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Trans and Bisexuality: Developing Social Models of Health

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Aims and Objectives



- To outline developments in social models of health for both trans and bisexual people – and the broader context
- To provide some concepts that may be useful in thinking about social models of sexuality and gender
- To provide some INDICATIONS of the things that health professionals and other interested parties may wish to consider
- Caveats:
 - Will not address specifically medical issues for either trans or bi people
 - Will not deal with intersex in any detail
 - Will not deal with ‘intersectional’ issues in any depth

Structure



- Acknowledgements and background
- Key definitions
- Broader context (internationally) and possible implications for the UK
- Trans social models of health
- Bisexual social models of health
- Recommendations

Acknowledgements



- Dr Ann McNulty and Prof Diane Richardson – also Dr Michaela Fay – from the Sexualities Equalities in Local Government Project (<http://research.ncl.ac.uk/selg/>). The ESRC, who fund it – all the primary data is from this project except for some anecdotal evidence from bi community events
- The IDS (Sussex University) group
- All the trans and bi people whom I have known over the years – some contributing directly to my research – and LG and straight contributors to research too
- My identity – bi, lesbian, bi

Definitions

- Transphobia: Fear of and/or stigmatisation of trans people and trans tendencies
- Biphobia: Stigmatisation and/or fear of bisexuals and bisexual tendencies
- Heteronormativity
- Homonormativity
- Transnormativity
- Bi-normativity
- Gender-binarism
- Couple normativity
- Polyamory/polyamorous

Cross-cultural considerations

- The acronym 'LGBT' is a Western construct, although it's being adopted as umbrella for sexual and gender diversity widely
- The divisions between sexual orientation and gender identity are constructed differently in some regions – especially South Asia
- Homosexuality is illegal and lesbians and gays are persecuted in a range of countries
- MSM as public health issue an important handle for work – this includes men we might interpret as bi
- Recognition of trans and access to treatment varies widely
- There are ongoing fights re LGBT being seen as a 'Western disease' – but extent of indigenous sexual and gender variance disputes this – important not to get paralysed by worries re challenging heterosexist etc cultural norms in the UK
- Wide range of LGBT and related organisations worldwide – but construct of identities may be different

Considering the social model of trans health in the UK



- Transsexualism is still classified as a mental disorder (Whittle et al 2008)
- Different waves of trans writing and developments concerning the community
 - Autobiographical
 - Sociological
 - Radical feminist (stigmatising)
 - Transgender activist
 - Transgender feminist

Social model of trans health cont.

- Social models locate the ‘pathology’ of particular groups within society not the individual
- Monro (2000) Social model of trans health addressed extent of social exclusion trans people faced:
 - Economic, linguistic, bureaucratic, health, relational....
- The social exclusion is still an issue: Whittle et al found in 2007 that for example:
 - 73% of trans people had experienced harassment on public places
 - 64% of young trans men and 44% of young trans women had been harassed at school
 - 42% of people not living permanently in their preferred gender role were prevented from doing so because of fears re their jobs
 - Trans people are overrepresented in the most vulnerable housing sectors
- There are a range of barriers to access to healthcare (Fish 2007)

Cont.

- Transphobia within the lesbian and gay communities, e.g.:
 - ‘I- I’m beginning to feel that there are some chaps who got jobs with their local PCT doing sexual health work because of the Aids crises and I think that’s how they got in the door; and so I’ve met quite a few on my travels...they have quite nice jobs, quite well paid jobs and they have the sort of authority and they only really think about themselves and when they do think about T, I think that they, this is personal now, but I think, but in my experience **the particular ones I’m thinking of are terrified of trans men. They can cope with trans women, but they can’t cope with trans men because of all kinds of issues.** So they can, there’s a tolerance of trans people but as long as it’s a bloke in a frock and they can say oh dear and you know be camp with them’ {laughter}.
 - Q – I mean can you unpack what those issues are that gay men might have with trans men?
 - I – ‘Well they’re terrified they’ll end up in bed with them and then find out, you know’ {laughter}. (representative of community organisation)

Social model of trans health cont.



- BUT also:
 - Major changes in trans communities since 1990
- Legislative changes including:
 - Sex discrimination (Gender Reassignment) Regulations 1999
 - Sex Discrimination (Amendment of Legislation) Regulations 2008
 - Gender Recognition Act (2004)
 - The Equality Act 2006 -
 - The Equality Bill (currently before Parliament)

Social model of trans health cont.

- Legislation and the associated initiatives important in creating space for trans health and wellbeing eg:
 - *‘Everything, the amendments to the Sex Discrimination Act, em, even just the Gender Equality Act, obviously the Gender Recognition, and the new legislation this April for goods and services, protecting trans people, em, all of that has helped but the biggest help has been education, and particularly the amount of trans people that have got exposure in the media’* (trans community representative)
- The Equality Act (2006) recommends that public bodies apply provisions for transsexual people to trans people more generally as well
- But at present the Gender Recognition Act does privilege certain trans identities over others (see Hines 2007)
- Ongoing issues re relative marginalisation of trans men and of non transitioning trans people

Cont.

