



OPPRESSION SQUARED:

**D/deaf and disabled trans
experiences in Europe**

Nathan Gale

IMPRINT

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This report has been created with the greatest care, but it does not claim to be complete. Please send feedback and suggestions for amendments to tgeu@tgeu.org.

Transgender Europe, November 2017

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INTRODUCTION

This report is the result of Transgender Europe's (TGEU) "Expert Meeting on D/deaf and Disabled Trans Experiences," held in Berlin in July 2017. Following approval of TGEU's revised strategic plan¹ at the General Assembly in 2016, the organisation committed to advocating for the rights of trans people who face multiple oppressions, including (amongst others) D/deaf and disabled trans people.

In order to take this work forward, TGEU had to first understand what human rights issues are the current priorities for D/deaf and disabled trans people across Europe. At the same time, TGEU saw this as an opportunity to learn about the improvements that need to be made for the organisation to better engage with D/deaf and disabled trans people.

This report is one way of sharing the knowledge that TGEU has gained with LGBTIQ organisations across Europe, to enable all organisations to better include issues which are important for D/deaf and disabled trans people within their work.

The report has two parts: it begins by setting out the various challenges that D/deaf and disabled trans people face in accessing their human rights. The first part will also explain how LGBTIQ organisations can contribute to reducing these difficulties by including the human rights priorities of D/deaf and disabled trans people within their trans advocacy. Secondly, the report discusses barriers that D/deaf and disabled trans people experience in attempting to engage with LGBTIQ organisations, followed by an extensive list of practical steps that organisations can take to overcome or reduce these barriers.

1 TGEU, Strategic Plan 2014-2020, http://tgeu.org/wp-content/uploads/2016/11/TGEUStrategicPlan_2014_2020.pdf (17.11.2017).

All of the information regarding the situation of D/deaf and disabled trans people described in the following pages has come directly from the experts who attended the meeting and is informed by their extensive experience in D/deaf and disabled activism. Where available, reference to external research which supports the information given by the experts has also been made. The suggestions set out in this report come largely from the experts at the meeting, but also include contributions from the author.

A note on language

The language used in this report relating to D/deaf and disabled people reflects the terms used by the experts at the meeting and more generally by activist communities across Europe. However, it is important to note the variety of terms that are used by D/deaf and disabled people to describe their experiences and to acknowledge that there is not always agreement over the language used. Some of the words used in this report have historically been used as slurs against D/deaf and disabled people, such as the terms “crip” and “mad”, but in the context of contemporary use, have been reclaimed by activists as empowering ways to describe their identities. Such terms tend to be used by people as a political statement for describing their identities, rather than simply indicating that they have an impairment. When used by individuals to describe themselves or their communities, these terms are not offensive. However, in general they should not be used to describe people unless they have clearly indicated that they want to be referred to in this way.

The word “Deaf”, with a capital ‘D’, is generally used by people who identify as culturally Deaf and as part of the Deaf community. Deaf people do not tend to see themselves as disabled, are likely to use sign language, and view sign language as just as valuable as any spoken language. In contrast, “deaf” with a lowercase ‘d’ is used simply to describe that someone has hearing loss or is not able to hear. People who describe themselves as deaf are more likely to have become deaf later in life, and are unlikely to view themselves as part of the Deaf community or to use sign language. To be inclusive of both groups D/deaf is used throughout this report.

The expert meeting and this report are underpinned by the Social Model of Disability. Rather than viewing disability as something that is “wrong” with individuals, the Social Model acknowledges that people with impairments are actively disabled by barriers created by society. For example, a person may have a mobility impairment, which means that they use a wheelchair but they are only disabled when they are faced with a set of stairs rather than a lift or a ramp. Similarly, a person with autism may find talking on the phone very difficult but if they are able to book concert tickets on the internet then they have not been disabled by that interaction. When disability is framed in this way it becomes an active process which puts the burden on society to make the world more accessible to people with impairments. The Medical Model of disability instead puts the burden on individuals to “cure” themselves so they can function in the world as it is. The words ‘ableism’ and ‘non-disabled’ have been used throughout this report as this language reflects the Social Model of Disability. Ableism refers to discrimination or prejudice towards disabled people. Non-disabled is used instead of the term able bodied.

Expert Profile

Ten D/deaf and/or disabled rights experts with experience of trans and/or LGBTQ activism were brought together to share their knowledge and experience with TGEU. All experts have at least three years of experience in these areas of work; the majority (eight) have over five years of experience - with three having worked in the disabled rights field for over a decade. The participants developed their expertise in a wealth of areas including academia, union activity, community organising, activism, artistic practice, and the non-profit sector, and have extensive networks with an extremely broad reach. Their experience was gained in the following countries: Canada, Czech Republic, England, Estonia, Finland, Germany, Hungary, Iceland, Northern Ireland, Scotland and Sweden.

All of the experts identify as D/deaf and/or disabled people, using a variety of more specific terms to describe their identities such as Crip, Mad, and Deaf. Nine also identify as trans and/or LGBTQ, with one expert identifying as intersex. The experts have a variety of impairments including visual, hearing, physical, cognitive, psycho-social, and developmental. One expert speaks British Sign Language (BSL) and sign language interpreters were present throughout the meeting.

CHAPTER 1

Human Rights violations against D/deaf and disabled trans people

There are many challenges that D/deaf and disabled trans people face in accessing their human rights. LGBTIQ organisations have an important role to play in addressing and reducing these difficulties. All LGBTIQ organisations can help by raising their own awareness of these issues. In order for the situation of D/deaf and disabled trans people to improve, it is particularly important that those organisations that take part in advocacy are able to reflect the priorities, set out below, in their work.

The human rights priorities of D/deaf and disabled trans people discussed in this report are:

1. The right to healthcare;
2. Freedom from torture or cruel, inhumane or degrading treatment or punishment;
3. The right to live independently;
4. Respect for privacy.

Firstly, barriers that prevent D/deaf and disabled trans people from freely accessing these rights will be discussed. This is followed by suggestions as to how LGBTIQ organisations can use their work to help to reduce these barriers.

The human rights above are guaranteed to all by a number of legal agreements including the European Convention on Human Rights. There is one human rights document specific to D/deaf and disabled people that it is helpful for organisations to be aware of: the United Nations Convention on the Rights of People with Disabilities.²

2 Independent Living in Scotland, The ILiS Do-It-Yourself Guide to The United Nations Convention on the Rights of Disabled People (UNCRPD): http://www.ilis.co.uk/uploaded_files/ilis_guide_no.2.pdf (20.11.2017).

There are a number of human rights issues that will not be discussed in this report, such as the right to access to justice and the right to access education. A great deal more research is needed into the multiple barriers that keep D/deaf and disabled trans people from enjoying their human rights.

Overarching strategies

Organisations involved in trans advocacy are likely to be aware of the opportunities that human rights law provide to hold governments to account or to undertake strategic litigation. Strategic litigation means taking a case to court in order to try and change the law on a particular issue. When the advocacy strategies of the D/deaf and disabled rights movement and those of the trans rights movement were discussed at the expert meeting, it was found that they were largely the same. Organisations should bear this in mind when reading the following chapter, which suggests particular ways of incorporating the issues affecting D/deaf and disabled trans people into existing advocacy strategies.



The advocacy strategies of the D/deaf and disabled rights movement and those of the trans rights movement are largely the same.

Carrying out research is an advocacy strategy that is widely used, and carrying out research into the lives and experiences of D/deaf and disabled trans people has the potential to benefit D/deaf and disabled trans people in all of the areas that are discussed below. There is currently a distinct lack of research relating to D/deaf and disabled trans people in Europe. There is limited research which focuses on LGBTIQ disabled people in general, but the impact of these issues upon trans people specifically are not discussed in any depth. Unfortunately, research into the experiences of D/deaf and disabled people rarely refers to the specific situation of those who are trans. If organisations are not in a position to carry out such specific research, then it is still useful, when carrying out more general research, to ask

participants whether they are D/deaf and/or disabled, and whether they are trans. It may then be possible to include the number of D/deaf and disabled trans people who took part in the research, and to specifically discuss the findings relating to that group.

