

## **Meeting of the LGBTI+ Cross-Party Group**

**6pm – 7:30pm, 25<sup>th</sup> April 2023**

### **Draft Minutes**

#### **In attendance:**

Emma Roddick MSP – in order to officially step down as co-convenor (no longer a member)

Jamie Greene MSP – Convener

Maggie Chapman MSP

Tim Hopkins, Rebecca Crowther, Florence Oulds – Equality Network and Scottish Trans

Denisha Killoh and Colin Macfarlane – Stonewall Scotland

Paul Daly – LGBT Youth Scotland

Hugh Torrance – Leap Sports Scotland

Rebecca Hoffman – LGBT Health and Wellbeing

Nik James - NASUWT

John Wilkes – Equality and Human Rights Commission

Alan Eagleson – Terrence Higgins Trust

Iain Campbell

Roz Hamilton

Ruth Ann McCalla

Pippa Laughton

Russ Wolf

Paul Behrens

#### ***And guest research presenters:***

Dr Sally Pezzaro - Coventry University

Yzonne Kerr - NHS Scotland

Dr Steven Maxwell - University of Glasgow

Dr Rosie Stenhouse - University of Edinburgh

#### **Apologies from:**

Paul O’Kane MSP

Katy Clark MSP

Karen Adam MSP

Stevie Maybank

Kevin Guyan

Emma Cuthbertson

Liam Stevenson

Jordan Daly

Mhairi Crawford

James Banner-Rall

Fiona Donaldson-Grounds

## **1. Welcome**

An introduction was given by Jamie Greene MSP, as well as apologies for those not in attendance (see above). Jamie acknowledged that it had been a while since the last CPG (September 2022) and discussed that the last meeting had been the AGM. Jamie confirmed that the last meeting's minutes had been agreed electronically via email.

Jamie Greene gave thanks to Emma Roddick MSP, who was stepping down as co-convenor, as her new position within the Scottish Government meant that she could not be a member of this CPG nor CPG co-convenor. Jamie explained that Emma had been an important part of re-establishing the CPG this parliamentary session, and that without Emma this would not have got off the ground. Jamie then gave further thanks for Emma's help and support, as well as to Paul McLennan MSP, who was also having to step back from the CPG. Jamie then gave thanks to Joe FitzPatrick MSP, who had been a strong supporter of the CPG work, but who had similarly accepted a new Scottish Government role. Jamie explained that Joe had been an excellent contributor to meetings too.

Jamie encouraged all members of the CPG to ask their colleagues and friends across the political spectrum who were interested in LGBTI+ rights and equalities to join the CPG. He explained that it was good to have bigger and wider representation across the political spectrum, and to have as many MSPs attend in order that they could learn about the good work of the CPG.

## **2. Co-Convenor appointment**

As Emma Roddick MSP has had to step back as Co-Convenor there was a need to appoint a new co-convenor. Maggie Chapman MSP was proposed by Jamie Greene, and seconded by Ruth Ann McCalla. No objections were made, and Maggie was appointed as the new Co-Convenor.

## **3. Updates on LGBT+ policy developments:**

Tim Hopkins introduced agenda item 3, on updates on the legislative and policy work pertinent to LGBT+ people in Scotland. Tim spoke about Gender Recognition Reform (GRR), explaining that there had been lots of publicity around this. He detailed how immediately after it had passed in December 2022, with a large majority in favour of reform, the UK Government had begun talks about blocking it, and that this had been formally announced in mid-January, using Section 35 of the Scotland Act.

Tim noted that other Bills had been blocked previously for being outwith the devolved competence of the Scottish Government, but that this had not been the case with GRR. Instead, the UK Government had agreed that it was within competency but had decided that it would have an 'adverse impact' on reserved issues. Tim noted that this was the first time this reasoning had been used, and that this had stopped the Bill from gaining Royal Assent. Tim described how the Bill could still gain Royal Assent if the section 35 order was lifted, but that this was unlikely to happen as, according to the Scottish Government, the UK Government

was not entering into negotiations with them and had declined to appear in front of the Scottish parliament.

