsexual women seek to bring their physical bodies and gender expressions into better accord with their strong gender identities so that their identities as women finally become clearly visible to their friends, families and colleagues. However, some may be restricted by their personal or social circumstances in their ability to achieve this. Transsexual women often experience significant emotional distress, if unable to live fully as women.

The lengthy and difficult process which transsexual women go through in order to achieve this is called Gender Reassignment (or transitioning ) and involves undergoing significant medical assistance in the form of hormone treatment and sometimes various surgical procedures. They may get this medical assistance from the National Health Service (NHS) or from Private Healthcare Providers. However, transitioning is not purely about changes in a person's physical appearance.

During transition, social and personal relationship dynamics also change to better reflect the gender identity of the transsexual woman. This can be both challenging and rewarding for the transsexual woman and her friends and family.<sup>1</sup>

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<sup>1</sup> Scottish Transgender Alliance [www.scottishtrans.org](http://www.scottishtrans.org)

## WTTI

At the end of January 2010 an email went out through the Scottish Transgender Alliance network targeting trans women to let them know about the project and ask if they were interested in taking part.

In March/April 2010, eight trans women joined together for the initial six-week training on Participatory Research Methods. Some of the women already knew each other from other groups or networks but most did not and given that none of the women had had any previous contact with Engender it was a new and exciting venture for all concerned.

It should be noted that in joining in the project the women were already coming with an idea of the issue(s) that they wished to address. What 'Equality Counting' offered was support and training to organise around the issue(s), research and articulate it/them in ways that used the opportunities in equalities legislation to change and challenge policies with the aim of effecting change. One of the first tasks of the group was to decide on its name and members quickly agreed that 'Women Thinking Trans Issues' (WTTI) was a suitable name and clearly identified their purpose.

## Methodology

Participatory research (PR) is known by a number of different names, including action research, collaborative inquiry, and contextual action research, but all are variations on a theme. Put simply, participatory research is "learning by doing" - a group of people identify a problem, do something to resolve it, see how successful their efforts were, and if not satisfied, try again.

PR is used in real situations, rather than in contrived, experimental studies, since its primary focus is on solving real problems.

The 'Equality Counting' project outline states that "*women will be trained to design and carry out PR then supported to apply these acquired skills, knowledge and confidence to design a PR project around their disadvantage in accessing appropriate public services due to their gender or gendered inequality*".

The WTTI women were supported to develop their own research questions and research plan to explore the issue(s) at hand and then design the appropriate PR tools and approach. They were given a basket of tools (choices) and some shared knowledge to add to their own experience so that they could develop their own approach.

## Processes

One of the important aspects of building a research team such as WTTI was the establishment of shared goals that were clear and considered important and worthwhile by all members.

There was a need also to build trust and establish norms and the group took time to agree how they would work together, communicate with each other and within the research project.

As part of the training the women explored ethics in research and together they considered whether as a research group they felt they had the capacity to meet ethical requirements.

They then, individually, spent some time considering the generative themes from their discussions and exercises to give an indication of their priorities. Splitting into small groups the women were then able to process and reflect on their findings before presenting back to the whole group thereby creating space for critical thinking. Essentially they were able to demonstrate skills in processing data and reflecting on it to reach a conclusion. Their findings showed that equal access to health services and health needs of the transgender community emerged as a clear priority.

The next step was for the women to consider what they wanted to achieve through their research. They needed to decide on:

- Their research focus and purpose
- What methods they would use
- How they would involve others, including service providers
- And how they would report their findings, conclusions and recommendations.

### Research aims, objectives and design

The WTTI research project had two strands:

1. Were there inconsistencies around Scotland in how long Transsexual women wait for Gender Reassignment Services and what effects do short or long waiting times or refusal of funding for treatment have on their lives?

The group used an online survey to gather data on this strand since this was seen to be the most effective way to reach this 'hidden' community. Using LGBT, trans community and voluntary sector networks, the survey was publicised widely via emails, in newsletters, on websites and with postcards.

2. Do Health Boards' Equality Impact Assessment (EIA) processes consider the needs of transsexual women effectively and do they result in positive outcomes in improved services for trans women?

Small group interviews were planned with health service managers in NHS Forth Valley, Lanarkshire, Greater Glasgow and Clyde and Lothian about their processes for conducting EIAs, staff training for EIAs and impacts on services so far.