“I think one of the most important things for organisations to know, or perhaps remember, is the fact that dis/ability rights are always intertwined with other civil and human rights - simply because of the fact that dis/abled people are multifaceted persons. There is no ‘one issue’ to cover in that sense”.

Christine Bylund, Sweden based, crip- and femme-identified disability rights activist

HEALTHCARE

Appropriate and respectful healthcare is one of the human rights that D/deaf and disabled trans people experience greatest difficulty in accessing.³ It is a common experience amongst D/deaf and disabled trans people that when coming into contact with a healthcare practitioner, they experience either transphobia⁴ or ableism⁵, or both types of prejudice at the same time. Often, the intersection

3 See for example: World Health Organization, Disability and Health Fact Sheet, 2016:

<http://www.who.int/mediacentre/factsheets/fs352/en/> (20.11.2017).

4 See for example: Transgender Europe, Overdiagnosed but Underserved. Trans Healthcare in Georgia, Poland, Serbia, Spain, and Sweden: Trans Health Survey, 2017, pages 10 – 11:

https://tgeu.org/wp-content/uploads/2017/10/Overdiagnosed_Underserved-TransHealthSurvey.pdf (20.11.2017).

5 European Union Agency for Fundamental Rights, Inequalities and multiple discrimination in access to and quality of healthcare, 2013, pages 65 – 7:

<http://fra.europa.eu/en/publication/2013/inequalities-discrimination-healthcare> (20.11.2017).

of being D/deaf and/or disabled and trans requires treatment from a wide variety of healthcare practitioners, all of whom have specific areas of expertise. As a result of this, D/deaf and disabled trans people are likely to be treated by practitioners who have little or no understanding of at least one aspect of their identities. For example, individuals might get physiotherapy from a practitioner who understands disability but lacks any awareness of what it means to be trans. In addition, D/deaf and disabled trans people will access general healthcare where there is a good chance they will experience prejudice towards both of their identities.



Ableist attitudes, gatekeepers, poor accessibility and lack of autonomy are the main issues that impact on D/deaf and disabled trans people's access to healthcare.

For people of colour, asylum seekers and refugees, this experience is likely to be compounded by racism and/or xenophobia and/or prejudice in relation to their citizenship status.⁶ Therefore, this increases the likelihood that D/deaf and disabled trans people of colour, asylum seekers and refugees will have a negative experience when trying to access healthcare, if they are able to access healthcare at all.

“My therapist told me the other day that I’m feeling more dysphoric because I’m depressed. I wanted to explode. I thought: OK this is exactly why I don’t talk to you about trans stuff, because you don’t get it. Let’s just stick to the mental health stuff. But obviously, I deal with both, so this is not very helpful.”

Anonymous participant at expert meeting

6 European Union Agency for Fundamental Rights. Inequalities and multiple discrimination in access to and quality of healthcare, 2013.

“I had a particular difficulty in accessing health care because I am Deaf and use signed and written languages. Like other Deaf people, I often struggle to get access to a sign language interpreter when I go to the doctor or a hospital. Sometimes I’ve had my treatment delayed by days, and been left in pain. Sometimes it’s the other way around, when I’ve wanted to talk in private with a doctor via writing and had a sign language interpreter forced on me. This is hard because some issues are easier for me to discuss via writing due to technical vocabulary that I know the interpreter isn’t familiar with, and also sometimes due to the very personal nature of the topic, like trans stuff. It’s very frustrating and disempowering when I am not allowed my preferred means of communication for a given situation.”

Tashi, queer linguist based in the UK

Ableism amongst healthcare providers manifests in many different ways, from minor inconveniences to life-threatening failings.⁷ It is important to recognise that even seemingly minor difficulties can have a significant impact on mental health and wellbeing when they occur repeatedly.

Common examples of this kind of discrimination include:

- **Judgments about what a person’s goals should be**, such as walking rather than using mobility aids or learning to speak verbally rather than using sign language. This can reduce the quality of life of individuals by stopping them from accessing aids and adaptations that could make their lives easier;

7 Mencap, Death by Indifference: 74 Deaths and Counting a Progress Report 5 Years On, 2012: <https://www.mencap.org.uk/sites/default/files/2016-08/Death%20by%20Indifference%20-%2074%20deaths%20and%20counting.pdf> (20.11.2017).

- **Assumptions about whether people can make decisions about their care and treatment** or are entitled to be fully informed about medical decisions that affect them. This can have dramatic effects on the course of someone's life and lead to them potentially being treated against their will;
- **Failures to appreciate, take seriously, or in some cases even believe, the extent or existence of the pain that people are in.** This leads to them having to live with pain that is not sufficiently treated, or even treated at all, and reduces their willingness to talk to healthcare professionals about pain in the future. In extreme cases, this can mean that individuals do not seek treatment for pain that turns out to be due to a life threatening condition.

Due to ableism and the general perception that D/deaf and disabled people are not sexual beings, access to fertility treatment, contraception, and sexual health services are particularly challenging for them.⁸

There are a variety of factors which contribute to this situation, including:

- Refusal by health care practitioners to provide, or refer for, fertility treatment, contraception or sexual health services;
- Providing these services in buildings which are inaccessible;
- Prevention of access to fertility treatment, contraception or sexual health services by those providing assistance with everyday living, especially when this assistance is provided by parents, or within institutional settings;

8 See for example: Committee on the Rights of Persons with Disabilities, General Comment No. 3, Article 6: Women and girls with disabilities, 2016 at pages 10 and 11: <http://www.ohchr.org/EN/HRBodies/CRPD/Pages/GC.aspx> (20.11.2017); World Health Organisation, World Report on Disability, 2011, page 78: http://www.who.int/disabilities/world_report/2011/report.pdf (20.11.2017).

- Inaccessible information about the provision of such services due to the location of such information and/or the format or complexity of the information itself. For example: being placed up too high or not being provided in braille, Easy Read or other alternative formats.⁹

“When I started the fertility process with my partner, the doctor at the fertility clinic had all these extra requirements that we had to undergo. One of those was meeting with a social worker who was supposed to evaluate our parenting skills. I know for sure that other patients at this clinic are not required to undergo any type of parental evaluation before they receive treatments. IVF treatments are only provided by this private clinic in the area where we live so we have no choice on going somewhere else for treatments. For that reason, our possibilities to have children with IVF treatment are totally dependent on doctors attitudes and preconceived ideas about disability. I would not say that we have the same access to IVF health care treatments as non-disabled LGBTQI people have in my country.”

Anonymous participant at expert meeting

Among LGBTIQ organisations, it is understood that, in general, trans people are likely to experience difficulties in trying to access fertility treatment, contraception, and sexual health services.¹⁰ The challenges described above are therefore likely to make it even more difficult for D/deaf and disabled people who are also trans to access this kind of treatment. All of these obstacles, and the risks of

9 FRA, Inequalities and multiple discrimination in access to and quality of healthcare, 2013.

10 The lack of research in this area is highlighted in Reisner, S., Poteat, T., Keatley, J., Cabral, M., & Mothopeng, T., et al. (2016). Global health burden and needs of transgender populations: a review. *The Lancet*, 17, 1-25: [http://www.thelancet.com/pdfs/journals/lancet/PIIS0140-6736\(16\)00684-X.pdf](http://www.thelancet.com/pdfs/journals/lancet/PIIS0140-6736(16)00684-X.pdf) (20.11.2017).

experiencing ableism, transphobia or both, may prevent some D/deaf and disabled trans people from attempting to access fertility treatment, contraception, and sexual health services through medical practitioners at all. Given the difficulties that migrants face in having their sexual and reproductive health needs met, it can be assumed that D/deaf and disabled trans migrants will struggle the most. This is due to both the lack of consideration of the specific health needs of migrants, and institutional discrimination in the way sexual and reproductive health services are provided.¹¹

Trans-Specific Healthcare

Trans people often experience many barriers to accessing trans-specific healthcare.¹² D/deaf and disabled trans people have even greater difficulty accessing this healthcare, for a number of reasons. This is partly directly related to how medical practitioners treat D/deaf and disabled people, and partly due to the social position of D/deaf and disabled people in society. The most common barriers to accessing trans-specific healthcare resulting from the attitudes of medical practitioners are:

- **Trans-specific healthcare providers insisting that mental health conditions be sufficiently “controlled” prior to treatment¹³**, which is a significant challenge for mad trans people and/or those with a psychosocial disability.

