

**Sharing the experience of being
black and minority ethnic and trans***

**Report of a focus group held by the
Race Equality Foundation on 5th November 2014**

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Introduction

The Race Equality Foundation became aware from members of the trans* community that they were experiencing under-representation and exclusion from services. We also knew that black and minority ethnic trans* people faced issues within their ethnic community.

Individuals and networks within the trans* community are working on these issues but, in order to develop these conversations, the Race Equality Foundation sought to provide a safe space for a group of black and minority ethnic trans* people to get together to talk about the issues they are facing and develop their voice.

5th November event

Nine people who defined as being trans* or non-binary and from an ethnic minority background (including the facilitator) attended the event. 15 people registered, and several more people were unable to make the event but were keen to be involved in future work. The nine attendees represented a broad range of self-defined ethnicities, including Chinese, African-Caribbean, Malaysian, Latino, and Asian.

The session started with introductions and into a post-it note exercise where people were asked to identify the issues they were facing as a trans* person of colour.

- Medical dosages and norms based on white bodies
- Endocrinology not race specific
- Colonialism and penal codes
- "LGBT" as a white concept
- Microaggressions everywhere
- Gender identity clinics (GICs) expect us to conform to white masculine of femininity
- Trans* sex workers
- Racist and/or transphobic mental health services
- Lack of intersectionality in services – BME or trans*
- Religious support (as trans* can be difficult)
- What do our families look like
- Trans* images publication. Culture perspective
- Images did not reflect me! Ownership
- Your religious community may be your ethnic community too
- Where are we all first off!? QTPOC cohesion & community important
- Coming out to family
- SOFFAs Group! (Significant others, families, friends, and others)
- Accessibility of LGBT & trans* spaces for BME people of faith
- Visibility – info on medically transitioning as BME
- "Exotic" – bad but can be good.
- Have resources for LGBT orgs & BME orgs be more inclusive. Large orgs producing resources and platforms
- Non-binary trans* recognition
- BAME/LGBT poverty/class issues. Financial difficulties
- Racism in mainstream LGBT community. LGBT-phobia in ethnic communities.
- Family Issues (coming out)
- Problem with long waiting list for gender treatment on NHS
- Potential racism in trans* health services (cultural assumptions etc.)
- Not enough focus on POC/ethnic minority issues in LGBT spaces
- White people using indigenous genders to "justify" non-binary people > exotifying
- How do I bring up cultural appropriation in a resource we have/sell?
- White trans* people appropriating I/POC genders – why

From this exercise, the group moved into a general discussion based on what had come up.

Counsellors

There is a “*total lack*” of trans* (or even LGB) black and minority ethnic counsellors to help people. Those counsellors who are available are not understanding of cultural or race issues. This means that trans* black and minority ethnic people are unable to talk about what they are going through (“*I am just screaming in my head.*”) There should be a pool of counsellors from black and minority ethnic communities, as well as more general LGBT black mentors.

Getting the doctor to tailor your services

It was felt that doctors were the people in the system who were able to ‘tailor’ services to individuals.

Trans* community services

Currently, most trans* services in the voluntary sector were set up by the trans* community, but because the community tends to be white, it does not reflect the needs of black and minority ethnic people. There is also an issue of service providers being unwilling to recognise these problems, as they were often involved in the creation of those services.

Language and insularity barriers

It was noted that particular ethnic LGBT communities are ‘insular’ and ‘invisible’- they do not access services, or even have appropriate services provided for them. Language was mentioned as a particular barrier.

Numbers approach and commissioning – minority within a minority

The way services are commissioned is based on numbers, so as a ‘minority within a minority’ black and minority ethnic and trans* issues do not get funding. As such, this group feel disenfranchised. They feel that “*to prove that there is a need is a very white approach.*” Outside of London (and to a lesser extent in Brighton), services are non-existent.

GUM services

Partners of trans* people also face issues. For example, GUM clinics do not know how to categorise the sexuality of someone whose partner is transitioning.

Care home and later life issues

Care home issues were mentioned, including the risk of isolation as a trans* person; the need to have understanding care workers; hormone regimes; and dementia. This is in addition to the issues faced as black and minority ethnic people.

Councils approaches vary widely

Local government services and approaches to trans* issues were felt to vary. For example, Lambeth Council asked the trans* community to help them design their forms. However, this was only one council, rather than all councils. The trans* documents and BME documents produced by councils should be shared.

Self-empowerment, organisation, and creating a culture of pride

Self-empowerment and self-organisation of black and minority ethnic trans* people was felt to be important. The aim should be to 'create a culture of pride' drawing on the example of UK Black Pride. However, it is also important to ensure that groups are not marginalised and to recognise that the label "black and minority ethnic" includes many different communities. Working in communities, being proactive, and building strength are important to bring about empowerment and create change.

Sex workers

One group whom it was recognised were not represented at the meeting were sex workers. There is a need for targeted engagement with trans* black and minority ethnic people who are sex workers.

LGBT organisations and diversity

The LGBT Community tends to be white and middle class, and a lot of LGBT organisations think they don't need diversity officers. The lone trans* person is often expected to deal with 'everything on trans', let alone race. Trans* staff want to raise issues but are isolated and don't have the confidence.

Unemployment among black and minority ethnic trans*

A lot of black and minority ethnic trans* people are unemployed. Attention is needed for the ways poverty can affect ethnic minorities.

Issues faced by immigrants

Passports from other countries do not recognise transition. This creates challenges for those with family and friendship networks in their country of origin. It was recognised that immigrant communities, in particular, have multiple challenges.

Need to come together – creating safe spaces (doesn't happen on Facebook)

It was felt there is a need to 'club together.' A lot of black and minority ethnic trans* people do not use Facebook, but there are some online communities e.g. QTPOC.