

Opening statement

In Scottish society, women we represent suffer worse health outcomes and are more likely to suffer domestic abuse, and to attempt suicide while in abusive situations.

There is a need for better representation.

There is no doubt that reforms of the Bill need to happen. Human rights need to be considered, as do the experiences of trans people.

There is a significant amount of debate and polarisation surrounding this issue, with many people saying that the Bill conflicts with other rights, which it does.

The organisation I am representing utilises the provisions for single-sex spaces outlined in the Equality Act. This means that inclusions, exceptions, or modifications can be made to women's services. Currently, the organisation does provide services to trans women.

It is difficult to know how to be inclusive while maintaining a single sex space. There are some instances where a trans woman using services is not going to be an issue. For example, a trans woman using a helpline is not going to be affecting any other service. I would fully support a trans woman asking for help or to modify available services as necessary. In our organisation, one-on-one emotional support is available to trans women.

Trans communities are already marginalised, a BME trans person may also have culturally-based things going on, such as honour-based abuse and pressure to meet cultural expectations. There are barriers and expectations within communities, for example, the expectation to marry, the expectation to meet gender expectations, and shame associated with straying from cultural expectations.

We would welcome more specialist services for trans people in Scotland.

Maggie Chapman MSP: You said you welcomed the reforms laid out in the GRR bill, is that from a position of having spoken to trans women within your organisation, or within the BME community more widely?

I am hoping that the committee will help balance out the rights of protected characteristics where they may come into conflict. It is a matter of trying to balance needs of trans women and of BME women.

Though there needs to be a level of medical diagnosis involved, there is also a need for the current system to be reformed.

I do have some concerns. For example, How you would self-identification work with single sex services? If someone is new in their journey, and are not yet 'passing', they can be very nervous using women's services. How do we balance this with the provisions of the Bill?

I am also concerned about Section 22 of the GRA on protected information.

The reduction of the age limit to 16 years old is also a concern. Though in Scotland you can get married at 16, in England the child marriage age has been changed, so that you must now be 18 to marry. I am hoping that Scotland will do the same.

Safeguarding measures are needed to help those making this decision, though the 2 year requirement currently in place may be too intense a safeguarding measure.

Maggie Chapman MSP: Do you support maintaining somewhat of a medical approach?

At least two of the trans women we are supporting have told us they have been diagnosed with gender dysphoria.

Maggie Chapman MSP: Should there be a requirement for a medical diagnosis of GD?

Yes, safeguarding measures are important.

Maggie Chapman MSP: So, a gender dysphoria diagnosis is safeguarding? What about trans people without gender dysphoria?

If you don't have gender dysphoria it seems unfair to put someone through the current process.

[Witness asked for clarification]

Maggie Chapman MSP clarifying the question: You currently need a diagnosis of gender dysphoria to be eligible for a GRC.

If you are a trans woman, and have lived in your required gender, and have gone through safeguarding checks, I don't know why you shouldn't be granted a GRC. Safeguarding measures are important, but perhaps not to this level for everyone.

Maggie Chapman MSP: Do you ask the trans women using the organisation's services whether they have a GRC?

No, we don't ask.

Maggie Chapman MSP: How would you know if a transwoman accessing services has a GRC?

There is no use in asking that practicality when you are able to give trans women access to the service.

Maggie Chapman MSP: Your organisation uses the single sex allowances of the Equality Act – If you don't ask about GRCs, how do you police who can access the services?

If someone doesn't appear to be a woman where you wouldn't question it, or where there may be safety reasons, that is when we would be unable to offer them access.

A lot of staff members don't understand the nitty gritty of these things, for example, what a GRC is. If someone appears to them to be a woman, and doesn't disclose, how can they police that? We have safeguards for everyone who comes in.

I would like to think that BME trans sisters would understand that some people will have cultural reservations, and that they would be considerate of that. If you're a trans woman, that space might not be safe or adequate for you. Trans women as well as cis BME women may both feel uncomfortable. For single sex spaces, there is an element of trust.

Pam Gosal MSP: On Section 22 of the GRA on protected information: when someone goes to the doctor, they can ask for a female doctor or nurse. But when a doctor or nurse is trans, they don't have to disclose this to the patient. This could break religious practices, especially for BME women. How do we balance these rights? How will this play out with the Bill?

Yes, religion is a protected characteristic.

In Muslim or Sikh faiths, there are rules to follow to ensure you are following the teaching of your religion.

For certain medical procedures (for example a smear test or breast exam) the expectation would be for a Muslim woman to ask for a female doctor. The exception is where there are life threatening situations. If it was a trans woman providing emergency care, that would be fine. But otherwise, that would be breaking the patient's religion, which is a protected characteristic, causing discrimination them.