11 Keygnaert, I et al (2016). Sexual and reproductive health of migrants: Does the EU care? Health Policy, Volume 114 (issues 2-3), pages 215 – 225: <http://www.sciencedirect.com/science/article/pii/S0168851013002881> (20.11.2017).

12 See for example: Transgender Europe, Overdiagnosed but Underserved, 2017, page 83; Amnesty International, The State Decides Who I am, 2014, <https://www.amnesty.org/en/documents/EUR01/001/2014/en/> (20.11.2017); European Union Agency for Fundamental Rights, Being Trans in the European Union. Comparative analysis of EU LGBT survey data, 2014: <http://fra.europa.eu/en/publication/2014/being-trans-eu-comparative-analysis-eu-lgbt-survey-data> (20.11.2017).

13 Transgender Europe, Legal Gender Recognition in Europe. Toolkit, 2016, <https://tgeu.org/wp-content/uploads/2017/02/Toolkit16LR.pdf> (20.11.2017).

This is particularly difficult as experiencing both gender dysphoria and inaccessible trans healthcare can negatively impact upon an individual's mental health;

- **Practitioners expecting trans people to talk in detailed ways about their gender identity** when requesting treatment.¹⁴ This tends to include describing feelings and experiences in quite abstract ways and often using complex terminology, which can be particularly difficult or off-putting for people with a learning or cognitive impairment, and/or those who are neurodivergent¹⁵ and/or autistic people;
- As already mentioned above in relation to healthcare in general but likely to be even more of a barrier in this context, **presumptions by medical practitioners that D/deaf and disabled people are not able to understand or make decisions about their gender identity** or the treatment they should receive;
- **Restrictions being placed on the treatment people can access due to weight or 'Body Mass Index,'** which may be based on prejudiced ideas, and are not always based on best medical evidence.¹⁶ For example, surgeons may state that a person must have a BMI below a certain number before they can have surgery. Having an impairment is just one factor that can affect a person's ability to make changes to their body to conform with these requirements (that is assuming they even want to). This may mean they are never able to access the medical treatment they seek.

14 Amnesty International, The State Decides Who I am, 2014: <https://www.amnesty.org/en/documents/EUR01/001/2014/en/> (22.11.2017).

15 For a definition see: <http://neurocosmopolitanism.com/neurodiversity-some-basic-terms-definitions/> (22.11.17).

16 See for example: McArdle, H (18/07/17) Discrimination Claim as Trans Women Rejected for Breast Surgery, Herald Scotland, http://www.heraldscotland.com/news/15416178.Discrimination_claim_as_trans_women_rejected_for_breast_surgery/ (22.11.2017).

“When trying to access gender-affirming healthcare as a disabled person, it’s common to find your disability used as a cause for concern by clinicians, often putting the brakes on your transition. For people with progressive illnesses or variable disabilities, our changing symptoms can be used to slow us down – it’s suggested we need to wait until our health stabilises before we choose to start hormones, for example - when in reality, our health has very little to do with how we experience being trans.”

Ellen Murray, a disabled trans activist based in Northern Ireland

Barriers most commonly caused by D/deaf and disabled people’s position in society include the following:

- **Trans specific healthcare is not routinely and consistently state-funded**, resulting in individuals across Europe being forced to privately fund their healthcare needs.¹⁷ This poses a particular difficulty for D/deaf and disabled people, as they are more likely to be unemployed due to discrimination, or being unable to work.¹⁸ This situation can be made worse by widespread transphobia in the workplace.¹⁹ Given the particularly significant employment-related inequality affecting women and people of colour, D/deaf and disabled trans women and D/deaf and disabled trans people of colour of all genders will be the most affected by this barrier;

17 Amnesty International, *The State Decides Who I am*, 2014.

18 Greve, B (2009), *The labour market situation of disabled people in European countries and implementation of employment policies: a summary of evidence from country reports and research studies*, Academic Network of European Disability experts: http://www.includ-ed.eu/sites/default/files/documents/aned2009_-_the_labour_market_situation_of_disabled_people_in_european_countries_and_implementation_of_employment_policies.pdf (20.11.2017).

19 European Union Agency for Fundamental Rights, *Being Trans in the European Union Comparative analysis of EU LGBT survey data, 2014*, at pages 27 – 34.

- **Inaccessible information** can make it extremely difficult for D/deaf and disabled trans people to find out about their healthcare options and entitlements.²⁰ This can be due to where it is distributed and/or the format or complexity of the information itself. A great deal of information is now provided online, but D/deaf and disabled people, particularly those with a learning or cognitive impairment, are far less likely to have internet access than the general population;
- **Accessing transport is a major challenge** for many D/deaf and disabled people,²¹ both in terms of physical and financial access. This can make getting to appointments with healthcare practitioners very difficult,²² particularly given that, in many countries, there are a limited number of trans-specific healthcare providers and they tend to be located in major cities.
- **The people responsible for assisting D/deaf and disabled people with daily living may prevent them from seeking trans-specific healthcare**, undermine them when they try to access it, or shut down any discussion about their gender identity at all. This can be particularly pervasive when assistance is provided by parents or takes place in an institutional setting.

Advocacy Strategies

Healthcare is the area where there is the most overlap between the barriers experienced by D/deaf and disabled people and those impacting trans people. As such, LGBTIQ organisations engaged in advocacy have an excellent opportunity to take forward the

20 Transgender Europe, Legal Gender Recognition in Europe, 2016.

21 United Nations Committee on the Rights of Persons With Disabilities, Concluding observations on the initial report of the European Union, 02/10/15, CRPD/C/EU/CO/1 page 7: <https://documents-dds-ny.un.org/doc/UNDOC/GEN/G15/226/55/PDF/G1522655.pdf?OpenElement> (22.11.2017).

22 European Union Agency for Fundamental Rights, Inequalities and multiple discrimination in access to and quality of healthcare, 2013: <http://fra.europa.eu/en/publication/2013/inequalities-discrimination-healthcare> (20.11.2017).

advocacy priorities of D/deaf and disabled trans people when calling for improvements to healthcare.

Current trans advocacy around trans-specific healthcare has the potential to improve access for D/deaf and disabled trans people. Medical treatment that is based on self-determination, advocates for bodily autonomy and removes gatekeeping restrictions would reduce many of the barriers faced by D/deaf and disabled trans people discussed above.

 **The key to inclusive trans advocacy is working in partnership with disabled people's organisations and taking every opportunity to raise the particular issues impacting D/deaf and disabled trans people.**

There are a number of specific steps which LGBTIQ organisations can take to ensure that D/deaf and disabled trans people benefit as fully as possible from improvements to both general and trans-specific healthcare. These include:

- **Working with providers to produce trans-specific healthcare information in alternative formats** such as Easy Read, large print, audio or sign language, and making it available in accessible venues and those that D/deaf and disabled people are likely to attend;
- **Providing trans awareness training to as wide a variety of healthcare practitioners as possible**, not just those commonly seen as particularly relevant to trans people;
- **Partnering with organisations that advocate for access to healthcare for D/deaf and disabled people** to assist them with including the specific needs of trans people within their work;
- **Making use of various interactions in relation to healthcare**, such as with policy makers, healthcare providers, and practitioners, to raise awareness of the specific needs of D/deaf and disabled trans people;

- **Lobbying local governments and trans-specific healthcare providers to fund accessible transport** to enable D/deaf and disabled trans people to attend appointments;
- **Working with organisations that provide assistance with everyday living to D/deaf and disabled people** to increase their understanding of the healthcare needs of their trans clients and ensure that they make referrals or otherwise help individuals to access treatment.