Tim then explained that the other option would be a legal challenge, and that this was how the Scottish Government was currently proceeding. Last week the Scottish Government had asked the permission of the Scottish courts for a judicial review and had published their petition for the public to see. Tim highlighted that this was unusual, and that the petition had included their reasoning as to why the section 35 order was unlawful. The petition claimed that the GRR Bill would not have an impact, or adverse impact, on reserved matters, and that the statement of reasons given was not rational nor sufficient.

Tim then described that the first step of the legal challenge would be the Court of Session in Edinburgh, and that this would give permission, or not, in a week or so. The next stage would then be arguments being heard in a month or two. After this, a decision would be made, and whoever lost would likely appeal. This appeal would then go to a Court of Session again, but there would be three judges and this would take several months for a further decision. After this, it would be likely that again the loser would appeal, this time to the Supreme Court, who would have the final decision. Tim noted that this process could easily take 18 months, and that it was hard to predict the outcome. If the Supreme Court did rule the section 35 order unlawful, then the Bill would proceed, but if it was deemed lawful, then the Bill would still stay on the books unless and until the order was revoked. This would mean that the Bill would not be “dead”.

Jamie Greene MSP then asked a question to Tim Hopkins, stating: *Is there scope for any courts to suggest that elements should be changed? Could difficult areas be revisited which would be approved by the UK Government and courts?*

Tim answered, stating that, at the moment, the Section 35 order lists sections of the Bill which the UK Government objects to, which include almost all of the significant parts of the bill. Tim explained that it was possible that the courts will say that the UK Government are legitimate on some sections but not on others. This could lead to an “unlocking” of the debate, and the Bill could enter a “reconsideration stage” to allow amendments to be made (even to a passed Bill). Tim noted that this would essentially constitute a repeating of Stage Three, and that this would be reasonably quick, once (or if) there is an agreement between the two governments about what needs to change. However, Tim stated that making amendments to reserved legislation might require a Section 104 order (this has previously been used to amend the Equality Act for equal marriage). Tim explained that this was a potential route forward if there was a change of opinion, government, or a court ruling.

Roz Hamilton then posed a further question to Tim: *If Section 35 was lifted, how long would it take until implementation?*

Tim answered that unfortunately this could be a long time. If Section 35 was struck down, the Act would receive Royal Assent four weeks later, but it would not come into effect right away, and implementation may take a year or so. This could mean two and a half to three years from now before a new process was in place.

Next, Rebecca Crowther spoke briefly about the launch of the new Hate Crime Strategy. She described how this was launched a few weeks ago, and that this would help with the implementation of the Hate Crime and Public Order (Scotland) Act 2021. Rebecca detailed how Equality Network had had significant input into the development of the strategy through the Strategic Partnership Group, and that the most important part of this had been accountability and issues with reporting to the police, as well as hate crime being on the rise. She stated that while the strategy was not perfect, it was looking better following Equality Network, and other members of the Strategic Partnership Group's, input. She explained that the next stage would be implementation of the strategy, and that Equality Network would work alongside Scottish Government, and stakeholders, to ensure that it was the best it could be for the LGBT+ community, addressing current and past harm. Rebecca also stated that this work would require engaging with Police Scotland and calling for change, acknowledgement of past harm and a concerted effort that they rebuild relationships with the community. The strategy can be found [here](#), and for more on the Strategic Partnership Group, [click here](#).

Rebecca then moved on to the next policy update: Ending Conversion Practices. She explained that lots had changed since the CPG last met, noting that a consultation had been expected in January, but that this had been delayed by Section 35, as well as a new First Minister and cabinet appointments. She noted that a consultation was still forthcoming, and that research and evidence gathering was being done by the SG team to ensure that the consultation and Bill would be as best informed as it could be.

Rebecca detailed how the Equality Network had been working with SG on developing an understanding of how legislation can help to end conversion practices within domestic settings as well as in developing an understanding of promotion of CP. She stated that there was a new [stakeholder engagement project](#) underway. This is led by Dr Steven Maxwell, and that this was about engaging those with lived experience of coercion, suppression, inhibition and change efforts related to their sexual orientation and gender identity within the home / communities / neighbourhoods in order to inform policy development in this area.