To gather more qualitative data on transitioning experiences and develop a clear picture of transsexual women's priorities for improvement of Gender Reassignment Services, three focus groups of trans women were facilitated.

## Expectations

From the outset we had to consider Engender's expectations of 'Equality Counting' as a project. Beyond enabling communities of women to address their issues of concern it was our hope and expectation that increased participatory research and support work with a diverse range of communities-of-interest would improve our capacity to serve women in Scotland by grounding our policy work in the real experiences of women managing the consequences of their multiple/ intersecting identities.

We also had to consider the expectations of the WTTI group and also be aware of the expectations of individual group members. These expectations did shift in emphasis to varying degrees for individuals over the process of the project and we had to be able to adapt and respond to such shifts in terms of the support provided to the community and to individuals with it.

*"I want to be able to contribute really effectively, alongside working fulltime... I want clarity and a firm set of actions I have a personal responsibility to deliver – that is important to me from a 'how I work' perspective."*

*"I wanted to learn about the process of carrying out research... the meetings are a good mixture of serious study and participation, with some lighter moments."*

*"Learning, sharing ideas... a sense of doing something no one has done before with a group of people who I share values with."*

Another aspect to be mindful of was that, over time, as the community had increasing contact with 'Stakeholders', (the EHRC, the Equality Unit at the Scottish Government, the NHS Boards, Local Authority Equalities Officers, the Scottish Transgender Alliance etc.) they were each bringing their own expectations.

## Outcomes

Across the 'Equality Counting' project we were looking to effect change for women who suffer inequality and disadvantage, supporting them to have greater choice, control and empowerment over their own lives in relation to accessing public services.

For the women involved in the WTTI community of interest, the desired outcome was to gain skills and confidence to build on their existing knowledge and experience so they could carry out participatory action research on inequality of access to health services by transsexual women.

*"I needed – still do need – involvement in a community of interest. I had found involvement in political parties and "politically" based organisations never met my need to do something to effect real change. This is different – perhaps*

*mostly because there is no dogma – the point is to help and effect change in the lives of others”.*

WITTI outcomes were outlined as their community based indicators:

- Equality Impact Assessments (EIA) undertaken by NHS Health Boards (evidence would be how the EIA’s resulted in meaningful and measurable action for Transsexual women and indeed for *how many* Transsexual women)
- Waiting times for gender reassignment services (evidence would be numbers of women accessing the services within a ‘reasonable’ time-scale – requiring clarity about what is ‘reasonable’)
- Training and awareness for NHS staff – patient pathway type model (evidence would be as above)

It is really important to note that the most positive outcome for Engender as an organisation has been our move further along the path towards trans inclusion. We hope that this will not only help us in our work tackling gender inequality but will also help other organisations and agencies to improve transgender inclusion in their services.

### Roles

Recruited in March 2010, our **Participatory Researcher** worked with the communities of interest to provide the initial PR training, to facilitate dialogue and foster reflective analysis among the women. It was her role also to provide the groups with periodic reports, and to assist with the preparation for the writing of final reports.

**Group members** took on a variety of team/group roles. Each bringing valuable strengths to the group while at the same time having limitations which together the group worked around. Everyone had at least one and possibly as many as four natural team roles which included:

- Implementer – turning ideas into practical actions. Turning decisions into manageable tasks.
- Completer-finisher – Painstaking and conscientious, seeing tasks through to completion.
- Monitor-evaluator – Offers critical analysis. Has a strategic view seeing all options.
- Shaper – Task orientated, making things happen. Dynamic, outgoing and challenging.
- Resource-Investigator – Diplomat with many contacts. Improviser, exploring opportunities. Enthusiastic and communicative.

### Impacts on individuals

Through the process of the project, WTTI members were able to build their confidence and ability to articulate their concerns in a variety of settings, to describe their campaign objectives and strategy to a range of audiences and to communicate their progress through presentations and their research report.