FREEDOM FROM TORTURE AND ILL TREATMENT

 **Ableism combined with transphobia put D/deaf and disabled trans people at a particular risk of experiencing torture or ill treatment in healthcare settings.**

Mad people and/or people with a psychosocial disability, and those with a learning or cognitive impairment are especially at risk of being subject to torture or ill treatment in a psychiatric healthcare or social care setting.²³ The types of abuse they are at risk of include physical and sexual violence, forced treatment, and extreme or unnecessary restraint.²⁴ This risk may be particularly great for people of colour. In the UK, for example, people of colour are more likely to be detained in hospitals or institutional settings²⁵ and are more likely to be ill-treated when there.²⁶

23 United Nations General Assembly, Human Rights Council, Report of the Special Rapporteur on torture and other cruel, inhuman or degrading treatment or punishment, Juan E. Méndez, 01/02/13, A/HRC/22/53, http://www.ohchr.org/Documents/HRBodies/HRCouncil/RegularSession/Session22/A.HRC.22.53_English.pdf (20.11.2017).

24 United Nations General Assembly, Human Rights Council, Report of the Special Rapporteur on torture and other cruel, inhuman or degrading treatment or punishment, Juan E. Méndez, 01/02/13, A/HRC/22/53.

25 Gajwani, R., Parsons, H., Birchwood, M., & Singh, S. P. (2016). Ethnicity and detention: are Black and minority ethnic (BME) groups disproportionately detained under the Mental Health Act 2007? *Social Psychiatry and Psychiatric Epidemiology*, 51, 703–711. <http://doi.org/10.1007/s00127-016-1181-z> (20.11.2017).

26 Fanin, I. (05/07/17). Is there institutional racism in mental health care? BBC <http://www.bbc.co.uk/news/health-40495539> (20.11.2017).

There is a lack of research across Europe into D/deaf and disabled people's experiences of torture and ill-treatment in healthcare, in particular investigating why these violations take place. However, the following may at least contribute to the increased risks that D/deaf and disabled people face:

- **Ableism amongst healthcare providers**, practitioners and within institutions as a whole resulting in the lives of people with impairments being devalued;²⁷
- **Judgements about whether individuals have the ability, or should be entitled to make decisions about their own care and treatment.**²⁸

Considering the prevalence of transphobia within the healthcare system²⁹ in general, it is likely that all of these experiences are made more challenging, and the risks of ill treatment increased, for D/deaf and disabled trans people. As mentioned above, D/deaf and disabled trans people of colour will be the most at risk due to the additional pervasiveness of racism within psychiatric healthcare and social care settings.

Advocacy Strategies

There are similarities between the rights violations experienced by D/deaf and disabled trans people and the issues facing trans people in general. Human rights priorities for trans people in this area include ending requirements for people to be sterilised, admitted to a psychiatric ward, or diagnosed with a “mental disorder” before they can receive trans-specific healthcare or legal gender recognition.

27 Karsay, D., Oliver, L. (2012). Disability, torture and ill-treatment: taking stock and ending abuses, *The International Journal of Human Rights*, Volume 16, Number 6, pages 816-830.

28 Greve, B. (2009). The labour market situation of disabled people in European countries and implementation of employment policies: a summary of evidence from country reports and research studies.

29 Transgender Europe, *Overdiagnosed but Underserved*. Trans Healthcare in Georgia, Poland, Serbia, Spain, and Sweden: Trans Health Survey, 2017.



Engaging with D/deaf and disabled people who have experienced ill treatment or abuse, and working with patient advocates are effective ways for LGBTIQ organisations to make their trans advocacy more inclusive.

Even if organisations did not expand their advocacy at all, D/deaf and disabled trans people would still benefit from these improvements. Anything that reduces the need for D/deaf and disabled trans people to come into contact with psychiatric services, particularly as in-patients, would reduce their risks of ill treatment.

However, it is likely that LGBTIQ organisations involved in trans activism can use existing relationships and activities to also advocate for changes specific to D/deaf and disabled trans people.

These include:

- **Engaging with D/deaf and disabled trans people who have experienced these rights violations**, to find out about their priorities and amplify their voices;
- **Highlighting the increased risks D/deaf and disabled trans people face of being subjected to torture and ill treatment** when discussing the issue of forced sterilisation with politicians, policy makers, and healthcare providers;
- **Supporting organisations providing advocacy to mad people and/or people with psychosocial disabilities**, and those who represent people with learning or cognitive impairments, to advocate for trans people;
- **Lobbying for trans awareness training to be provided to healthcare practitioners** working in psychiatric hospitals and residential care facilities.

LIVING INDEPENDENTLY



Having choice and control over who provides them with assistance with everyday living is particularly important for D/deaf and disabled trans people so that they can be enabled to freely express their gender identities.

Some D/deaf and disabled people need support or assistance from others on a daily basis. How this support is provided varies greatly across Europe.³⁰ Some countries follow best practice and provide funds directly to D/deaf and disabled people, enabling them to pay for the assistance which best suits them, thus providing the greatest amount of choice and control over how they are supported and by whom. At the other extreme, there are countries that provide no support at all and expect D/deaf and disabled people who require assistance to either be looked after by their families, or to live in institutional settings.³¹

“When I went through it [assessment for entitlement to an assistant] I thought of it as a breach of consent. It really made me think a lot about the nature of consent for dis/abled people. I never considered having a choice not to do it - it would mean I wouldn’t be sure of getting a good assessment, which might or might not grant me the hours I need anyway, but the risk of losing your hours is higher if you can’t “prove” your need. Having to get undressed and dressed in front of a person I had barely met before and feeling like I had no choice but to do that - that really did something with my sense of self”.

Christine Bylund

30 European Network on Independent Living, Personal assistance services in Europe, 2015: <http://www.enil.eu/wp-content/uploads/2012/06/Personal-Assistance-Service-in-Europe-Report-2015.pdf> (20.11.2017).

31 United Nations Committee on the Rights of Persons With Disabilities, Concluding observations on the initial report of the European Union, 02/10/15, CRPD/C/EU/CO/1, page 7.

Accessing whatever assistance exists is particularly challenging for some D/deaf and disabled trans people.

The reasons for this include:

- **Difficulty in engaging with any government agency** when some or all of your documents don't reflect your gender identity and/or chosen name;
- **Having to go through some kind of assessment**³² before a government body will decide what support an individual is entitled to³³. This can involve the assessor, who may be a complete stranger:
 - Asking intrusive questions about personal aspects of a person's body and how it functions. This is particularly difficult for trans people who may have dysphoria and/or feel shame about their bodies;
 - Making gendered assumptions about the tasks a person needs or wants to undertake such as whether or not they shave their legs or put on make-up;
 - Not taking into account that some individuals need assistance to put on binders, prosthetics, or hairpieces.

All of these difficulties may make it impossible or, at the least, very distressing for D/deaf and disabled trans people to apply for support to assist them in living independently. They may, therefore, be forced, or choose, to struggle without such support, fund it themselves – which few people can afford – or seek assistance from family and friends.

32 Amnesty International, *The State Decides Who I am*, 2014, pages 19 – 21.

33 As at footnote 28.

As was discussed above in relation to healthcare, D/deaf and disabled trans people can experience difficulties in living according to their gender identity due to the attitudes of those who support them with everyday living.³⁴ Refusals by support staff to accept or respect the gender identities of D/deaf and disabled trans people can mean that they fail to respect their choices as to how they present, such as their clothing, hairstyle or makeup. If an individual relies on someone to get them dressed, it can mean that their right to freely express their gender is taken away.

These issues are likely to occur more often when D/deaf and disabled trans people are assisted within institutional settings, or by their families. This is because institutions often fail to take into account the specific needs of individuals and are not focused upon enabling people to express themselves. It is also more likely that institutional transphobia will exist within large public organisations. D/deaf and disabled trans people risk experiencing all of the same challenges from their families as other trans people, but they are also reliant on them for support to live independently. Where a legal guardian is appointed to make decisions on behalf of an individual, things become even more challenging as that person has the authority to refuse to take the necessary steps to enable the individual to access trans-specific healthcare or legal gender recognition.