Rebecca noted that nothing was set in stone in terms of a timetable, but that there was still hope for a consultation this year, and for more broad detail on policy proposals and draft provisions. She hoped that this would lead to a more useful consultation, highlighting that there was strong past support in parliament from the new Minister and Cabinet Secretary.

Next, Rebecca spoke about developments relating to the new Human Rights Incorporation Bill. She stated that a consultation for the Bill was expected in the summer (though nothing had been guaranteed). She explained that Equality Network was working with human rights defenders, academics and the sector to discuss the impacts that the new Bill would have on LGBT+ people, as LGBT+ people are not directly referenced in the treaties being incorporated. She detailed how Equality Network had set up an ICESCR review subcommittee to look into this.

Ruth Ann McCalla then asked questions relating to the Human Rights Bill: *We have many nice things in progress, but nothing on asylum seekers coming from LGBT-phobic countries. Their entrance is being blocked by the UK Government, [she] feel[s] that there is no empathy or care*

*for them. The Scottish Government has shown more support for BAME people, but it is quite sad that there is no active work for asylum seekers. How do I tell the asylum seekers I support that things will be okay, and that LGBT people will be supported, when the police commissioner of the UK Government is telling LGBT refugees to go home? How long will this last? and what do we expect to happen? [We] need to understand that it is not just people here being affected, it is people waiting in other countries. What are MSPs doing to help with this, it has been very frustrating and I'm angry knowing what I went through. Will anything be done?*

Rebecca responded, explaining that Equality Network did not have answers to those questions, but that she was speaking with human rights organisations about what could be done about the UK anti-refugee Bill. She noted that there were no live policy areas dealing with this in Scotland, but that this would come in with human rights incorporation. Rebecca noted that the problems faced by asylum seekers were a big focus for the Equality Network (and the sector) where possible.

Jamie Greene then also responded, noting that there had been a CPG session on the international LGBT+ community before Covid, and that evidence was gathered there on asylum seeking. Jamie noted that there were limitations on what Scotland could do due to this being a reserved issue. He stated that this had been brought up at a UK Parliament All Party LGBT group who had raised concerns, assisted by third sector organisations working with LGBT+ asylum seekers. Jamie stated that he would make contact with the chairs of that group to discuss this with them, and noted that the CPG could write to the UK Government as a group to raise these issues. He mentioned that this could be put on the agenda for next time - to look at the international landscape and a wide range of issues, such as safe passage to the UK, and what can be done for people who are there. Jamie stated that there had been genuine willingness from the UK Government before with asylum schemes, such as those for Ukrainian refugees, so it could be done again for LGBT+ refugees. He highlighted that organisations working in this space, such as Stonewall, could provide an update on.

Rebecca then noted that the new Dementia Strategy, National Care Service, Self-Harm and Suicide Prevention Strategies would be covered in the next CPG meeting due to time constraints.

#### **4. Research presentation and policy implication: from Dr Sally Pezaro (Coventry University) on perinatal care for birthing trans people and learning needs of perinatal staff**

Agenda item 4 was a presentation by Dr Sally Pezaro, of Coventry University. Dr Pezaro is a registered midwife by background. Her interests are in equality, and the different ways we could think about birth.

Dr Pezaro explained that the traditional gendered nature of midwifery creates issues for trans men, and other gender-diverse people, as well as male and/or trans midwives. She noted that perinatal services had cisheteronormative ideas about who has, and wants children, and presumed it always to be a heterosexual couple having a child together, with a woman delivering a baby. She also highlighted low levels of awareness and care for trans people in maternity services.

Dr Pezaro detailed how she had partnered with Equality Network and other groups to carry out her research, running online polls asking professionals what the research should focus on, and what they wanted/needed. The results were a desire for a large survey, with a large sample, including perinatal staff, who were not often heard in this conversation.

The aims of the research were: to explore the trans and non-binary related experiences and educational needs of professional perinatal staff.

The objectives were: to investigate the knowledge, attitudes, and confidence of these health professionals, and explore their experiences, challenges, educational needs, and preferences in this context.

Qualitative and quantitative data was collected, mainly from midwives, including senior and student midwives, as well as some others from the profession.

The quantitative data asked about confidence treating trans people. Results were that people were generally confident, that they were most confident on making a care plan in partnership, and least confident in the ability of colleagues to provide supportive care.