- Ongoing process: Greater visibility of inclusive discourses in the trans community now:
 - *“the more you look into it the more you realise that the whole of gender is just part of nature’s diversity, nature, I mean nature all the time, it always expands, always diversity, em, and the fact that intersex is now being accepted, it was swept under the carpet for ages, “it didn’t exist” you know, but **we are now realising that it does, even physically, nature, gender is not clearly defined in a lot of people, and research into trans has suggested that there is a whole, gender comes in a whole lot of layers**, that is your chromosomes, your physical body, the way you think, your perception, what they call “your love match”, who you fancy, all these things, and **you can be on different parts of the spectrum** on different, em, and basically the whole of humanity is a great thing of diversity and that one of the, it doesn’t do anybody really much service to sort of say, ‘you’ve either got to be in that box and conform to that, or that box and conform to that’, and I think a lot of non-trans people have problems with this fact that they feel they have to conform to a gender role, and they should be allowed to be, able to be who they are’ (trans community representative)*

Considering the social model of bisexual health in the UK



- The bisexual communities are characterised by fluidity, grassroots orientation, diversity and commitment to diversity, and perhaps fragmentation.
- There are major issues with a lack of community capacity – making engagement by policy makers and health practitioners hard
- There is a related lack of resources – although there is some material on the web
- Issue of ‘bisexual’ behaviours without bisexual identification
- Literatures have been mostly either autobiographical and self-help, concerning identity politics, but there has been a shift towards a more queer and poststructuralist angle

Cont.

- The social model would rest on an awareness of the following:

*‘Bisexual people are affected by homophobia and heterosexism, even while in opposite-sex relationships. Prejudice about bisexuality is called biphobia. It includes assumptions such as: bisexual people are ‘really’ either gay/ lesbian or heterosexual; they are confused; **genuine** bisexuals are attracted to men and women equally; or it is always a temporary phase’ (Fish, J. 2007)*

Cont.

- There are diverse agendas within the community and agendas are in some cases different to those of the LG communities, e.g.:
 - *‘there might be questioning of the norms around sex and what sex should involve. The way relationships should be set up. You know, so there isn’t, I mean I guess within, for example, within gay culture, kind of homonormative agenda could be well we want to get married. **Within bisexuality there are bi-people who want still to get married to somebody of the same sex, but there’s quite a lot of people who would rather have recognition of maybe multiple relationships or some kind of questioning of whether relationships have to be a sort of one person for your whole life.** I mean not to reinforce the stereotypes that everyone is having lots of different relationships, because there’s certainly monogamous bisexual people and bisexual people who don’t want a relationship at all; but you know there may be more of a tendency to want to fight for different relationship structures being recognised’ (Bi community activist England)*

Legislation

- A number of pieces of legislation support some aspects of bisexual equality, specifically:
 - Equality Regulations (Sexual Orientation) 2007
 - Employment Equality (Sexual Orientation) Regulations (2003)
 - Civil Partnership Act (2004)
 - Single Equality Bill (as above)

Specific health issues for bisexual people

- Fish (2007), in a substantial review of research finds that:
 - Bi people are more likely than gay men, lesbians and straight people to have substance and alcohol abuse issues
 - Bi people have poorer mental health than heterosexuals, lesbians, and gay men
 - Bi people report higher frequency of financial problems than the other groups
 - There is evidence that bi men are less well educated than gay men re STIs and that they have more unsafe sex (although within the bi community itself awareness is high)
 - Bisexual people are less likely to be at ease with their sexuality or to have come out to family, friends and colleagues than lesbians and gay men
 - Bi women are more likely than lesbians to say that they have received mixed or negative reactions from health care providers when they come out
 - Bi men are more likely than gay men to say that a mental health professional made a causal link between their sexual orientation and a mental health problem

Why are bi people more at risk of health problems?



- Biphobia in the heterosexual communities:
 - *I mean fear is prevalent here, it really is among the gay community, and I think the bisexual community feel it more because, em, you've got the gay community on one side that's hostile towards them and you've the straight community, you don't quite understand whether they want to be a Mary or a, do you know what I mean, a Martha or an Arthur' (Gay community member, Wales)*
- Issues specific to bisexuals, that are rooted in hetero- and homonormativities:
 - *'You've also got things like bisexual people have to come out to their partners. Which no one else does; because it's assumed obviously if you are with someone of the same gender, it's assumed that you are lesbian or gay'. (Bisexual activist Wales)*

Cont.