It is for these reasons that the choice and control directly provided by hiring assistants is particularly important for trans people.³⁵ Unfortunately, governments across Europe have been limiting state financial support over the past 8 years or so, and support to live independently is becoming increasingly hard to access.³⁶ This means that the number of D/deaf and disabled trans people forced into institutional settings, or back into the care of their families, is very likely to increase.

34 LGBTQI+ Disabled People and Self Directed Social Care and Support, School for Social Care Research, 2017: <http://www.sscr.nihr.ac.uk/PDF/Findings/RF77.pdf> (22.11.17).

35 As above.

36 European Network on Independent Living, Personal assistance services in Europe, 2015.

Advocacy Strategies



Forming partnerships, providing training, and moving into this new area of lobbying on behalf D/deaf and disabled trans people are the keys to inclusive trans advocacy.

The right to independent living is likely to be a new area of work for most LGBTIQ advocacy organisations, but many, if not all, will have lobbied for rights which require similar strategies such as safe and accessible housing, or appropriate sexual health services. Organisations should therefore feel confident in taking forward these advocacy priorities. As our communities age, with more LGBTIQ people beginning to need support with everyday living, it is an area which will become increasingly important. Activities that advocacy organisations can take to improve the situation for D/deaf and disabled trans people include:

- **Lobbying governments to ensure that the specific concerns of D/deaf and disabled trans people are taken into account** in their social care and independent living strategies;
- **Forming partnerships with disabled people's organisations**, particularly those specialising in independent living, to take part in campaigns, share learning, and champion the specific importance of living independently for D/deaf and disabled trans people;
- **Delivering training to organisations and individuals** that provide assistance with everyday living to D/deaf and disabled people so that they understand the needs of their trans clients and will be able assist them to explore and express their gender identities freely;

- **Joining anti-austerity campaigns to resist reductions to government funding** for independent living, to add more voices to the movement, and to show D/deaf and disabled trans people that LGBTIQ organisations care about issues impacting them.

PRIVACY

D/deaf and disabled trans people experience barriers to accessing their right to privacy in many of the same areas as non-disabled trans people. These include:

- Legal Gender Recognition;
- Bathrooms;
- Air travel.

Although these topics seem very different to one another, in human rights law they all involve the right to privacy. The barriers relating to each topic will be explored, followed by advocacy strategies relating to the right to privacy.

Legal gender recognition

Procedures are often inaccessible to many D/deaf and disabled trans people because:

- Information about how to apply for gender recognition is often inaccessible due to the format it is provided in, i.e. in writing, and the complicated language it uses;³⁷
- The process of applying for gender recognition is similarly difficult as it usually involves answering complicated questions in writing;³⁸
- There are usually some costs involved – and as discussed above D/deaf and disabled trans people are at a high risk of living in poverty;

37 Transgender Europe, Legal Gender Recognition in Europe, 2016, page 31.

38 As above.

- The difficulties discussed above surrounding medical treatment and independent living mean that individuals may struggle to meet requirements such as having been diagnosed with “gender identity disorder” by a medical practitioner or providing proof of having lived as a particular gender for the required period (often known as the “real life test”);
- If the application process involves going to a particular place and/or speaking to an official face-to-face, this may be very challenging for a number of reasons including: a lack of physical access; communication difficulties; and/or anxiety;³⁹
- As discussed in the Independent Living section, D/deaf and disabled people may rely on the support of others, or require someone else’s permission, to apply for gender recognition. If those providing support or permission are transphobic, they may well prevent the D/deaf or disabled trans person from applying.⁴⁰

The impact upon trans people of being unable to access legal gender recognition is well documented.⁴¹ One of the greatest challenges of identifying as a different gender to the one stated on official documents and records is that interacting with any organisation that holds that information involves disclosing being trans. Individuals are then placed at risk of experiencing discrimination, and possibly even transphobic violence, due to that disclosure.

In general, D/deaf and disabled trans people come into contact with organisations that have a record of their legal gender more often than non-disabled trans people. In addition, the organisations that

39 Transgender Europe, *Overdiagnosed but Underserved*, 2017.

40 As above.

41 See for example: Transgender Europe, *Legal Gender Recognition in Europe*, 2016; Amnesty International, *The State Decides Who I am*, 2014.

D/deaf and disabled people will be engaging with, such as the social work department or hospital, can be intimately involved in their lives over long periods of time. When D/deaf and disabled people are admitted to hospital, their legal gender is likely to be used to decide which gendered ward they should be placed in. As well as the emotional impact of being placed on the wrong ward, individuals are, once again, put at risk of discrimination and ill treatment due to their being trans.⁴² All of these factors mean that legal gender recognition is particularly important to D/deaf and disabled trans people, so that they can access the services they need without their right to privacy being violated, and their wellbeing put at risk.

Bathrooms

Access to bathroom facilities is a constant difficulty for D/deaf and disabled people in public spaces and premises – for example parks, schools or libraries, and in private premises - such as shops, restaurants or entertainment venues. Difficulties may arise due to there being no accessible bathrooms at all, or because they fail to appropriately cater for the needs of some D/deaf and disabled people. For D/deaf and disabled people who do not look disabled in the way that the general public expect, e.g. using a wheelchair, anxiety about being challenged can stop them from using accessible bathrooms even when they need such facilities.

When fully accessible bathrooms are not available, it is likely that D/deaf and disabled persons' right to privacy will be undermined in the following ways:

- Needing assistance which would not usually be required;
- Having to leave the door open due to lack of space;
- Being required to ask someone to unlock the bathroom or clear it of whatever is being stored in it, which is often done without any discretion and draws attention to the fact that someone is using the toilet;

42 Transgender Europe, Legal Gender Recognition in Europe, 2016, at page 8.

- Being expected to use the accessible bathroom which is for people of a different gender;
- Having to take care of your needs somewhere other than in a bathroom – for example emptying a catheter bag at your seat on the train.

For trans people, going to the toilet can often cause a great deal of anxiety due to the fear of facing harassment or violence. Privacy in the bathroom is also particularly important to many due to the potential for being outed as trans in such an environment. That is why it is important that D/deaf and disabled trans people do not experience any additional challenges when trying to access the bathroom. One advantage of being able to use an accessible bathroom, as long as it meets your needs, is that they are often gender neutral and single occupancy. This can reduce a lot of the issues that trans people face when going to the toilet.

Air travel

Accessing transport can be very difficult for many D/deaf and disabled people. However, it is when attempting to travel by air that their right to privacy is most likely to be undermined.

This is because:

- Airlines often ask intrusive, and in some cases offensive, questions about D/deaf and disabled people's impairments;
- Assistance staff can be very patronising, discuss individuals with other people (whether they are with the D/deaf or disabled person or not) rather than the person themselves, and often ask intrusive questions;
- When going through airport security, if using a wheelchair or other mobility aid prevents people from going through the scanner, they will be physically searched by a member of security staff, often in full view of all other passengers;

- On the airplane, wheelchair users will have their wheelchairs stored in the hold and so may be unable to move around the cabin and have to take care of their toilet needs at their seat. Other mobility aids are often stored in the cabin so that individuals have to ask someone for assistance when they need to use them to get to the toilet during the flight.

The invasions of privacy that trans people may experience during air travel have already been discussed at length in the media.⁴³ All these experiences can make air travel very unpleasant, and in some cases traumatic for D/deaf and disabled trans people. For mad people and those with a psychosocial disability in particular, the anxiety that may arise because of this might prevent them from even attempting to travel. The requirement to be physically searched if you are unable to go through the scanner is especially difficult for many trans people due to the fear of being outed as trans and then potentially facing harassment or assault. D/deaf and disabled trans people of colour are at greatest risk of experiencing intrusive questioning and searches, and of being harassed when flying due to the racist nature of some airport security measures (such as racial profiling) and racism amongst security staff.