*“It was different, refreshing and challenging on lots of levels all at once. The most important things I got out of the sessions were understanding my own identity and gender a lot more and an introduction to a method of research (PR) that is non-confrontational and goes beyond simple statistics, instead treating each person in a group as an individual.”*

#### Evaluation of campaign impact

- In early July 2010 a short (five question) survey was sent to Equality Officers across all the Scottish NHS Boards.
- In August letters were sent out to the EHRC and to NHS Health Board Chief Executives
- Semi-structured interviews were organised with senior officials in each of the four chosen Health Board areas
- At the beginning of September focus groups were carried out in Glasgow and Edinburgh with trans women who were encouraged to consider, ‘What does a better Health Service look like to you?’
- The research to compare waiting times for gender reassignment services for trans women involved:
- In July, setting up a Facebook group ‘Engender Research – Women Thinking Trans Issues’
- In early August, sending out a survey monkey (live till end October 2010)
- At the end of August the Projects Director at Engender was invited to participate in a Research Report launch (Transgender Experiences of domestic abuse) and Consultation Event. Her remit was to speak specifically on examples and progress in trans inclusion in the women’s sector. Following her presentation she was approached by a representative from the Equality Unit at the Scottish Govt to ask for more information about Engender’s approach to trans inclusion.
- At the end of September carrying out a group interview with survey respondents based in Edinburgh (who will all be funded by Lothian Health Board).

Stakeholder Event 17 November 2010

In advance of the WTTI research group writing its report, the women invited stakeholders to reflect on the findings with them so that practical actions to address issues can be agreed and taken forward in partnership. Stakeholders included Transsexual women who participated in the research, LGBT organisations, EHRC staff, as well as Equalities Officers and Health Board managers who had an interest in the project were invited.

*"It was a great event and good to see some of the key players listening to what was said. Also good to see it one of the biggest ever surveys /action research work with the community."* (EHRC)

*"Thank you for yesterday's meeting, it was extremely interesting and I really enjoyed it... The Equality Team in NHS Health Scotland co-ordinates a network for the Equality and Diversity leads within all Health Boards and we would be happy to disseminate the final research report to this network once it is available as a way of ensuring that all health boards receive the information."* (Equality Team NHS Health Scotland)

*"Since we met we have been working to influence key people in NHS Lothian on the issues you raised in the recent study and event..."*

*Following a request from the Scottish Government the National Improvement Programme within the Equality team in NHS Health Scotland will shortly begin a short term piece of work on the development of a separate gender reassignment services protocol, including access criteria for surgical treatment. Gender identify disorder currently sits within the Exceptional Aesthetic Referral Protocol (EARP). The project will also explore improvements to the access of gender reassignment services.*

*A short life working group has been established and will be meeting soon to begin the development of the protocol. Membership to the working group has been informed by the Scottish Government and is made up of clinicians directly involved in gender reassignment services, the Scottish Transgender Alliance (STA), service users and the Scottish Government.*

*We will be kept informed of the progress of this work via email or updates through Equality Lead network meetings as the protocol develops.*

*This national approach is welcomed and we are likely to be able to make faster progress this way. I am hopeful that your report will provide some of the evidence required and may have even stimulated the need for this group."*  
(Health Inequalities, Edinburgh, East and Midlothian CHPs and REAS)

## Conclusion

At the time of preparing this case study the WTTI research report is being written up along with a strategy for dissemination. It will be a major priority to ensure that local service providers are aware of and taking action to address the concerns raised by the WTTI campaign, and are engaging the WTTI community-of-interest in dialogue for change.

## Further Reading

RC Psych Intercollegiate SoC Committee (06 Nov 2006) DRAFT DOC.  
Good practice Guidelines for the Assessment and Treatment of Gender Dysphoria

Equal Opportunities Commission. Gender Equality Duty – Guidelines for NHS Scotland  
[www.eoc.org.uk/fairforallgender](http://www.eoc.org.uk/fairforallgender)

Dept of Health (2007). Reducing Health Inequalities for LGBT people  
[www.dh.gov.uk/publication](http://www.dh.gov.uk/publication)

Scottish Transgender Alliance: Transgender Experiences in Scotland (2008)  
[www.scottishtrans.org](http://www.scottishtrans.org)

Stonewall Scotland. NHS Scotland. Getting it Right – LGBT Research Guidelines booklet

Sandyford Initiatives Protocols

Equality Network: Survey of the Service Provision Experiences of people in Scotland with a Trans or Intersex Background or Identity

Whittle, S., Turner, L., Combs, R., Rhodes, S. (2008). Transgender Euro study: legal survey and focus on the transgender experience of health care