Institutional racism results in structural inequalities and poorer health outcomes for BME women. We want to respect everyone, and part of that is not wanting our religion to be called bigoted or outdated. But there are religious rights that we can't get away from, and no one has found the answer on how to balance this.

Pam Gosal MSP: Currently a trans person doesn't have to disclose that they are trans. Is this new Bill an opportunity to bridge that gap? At this moment, the new legislation may increase the number of people obtaining a GRC.

There does need to be an element of privacy and dignity, but this shouldn't infringe on another's protected characteristic, for example their religion.

BME women struggle to speak up for their rights. It is very unlikely that they would say anything when in a medical setting. They are already worried about how they will be perceived. They are more likely to just withdraw from the service and not to use it anymore.

Rachael Hamilton MSP: Are trans women or BME women self-excluding from your services? Do you see any unintended consequences of anything in the Bill that could further exacerbate this self-exclusion?

There is a lot of debate, polarisation, and confusion around this issue. One example of how BME women may self-exclude is in shopping centres. There are no male or female changing rooms in shopping centres. One woman I'm aware of decided to just shop online after experiencing a male in a shop changing room.

Women need a safe space to speak. They want to know they are in a female only space for comfort (for example to take their scarf off or to partake in their religious practices).

Female only toilets are important for example for Muslim women to be able to go in and take off or fix their scarf. They may need to pray, so need to be able to wash.

A big consequence is the erosion of female only space – and if these women can't speak up about the need for this space, they will withdraw because they are used to discrimination.

Another concern is that it may become a postcode lottery for services, where the inclusion, exceptions and modifications are dependent on where you live. Though services should be able to alter their inclusions, exceptions, and modifications.

Pam Duncan-Glancy MSP: Will the bill change the way women use facilities?

Where the bill is being created, it is important to have something that still safeguards female privacy.

With self-ID, I think more trans women will go into women's toilets, and there may be issues here. However, I know they won't necessarily feel comfortable in men's toilets.

We are so used to people being either male or female, one or the other. More gender neutral toilets are needed, as well as keeping male and female toilets. Enclosed spaces where women can have privacy are helpful.

You can't police toilets – how can you figure out who is using what facilities?

Both communities are marginalised – how do you balance that?

Pam Duncan-Glancy MSP: Regarding enclosed spaces – is there a solution in the design of public spaces?

Yes, toilets are a safe space for women from my community, and many women in general.

Gender neutral toilets that are enclosed are great, as there is no one sharing that space with you.

Where there are cubicles, Muslim women for example, may be more reluctant to remove their scarf etc.

An option of an enclosed, gender neutral toilet would be great.

Pam Duncan-Glancy MSP: where would a trans woman go if she didn't want to use a gender neutral toilet because she was worried she may out herself?

I don't think anyone will stop you from entering the toilet you feel most comfortable using.

If a trans woman doesn't have a safe space, I'm not sure what they would do.

If no one else was in the female toilets, then I would assume that would be fine.

I understand why trans women would want to avoid the male toilets.

Again, there's a balancing act here.

Again, BME women would likely not say anything, but may withdraw from using those spaces.

Fulton McGregor MSP: I'm aware that there are different roles for women and men in many religious communities, practices, and spaces. What is the process for a trans person currently in these situations? Will the Bill change this?

There are separate spaces for men and women in mosques, and there is already a conversation happening about women's inequality in mosques, so we are behind in getting to speaking about trans people.

From my understanding, a trans person would have to pray in the section that aligns with the sex they were born in.

Again, it is about balancing their rights, they have the right to be there and to pray, but how do we balance that with the single sex areas of the mosque they use?

However, currently our mosques aren't even inclusive to women.

Karen Adam MSP: Trans women are women, and we're discussing them as though they are almost men in disguise. So, as they are women, shouldn't they be able to use single sex spaces? What does that mean for TM?

Trans women are women, but, looking at the Equality Act, this includes a single sex exemption.

Saying 'trans women are women' is a bit of a blanket statement. I wouldn't want to be othering a trans woman, in the same way that BME women don't want to be

othered. But with regards to religion, it is different. A transwoman wanting to access some spaces wouldn't work with some religions, where those religious women would require single sex spaces. Single sex spaces need to be different for females and trans women. If services can be modified to allow trans women to access them, then that is great. If you have your religion, you have that code that can't be changed.

Karen Adam MSP: What about intersex people?

Rulings change a bit with intersex people. If you are intersex, some Islamic scholars have told me that that person would go with whichever sex feels more dominant. It would need to be a case by case decision.

Karen Adam MSP: Many in the intersex community are advocating to be accepted as they are, and not to be pushed into a gender binary.

I'm afraid religious rulings can't change that.