Advocacy Strategies

Legal gender recognition, bathrooms and air travel are frequently raised in trans activism and so are unlikely to be new to organisations involved in trans advocacy. Once aware of the challenges facing D/deaf and disabled trans people, organisations should be able to incorporate them into any campaigning relating to the right to privacy. Some steps that could be taken are mentioned on the next page.

43 See for example:

<http://www.transequality.org/issues/travel>;

https://broadly.vice.com/en_us/article/paeydg/an-airline-refused-to-let-a-trans-woman-board-her-flight;

<https://www.theguardian.com/society/2015/sep/23/transgender-woman-tsa-search-airport-security>;

<http://www.truth-out.org/news/item/37068-the-trials-and-trauma-of-traveling-while-transgender> (20.11.2017).



Most organisations already have strategies in place to advocate for trans persons' right to privacy. The addition of issues that impact D/deaf and disabled trans people will enable organisations to begin advocating on their behalf.

Advocacy strategies include:

- **Working in partnership with disabled people's organisations** to share knowledge and contribute to each others' advocacy;
- **Collaborate with disabled people's organisations to provide information on legal gender recognition in alternative formats**, such as Easy Read, large print, sign language etc.;
- When campaigning for legal gender recognition, **include the specific difficulties facing D/deaf and disabled people;**
- **Ensure campaigns for gender neutral toilets include a call for such toilets to be accessible;**
- **Deliver trans awareness training to staff** working for companies who provide access assistance services at airports.

There are many similarities between the issues facing D/deaf and disabled people and those affecting trans people, but there are ways in which these issues are compounded for D/deaf and disabled trans people that create particular barriers. That is why it is so important for LGBTIQ organisations to understand these situations and make a concerted effort to ensure that their advocacy is inclusive. If organisations only undertake single issue activism, people experiencing intersectional oppressions will be left behind.

CHAPTER 2

Enabling engagement with LGBTIQ organisations

LGBTIQ organisations ought to be aware of the significant importance that they play in the lives of the people they represent. Yet D/deaf and disabled trans people report experiencing many and varied barriers when attempting to engage with them. Hopefully this knowledge will motivate LGBTIQ organisations to take steps to reduce these barriers so that they can play as significant a role in the lives of D/deaf and disabled trans people as they do in the lives of trans people who do not experience this additional oppression.

The following chapter explores the barriers experienced by D/deaf and disabled trans people, in two categories: internal barriers, created by organisational policies and practices; and external barriers, which are influenced by external factors that impact on their ability to engage with organisations. Each barrier will be discussed, followed by suggestions for short, medium and long-term measures that organisations can take to reduce the impact of the barrier.

The suggestions take into account the variety of working contexts and access to resources available to organisations. By presenting a wide array of different suggestions, it is hoped that all organisations will be able to identify measure/s that they will be able to implement effectively. It is important to note that genuinely including D/deaf and disabled people is not something that can be achieved by completing a set number of actions, rather, it is an ongoing process of meaningful engagement that organisations must commit to over and over again.

“D/deaf & disabled LGBTIQ+ people face additional discrimination; disablism and lack of inclusion by LGBTIQ+ peers and fear of LGBTIQ+ phobia & exclusion from disabled peers. This makes us feel lost, alone and like we don’t belong to either community; always bear in mind we are all intersectional!”

Anis Akhtar, a disabled intersex person of colour

INTERNAL BARRIERS

Communication

Barriers occur right at the beginning of the process of engagement, with D/deaf and disabled trans people prevented from even finding out about or contacting organisations. As well as guaranteeing a lack of involvement, these barriers can also lead organisations to wrongly assume that D/deaf and disabled people do not want to be involved in their activities. There are many ways in which organisations communicate that can cause difficulties:

- Websites or other online material which are not compatible with screen readers, preventing access by neurodivergent people or people with visual impairments who use such technology;
- Using complicated language makes it difficult for people with learning or cognitive impairments, and neurodivergent and/or autistic people to access written material;
- Stating that enquiries must be made by phone, deterring contact from people with speech and hearing impairments, mad people and/or those with a psychosocial disability, and neurodivergent and/or autistic people;
- Videos without sign language interpretation or subtitles, which exclude people who are D/deaf, and neurodivergent people who require subtitles.

Inaccessible communication can prevent some D/deaf and disabled trans people from getting the most basic benefits from an organisation: knowing that it exists and understanding what it can do for them. It also sends a message to D/deaf and disabled trans people that an organisation has given no thought to their needs.

Other such signals include:

- A lack of visibly disabled people in the images used by organisations;
- The organisation using ableist language;
- Events being advertised as “not accessible”;
- Access information about an organisation’s premises or activities not being provided;
- No mention of measures that can be put in place to assist D/deaf and disabled people to become involved with the organisation.

Given how frequently D/deaf and disabled people face barriers when interacting with organisations, they can, understandably, be reluctant to engage. However, given the scarcity of trans-inclusive organisations, D/deaf and disabled trans people are likely to withstand these additional barriers in an attempt to access the information or services they require.

Solutions

The way in which an organisation communicates with its audience is of fundamental importance and it is crucial that D/deaf and disabled trans people are able to access the information that organisations share. Accessible communication is also a highly visible way to demonstrate that the organisation is inclusive of D/deaf and disabled trans people. The steps that organisations can take to increase access in this area are discussed on the following pages.

Short Term

- **Provide staff with high quality training delivered by a disability rights, disabled-led organisation** on how to include, engage with and represent D/deaf and disabled people;
- **Use language that is inclusive of D/deaf and disabled people.** This can be done in simple ways, for example if describing the way a non-disabled person would typically do something, include alternative ways that disabled people might do the same thing – “can everyone hear me or see the sign language interpreter?”;
- **Have a variety of mediums that people can use to contact the organisation,** including phone, e-mail, online form, in writing;
- **When an item is published on the website, include a link to a PDF** of the text to ensure it is screen reader compatible;
- **If an online tool such as Survey Monkey is used to collect information, provide a link to a PDF and/or Word version** of the survey so it is accessible to people using assistive technology, such as dictation software, to complete it;
- **Give people the option of phoning the office to complete a form or survey or to register for an event with a member of staff,** so if they require assistance they will not have to discuss personal matters with the person who would ordinarily assist them. It is important to ensure that a dedicated team member(s) will be available to do this at the time you have specified;
- **Subtitle all video or audio material,** whether online or offline;
- **Buy a portable hearing loop** that can be used in the office and taken to events, and let people know that it is available.

Medium Term

- As a proportion of sign language users have difficulty in accessing written information, **produce video clips which are sign language interpreted and subtitled** for key information, important news items, event announcements, or call outs etc. It is important that the sign language interpreter has a level of trans awareness expected of anyone working with the organisation. Also, remember that, just like spoken language, every country, and in some places, each state or region, has its own sign language, so make sure the interpreter uses the same language as the intended audience.
- **Produce Easy Read versions of information leaflets and reports** to be accessible to people with learning or cognitive impairments. The European Easy to Read Standards should be used when writing such materials.⁴⁴ If this is not possible then simply using language which is uncomplicated, defining unfamiliar terms, and writing in short sentences can improve accessibility.
- **Use graphics and symbols on information leaflets, reports, announcements** etc. to aid people's understanding.

Long Term

- **Develop a comprehensively accessible website** that complies with international guidelines for online accessibility;⁴⁵
- **Enable staff to undertake a sign language course** so that there are people within the organisation who are able to communicate with individuals who use it;
- **Provide graphic facilitation training to staff members** with a facilitation role within the organisation, so that they can deliver workshops etc. that are accessible to people with a learning or cognitive impairment.

44 European standards for making information easy to read and understand: <http://easy-to-read.eu/european-standards/> (20.11.2017).