- Homonormativity amongst LG-related community organisations and the LG community (and direct biphobia):
 - *‘every talk you hear by [national LGB community organisation] will miss off the B and **it will be there at the start and then it will suddenly disappear** and it will be only gay people who are interested in gay marriage, or gay rights or whatever and neglecting the fact that bi-people also have same sex relations and you know and experience homophobia and biphobia etc’ (Bisexual activist England)*
 - *‘...because of our human nature we do like to classify people and I’m sure something that defies classification is bisexuality could fall foul of even gay men and women who may look at that as not having you know shown your colours or gone into one camp of the other’ (Local authority officer N.Ireland)*

- Homonormativity in community organisations cont.
 - I -**bisexuals sometimes is a bit too tricky.**
 - Q – Right and can you explain why?
 - I – *Because trying to explain service delivery in a context where, bisexuality, identity is important in that service delivery is quite difficult to explain in a one-meet opportunity. So your sexual orientation is only ever relevant in the moment in which you're being served to be honest.... What needs to happen is, is in any service context, I need to be able to disclose the full aspects of my life and I need to have some indication that I'm able to do that; but if I am in a relationship with my husband and we've got three kids, but I personally identify as bisexual, housing provider don't need to get that right now; and all I need the housing provider to do is not treat the lesbian who comes next badly. So I can't mix her head up to much with too many different things. [LGB community organisation England]*

Cont.

- Biphobia amongst statutory sector actors- and challenges to it:
 - ‘...how can you be bi, and fancy both?...**its seen as indecisive and kind of having your cake and eating it**’ (Local authority officer, Wales)
 - ‘...the thing with bisexual people, it’s an interesting sort of dilemma really, because somebody I did hear, at the conference, that some people regard them as being greedy, because they can’t make their minds up ...which sort of struck me as strange really; because I suppose in a way, I suppose, because I had thought about this around sexuality and **the way I sort of look at that, is that you have, it’s just a continuous, people in terms of who they want to make their close intimate relationships with** and actually it depends on where you are along there and it’s all within that range or normality, it’s just **different, that’s all**’ (Fire and Rescue Services Diversity Officer, England).

Cont.

- Heteronormativity and homonormativity in legislation and policies:
 - ***‘you can’t have multiple relationships recognised if you wanted to and then you know so basically you can’t have anyone other than just two parents being recognised as carers. So poly people in families can be in a really difficult position. I think it becomes a big issues when people have kids and up until that point there’s less of an issue. You know maybe some things like being recognised if your partner goes into hospital or something; but it’s particularly around families, that **people can feel very insecure because you know you could just have your kids taken away** or you know you could have no access to kids that you’ve been looking after for your whole life if you aren’t biologically related to them’*** (Bisexual activist England).

Cont.

- Implementation gaps regarding legislation:
 - ***‘you can’t make homophobic comments in the workplace, because it counts as bullying and harassment...but they aren’t necessarily aware that calling bisexual people greedy falls under that as well; and it tends to be, certainly in terms of anecdotal evidence and things I’ve heard from people it’s more acceptable to make those comments about bisexual people and they won’t be challenged as much by employers’*** (Bisexual activist Wales).
- The lack of capacity in the bi community probably related to the lack of investment/support

Recommendations - bisexuality

- *'Health providers should visibly demonstrate that they are inclusive and supportive of various sexual identities and behaviours, including bisexual, and of those who do not identify with any sexual identity. Explicit inclusion of the word 'bisexual' in health promotion campaigns is suggested'. (Fish 2007)*
- Consideration should also be given to:
 - Providing support for infrastructure building for bi support networks and groups
 - More research around the specificities of bisexuality
 - Including polyamorous bi people when thinking about service provision
 - Thinking about how to include people who are both trans and bi and who may have particularly fluid and complex gender/sexual identities
 - Ensuring that sensitivities and knowledge are developed around BME people who engage in both same and opposite-sex sex
 - Discussing and challenging 'biphobia' as well as 'homophobia'

Cont.

- Consideration of the ways in which heteronormativity and homonormativities – as well as norms concerning relationship forms – are institutionalised within your organisation
- Direct challenges to biphobic behaviours amongst lesbian, gay and heterosexual employees and community members – statutory sector organisations are no longer allowed to tolerate this
- Lesbian and gay organisations to make an effort to be properly inclusive of bi (and trans) people. Some e.g. clubs fall under the Goods and Services Acts now

Recommendations - trans

- These are indicative – proper recommendations must always come from the trans communities.
 - Need for good access to treatment and support for transsexual people
 - Implementation of legislation
 - Awareness of limitations of legislation and in particular work around inclusion of gender-variant, gender-transient, androgynous and other trans people who are not fully transitioned
 - Continuation of development of specific work around trans health needs for example older trans people's health needs
 - Ensuring that sensitivities and knowledge are developed around BME people who are gender variant