The qualitative data found that people recognised the needs of individual trans parents, witnessed transphobia among colleagues, and felt uncertainty about 'doing the right thing'.

It was found that lots of staff made negative (and incorrect) assumptions about trans patients as 'difficult, mentally ill, and attention seeking,' and disregarded the unique needs of groups or any training. There were also challenges due to the cisheteronormative model of care in perinatal services (such as strict gendering of birth records), lack of awareness of trans and non-binary issues, as well as anti-trans attitudes.

Many respondents wanted to better understand trans identities and found it difficult to understand why trans men as men would want to give birth, when this was 'such a women's act,' as well as how trans people's gender-affirming health care (such as hormones and surgery) affected birthing and pregnancy.

Respondents wanted education on the practicalities of childbearing as a trans person taking cross-sex hormones or who had had surgery, and how to be more inclusive in language, as well as needing more inclusive policies and practices. Respondents said they would like to be given education from trans and non-binary people, and that they wanted to have best practice shared from other people in the industry, alongside open discussions on how to be inclusive. Some respondents wanted to see a strong position from service providers against anti-trans discrimination, and to make it plain that un-inclusive care was unacceptable.

Dr Pezaro then presented ideas for moving forward:

- Microaggressions, awkwardness, and questioning, all contributed towards the policing of gender norms and minority stress – this needs to be addressed
- Increased visibility of being a pregnant trans person led to stigma - this must be addressed

- Aversion to trans people as birthing people from carers led to the attitude that trans people should not have children, and that the children of trans people are in danger – this must be addressed
- Treating everyone the same and not acknowledging a need to change was a huge issue – this must be addressed

Dr Pezaro noted that the feminist struggle had led to a woman-centred approach for birthing practices. However, she explained that this could sometimes damage women, as well as trans people, as it could lead to negative assumptions and gendered roles for women as sole reproducers, reinforcing patriarchal assumptions about women's roles.

Dr Pezaro recommended that perinatal services change their systems to fit the reality of service users as a group which includes all people, including medical record systems, and that a more intersectional lens be used to look for issues within birthing services to find problems outside of what is traditionally considered "women's issues" with pregnancy. She explained that she wanted to co-create inclusive education for perinatal services, understand professional identities of midwives in the context of diversity and inclusion, and the use of inclusive language.

After the presentation, Roz Hamilton responded explaining that she worked as an anaesthetist, and that she undertook education sessions for midwives. Roz stated that she would be happy to share this research in those sessions, and also wanted to cover breastfeeding for trans women and hear trans perspectives on that.

Dr Pezaro responded stating that she would love this to come from trans people so she would be happy to work with Roz, but that it would be great for this to be co-created with trans people. Dr Pezaro noted a need to think about the future of how trans medicine may affect who can birth. She then gave her email: [sally.pezaro@coventry.ac.uk](mailto:sally.pezaro@coventry.ac.uk)

Jamie rounded up this item, saying that it would be great to hear from Dr Pezaro again, and to get an update on this in the future.

##### **5. Research presentation and policy implications: IPV among men who love men**

Agenda item 5 was a research presentation from Dr Steven Maxwell (University of Glasgow); Dr Rosie Stenhouse (University of Edinburgh); Yvonne Kerr (NHS Lothian) on intimate partner violence among men who love men.

This study came from NHS Lothian and NHS GGC funding. The report came out at the end of last year following research that year, co-designed with a survivor of domestic abuse.

The study involved narrative interviews with men who have sex with men aged 18+ and who were living in Scotland, who had been subject to intimate partner violence (IPV) from another man. The researchers explained that this was not often talked about, but that there were high rates of domestic abuse within same sex and trans relationships and that these were similar to the rates for women within heterosexual relationships.

The key areas of the research focused on different forms of abuse. It was found that these were similar to those experienced by heterosexual couples, including physical, mental, and

social abuse, with issue of participants not recognising their experiences as sexual assault due to narratives around rape. It was found that contrary to abuse in heterosexual couples, men being financially abused were often the higher earner or provider in the relationship.