45 Web Content Accessibility Guidelines: <https://www.w3.org/WAI/intro/wcag> (20.11.2017).

Events and Activism

When disabled trans people are able to begin engaging with organisations, numerous barriers can occur which prevent them from doing so effectively and in a way that does not cause them emotional, psychological or physical harm. Going to events and being involved in activism can be very rewarding, but for D/deaf and disabled people, it is often the most challenging way of engaging with organisations.

“It’s frustrating when organisations repeatedly make tokenistic statements like, ‘Sadly, there are five steps to the toilets’ or, ‘We are sorry this event is not wheelchair accessible,’ obviously not sad and sorry enough to hold the event somewhere else.”

Sandra Alland, genderqueer crip, based in Glasgow

The access requirement that non-disabled people can identify most readily is physical access to venues. Unfortunately, even this basic requirement is rarely provided by LGBTIQ organisations. Organisations hosting events, activities, meetings, etc. in inaccessible spaces often justify this to D/deaf and disabled people by citing a lack of funding forcing them to use whichever affordable venue is available. This sends a message to D/deaf and disabled people that the organisation decided that it was acceptable for them to be excluded or that access was simply not seen as a priority. When organisations consider physical access, they may not do so fully enough to actually remove access barriers. For example:

- Lifts at venues being too small for people, particularly those with mobility aids, to fit into;
- No accessible toilets available at events;
- Buildings having ramps that are far too steep for wheelchair users to propel themselves up.

When an accessible venue has been chosen, organisations often do not think to include access information when publicising their activities, so D/deaf and disabled people are left wondering whether they will be able to go or not. Considering how often access barriers are faced, it is not surprising that people often assume that the event will not be accessible.

The extent to which these limitations impact people will vary from individual to individual, but at the very least they are a frustrating indication that the organisation has not thoroughly considered the participation of D/deaf and disabled people.

Of course, being able to physically access a space is not the same thing as being able to meaningfully participate in an activity. People with sensory impairments are quite often left out of accessibility planning, which can completely exclude them from taking part. It is very unusual to see sign language interpreters at events or meetings, even though interpretation is an essential access requirement for many D/deaf people who have sign language as a first language. Similarly, needing to take in a great deal of visual information presents challenges for visually impaired attendees, yet words, actions and images are rarely read out or described.

“When people like me have trouble with everyday tasks like planning or time management, we might need a little more assistance or guidance in our activism. I often feel like independence is very much required and expected in activism, which makes succeeding at it so much harder for people who struggle with these basic functions. My recommendation for organisations is be prepared to be flexible in the way people can be involved, or give people the support and assistance they need so they can contribute without being held back by the things they find difficult.”

Dorian K, developmentally disabled person

The acoustics of a meeting space (how sound travels in it) and lighting can also make it very challenging for people to see or hear, yet these issues are rarely considered. People with a learning or cognitive impairment may need additional support to fully participate in events and activities. If organisations do not reach out to attendees to ask about the assistance they require, their needs are likely to be overlooked.

Activities being generally organised around non-disabled people is one of the main barriers that impacts on the involvement of D/deaf and disabled people. The most common examples of this are:

- Events being too long or not including enough breaks – this causes some people pain and/or exhaustion which can last for days after the event;
- There being no quiet space where people, particularly neurodivergent and/or autistic people, or mad people and/or those with a psychosocial disability, can retreat to;
- No reassurance being given to people who need to move around, leave the room, make noises, tic or twitch, that they will not be judged for doing so;
- Having to move around from one location to another throughout an event – causing increased tiredness and/or pain, or navigational difficulties for people with visual impairments;
- Lack of assistants available to take notes, get drinks, food, and materials, or explain things, presenting challenges for people with a wide variety of impairments;
- A lack of clear and detailed information provided ahead of time explaining the format of the event and what is expected of participants – causing stress and anxiety for many D/deaf and disabled people.

“I go to a lot of meetings and conferences and always need 2-3 days to recover afterwards and have to schedule a lot of alone time and self-care time during the event so I can function.”

Dodo Karsay, a non-binary person with psycho-social disabilities

Solutions

Short Term

- If an organisation only does one thing in relation to the events it organises, it should **provide accurate access information in all publications about the event**, including: whether there is level entry/steps/a lift into the venue; if the venue has accessible toilets; whether there are internal steps/a lift in the venue; if a sign language interpreter, captions, or subtitles will be provided; the time the event will end and if there will be any breaks; and if a quiet space will be available. If the event is not accessible in a particular way, state this but be specific - this enables D/deaf and disabled people to make an informed decision as to whether they are able to attend the event or not (example of access information provided in Annex A);
- **Use the relevant strategies recommended under Accessible Communication** (see above) when advertising and taking bookings for the event;
- **Ask people what their access requirements are when they are booking to attend the event.** It can be helpful to provide a list of options for people to choose from so that they know what access your organisation will be able to facilitate. Always ensure to include an “other” option, as it is impossible to think of every requirement an individual may have and, even if it is not something you have considered, it may be something you can provide (an example of the question asked of attendees at the expert meeting is provided in Annex B as a guide);

- **Prioritise access for D/deaf and disabled people when booking venues.** If, for example, you have a choice between two venues and one has the capacity you were looking for but is not accessible and another has a smaller capacity but is accessible, choose the accessible one;
- **Something is better than nothing:** there are many ways of facilitating access that may not be ideal, but signal to D/deaf and disabled people that you have considered their needs. For example, it may be beyond the capacity of an organisation to provide a sign language interpreter for a poetry reading event. Instead, the organiser could ask performers to send them a copy of the work they will be performing, and provide print outs at the event to attendees who require the text. Of course, organisations should strive towards best practice, but that should not prevent them putting in place imperfect strategies while they work towards providing comprehensive access;
- **Visit venues prior to booking them or ask specific questions of venue staff** to ensure organisational access criteria are met. Often venues provide inaccurate access information, for example, they might describe themselves as “wheelchair friendly” although they do not have an accessible toilet;
- **Plan events, particularly conferences, so that D/deaf and disabled people do not become exhausted** – keep the event short and include plenty of breaks. Everyone at the expert meeting commented on how productive it was because the days were shorter and participants could focus throughout the whole meeting rather than becoming too tired (the expert meeting schedule is included in Annex C for reference);
- **Consider availability of accessible transport links** and if unavailable, the organisation can arrange accessible transport, such as taxis, for those who need it.

Medium Term

- **Create an Access Policy to be used when organising events** that sets out all of the ways in which the needs of D/deaf and disabled people should be catered for;
- **Develop a list of accessibility criteria for venues** and only use venues that meet these criteria. Over time, the organisation can build up a database of venues that meet their access standards;
- **Produce access standards that can be given to external organisations and individuals** providing workshops etc. at events, to ensure (as much as possible) that the input they provide is inclusive of D/deaf and disabled people;
- **Create a tailored access plan** that sets out all of the adjustments that will be made, and assistance put in place, to facilitate access at an event. This can be shared with attendees in advance so they can feel confident in the inclusivity of the event.

Long Term

- **Connect with a local D/deaf people's organisation** and offer a skill exchange as a free or low-cost way of having a sign language interpreter at events. For example: provide the organisation with LGBTIQ training or develop a publication for them;
- **Include the costs of facilitating access when applying for funding** and creating budgets and, where appropriate, allocate a portion of the budget to subsidise travel for D/deaf and disabled people to enable them to attend;
- **Employ an access consultant**, either when required, or on a permanent basis if the organisation frequently holds large-scale events, to plan and deliver access facilitation.

Attitudes

In addition to practical access challenges, D/deaf and disabled people experience all kinds of attitudinal barriers that can cause emotional or psychological harm, and in some cases deter them from engaging further. Such barriers include:

- Staff acting in a defensive or hostile way when being asked about D/deaf and disabled access;
- The responsibility for making things accessible being placed on the D/deaf or disabled person themselves, for example, being asked to find an accessible venue, hire a sign language interpreter or bring a personal assistant;
- D/deaf and disabled people being told how much work it is, or how much money it costs, to make an event accessible. This can result in people feeling like they are a burden;
- An expectation that individuals should be grateful that their access requirements are met;
- People who facilitate access being transphobic, for example sign language interpreters misgendering people and/or using incorrect, out-dated or offensive terminology.