Research found that many men tolerated or ignored issues as they did not want to be by themselves, and found it difficult to recognise this abuse due to narratives around abuse. Many factors in same sex dynamics impacted this, including issues identifying what a healthy relationship looked like, loneliness due to the difficulty of finding partners, lack of narratives around rape meaning it could be hard to recognise problematic sexual encounters and dynamics, and a lack of networks, peers and role models.

Many men experienced significant mental health issues during and after relationships with IPV, creating anxieties after relationships ended, around intimacy and relationships, and difficulty in establishing healthy boundaries around intimacy. Men were found to often downplay physical violence and injury due to their own perceptions around masculinity and men being “tough”, as well as issues around gay men being perceived as “weak”.

The researchers explained that there was a general lack of cultural recognition, including in services for survivors of abuse, and that this created barriers to support, as did negative experiences with the police and mental and physical health services (as well as long waiting times for support). They highlighted that training and education for support services on IPV from men who have sex with men would be important in improving this and changing attitudes, as this would change the narratives around IPV and sexual assault. The researchers expressed a need for better modelling and support as to what healthy same sex relationships looked like. Person-centred therapy from an LGBT+ therapist was also found to be important in helping men to understand that they had experienced IPV.

The researchers noted that a play was being written based on the narrative experiences gathered by this research.

Yvonne, of NHS Lothian, noted that NHS Lothian had commissioned the research as they had some quantitative data from national surveys recognising this as an issue. They had wanted practical suggestions and ideas for improvement, and recognised a need for local services with well-trained and confident staff that were safe spaces for men who have sex with men. Yvonne noted that they were also involved in work on relationships in schools, but that they wanted this to be rolled out further outside of sexual health into GBV and LGBT+ sectors and built in across the NHS work force. Yvonne mentioned that online resources based on the findings would help increase knowledge, and that there was a duty to share this. She explained that it was important to be considerate around how this was done, especially within a very gendered landscape around who the victims of violence are.

It was noted that there was an upcoming event to display LGBT+ IPV experiences through art, poetry, and panel discussions.

It was also explained that it was important to consider how this sits along the SNP manifesto promise to investigate violence against men and boys, and that Steven had written to the new First Minister to discuss this. It was also noted that it was important for different areas of

policy to be pulled out separately and be given focus and attention, rather than lumping things together.

Jamie responded, stating that it was important to think about how to get to people outside of queer community spaces, and who may live more rurally, or who may not access online spaces where this was shared. He also noted the many factors that make it harder to leave abusive relationships.

Colin also responded, stating that the development of a National Strategy on Violence Against Men and Boys needed more political engagement, perhaps from meetings with Emma Roddick and Angela Constance, but also from all MSPs, to understand these issues more. He asked if Jamie could look into how a wider understanding on this could be gained across all parties.

Jamie finished by saying that it was important to use creative and narrative ways to help people understand – noting that there could be a member’s debate or a parliamentary event to do this within parliament.

## **6. Requests to join this CPG**

*Individuals:* Ewan Carmichael, Karen Hodge, Julia Shacklock, Carrie Bates, Micah Daigeaun

*Organisations:* LGBT+ Veterans Scotland and the Multiple Sclerosis Society Scotland.

All membership requests were approved by members by vote. There was no disagreement from members and all membership requests were accepted.

## **7. Updates on other matters / AOB**

Colin MacFarlane noted that the UN Independent Expert on Sexual Orientation and Gender Identity, Victor Madrigal Borloz, was in the UK this week and next, to see how the UK was doing on its treatment of LGBT+ people in relation to human rights. He explained that Victor was holding meetings with stakeholders across the UK, with the Scottish LGBT+ sector meeting him on Monday the 1<sup>st</sup> of May 2023, as well as meetings with those from the other nations this week. Colin highlighted that it would be interesting to see his report and that he could provide an update on that at the next CPG meeting.

### **Next meeting**

Jamie concluded by noting that there may not be another meeting before the summer recess, so this may be in September 2023, but that meetings would ideally be quarterly going forward. Jamie stated that we could perhaps do hybrid meetings in the future, as work is being done on CPGs being hybrid, and that this could be explored as an option in September. He mentioned that the list of pride events could be circulated by email before the next meeting, and again asked members to please invite new and existing members, as he was keen for both geographic and political spread in the CPG.