“Simple things like not using “crazy” to describe something intense or weird should be automatic in trans spaces. I always feel so isolated when I hear this word used like that. Just always think - we might be in the room. And chances are, we really are and you are hurting us.”

Dodo Karsay

Experiencing staff or other representatives of LGBTIQ organisations using ableist language is very common for D/deaf and disabled trans people. People saying things such as “the organisation was crippled by a lack of funding” or “the volunteer acted like a complete nut case,” are frequent examples of this. Offensive terms being used can

be extremely alienating and send a message that the person using them has given no thought to the impact their language might have on any D/deaf and disabled people in the room.

An area of trans activism where there is a particular risk of ableism is the campaign for trans depathologisation. The aim of this campaign is to remove the diagnosis of trans people as having “Gender Identity Disorder,” which is classified as a mental disorder. The process of classifying and diagnosing something as a medical condition is referred to as pathologisation. Over the past decade, people’s understanding of gender identity and what it means to be trans has developed a great deal. As a result, many trans activists around the world now feel that it is unacceptable for trans people to be viewed as having a medical condition.⁴⁶ At the same time, the campaign calls for an end to the current situation where trans people are diagnosed by a psychiatrist before they can access legal gender recognition and/or the medical treatment they may wish to have.

Transgender Europe continues to be committed to the depathologisation of trans identities, while acknowledging the risk of ableism in suggestions or implications that being diagnosed with a mental illness, or even just being associated with people who have a mental illness, is a bad thing. This can be alienating to mad and/or psychosocially disabled trans people and adds to the stigma that they already experience.

Another risk when campaigning for depathologisation is the suggestion that, if trans people were free of their “mental disorder” diagnosis, then they would be “normal,” “just like everyone else,” and free from any diagnosis at all. Again, the suggestion that people who have a mental illness are not normal is stigmatising. These statements also erase D/deaf and disabled trans people for whom diagnosis is part of life, regardless of the fact they are trans.

46 International Network for Trans Depathologization, Manifesto: <http://www.stp2012.info/old/en/manifesto> (20.11.2017).

The campaign for trans depathologisation is still developing, and there is a need to critically analyse all of the complexities surrounding the potential ableism within it. There are many ways in which D/deaf and disabled people are harmed by pathologisation, particularly mad and/or psychosocially disabled people, in similar ways to trans people in general. Their experiences would greatly contribute to discussions that need to be had, thus the facilitation of D/deaf and disabled trans people's engagement with the campaign for trans depathologisation is particularly important.

“I have found some trans depath slogans problematic because the way the issue was phrased was very ableist and stigmatizing. It was suggested that having a mental health diagnosis is inherently bad and trans people should not be associated with that. This is not cool because many trans people have mental health issues and this can send the wrong message to them. Of course, many mad people hate the psychiatric establishment and its obsession with diagnostic labels and these should be questioned too. But the issue with trans pathologization is that mere trans identity is seen as a mental health illness, and this is wrong.”

Dodo Karsay

Solutions

Short term

- **Have a policy that makes it clear that the organisation is committed to being inclusive of D/deaf and disabled people and does not tolerate ableism.** Make sure it is publicised and shared with anyone representing the organisation. It should also set out what an individual can do if they experience the policy being breached and what action the organisation will take as a result;

- **Share a list of ableist words and suggested alternatives** with everyone working for or representing the organisation, for example: instead of describing something as “crazy” use “intense, surprising, or shocking”;
- **Have as many D/deaf and disabled trans people as possible involved in developing new campaigns from the beginning.** This will increase the chance that any potential for ableism within campaign messaging will be caught early on.

Medium term

- **Have a particular staff member who takes responsibility for communicating with D/deaf and disabled people about their access needs.** This must not be an alternative to all staff being trained in D/deaf and disability equality but is a helpful addition. It would also be useful if the staff member acts as a point of contact for individuals who experience ableism;
- **Provide staff with high quality training delivered by a disability rights, disabled-led organisation** on the Social Model of Disability.

Long term

- **Provide LGBTIQ awareness training for access facilitators,** such as sign language interpreters, who work at events so that the organisation has a pool of people it can trust to use respectful and up to date terminology.

EXTERNAL BARRIERS

D/deaf and disabled trans people experience many extra challenges in society, which can make it more difficult for them to engage with LGBTIQ organisations than non-disabled trans people.

Transport

One of the main barriers to engagement is the availability of accessible transport, as discussed in Chapter One. In many places across Europe, even within big cities, there is a severe shortage of public transport that is accessible to D/deaf and disabled people.

“Inaccessibility of transport systems is one of the number one barriers keeping myself and other disabled people out of trans activism, and activism generally. The effort required to simply turn up to events, never mind get through the door, adds to the ubiquitous activist battles with burnout and fatigue. This can make disabled people turn away from activism due to repeated frustrating mishaps due to inaccessible transport.”

Ellen Murray

The access challenges include:

- Lack of ramps or lifts to stations and platforms, meaning it is extremely difficult or impossible for wheelchairs users and others with mobility impairments to access transport;
- Trains, trams and buses that people cannot get their wheelchairs, scooters or other mobility aids onto;
- Taxis that fail to stop for D/deaf and disabled people, refuse to accept passengers with guide dogs, do not have space for mobility aids, or claim to be unable to assist people with mobility aids;

- Accessible transport only being available in specific locations or at particular times of the day;
- Requirements that assistance for accessing transport has to be booked in advance, making it difficult for D/deaf and disabled people to be spontaneous;
- No information on the websites of transport providers about lifts being out of order, which can sometimes lead to D/deaf and disabled people arriving at a platform only to find that they cannot get out of the station;
- No access facilitation provided for D/deaf and/or visually impaired people, such as recorded timetables, visual and spoken on-board announcements, space for guide dogs etc.

For neurodivergent and/or autistic people, mad and/or psychosocially disabled people, or people with a learning or cognitive impairment, travelling using public transport can be particularly challenging. There are many factors such as noise, number of people, lack of space, risk of getting lost, route changes etc. that can make public transport very distressing.



Some D/deaf and disabled people may only be able to travel if someone assists them. If they are not out to their personal assistant, or their assistant is transphobic, travelling to a trans event may be very difficult, if not impossible.

D/deaf and disabled trans people may be more limited in their transport options than other D/deaf and disabled people due to the risk of experiencing transphobic harassment or violence. Some individuals may be physically able to access buses for example, but feel unable to do so at certain times, or at all due to concerns about their safety. If taxis are not physically or financially accessible to such individuals, they would still be unable to travel using public transport.

These challenges mean that many D/deaf and disabled people are unable to travel by public transport, which significantly impacts their ability to attend the events of LGBTIQ organisations. Even if individuals are able to use public transport, it may still take careful planning, be a time consuming and stressful undertaking, or cause pain and/or exhaustion. Some D/deaf and disabled people may only be able to travel if someone assists them. If they are not out to their assistant, or their assistant is transphobic, travelling to a trans event would likely be very difficult, if not impossible.

Financial Barriers

D/deaf and disabled trans people are more likely to experience financial difficulties than the general population. One reason for this is the multiple barriers that they face to obtain employment, including both disability⁴⁷ and gender identity related discrimination.⁴⁸ There are also extra costs associated with being disabled – for example, buying specialist equipment, or paying for medication – and with being trans – such as travelling by taxi for safety reasons, or paying for trans-specific healthcare – that put additional strain on D/deaf and disabled trans people’s finances.

Although people would ordinarily apply for state benefits if they have no or limited income, this can be challenging for D/deaf and disabled trans people if they do not have legal gender recognition (as discussed above). A great deal has been written elsewhere about the general difficulties that D/deaf and disabled people face in claiming benefits.⁴⁹ Further, state benefits, where available, often do not provide enough money to prevent people from struggling to

47 Greve, B (2009). The labour market situation of disabled people in European countries and implementation of employment policies.

48 European Union Agency for Fundamental Rights, Being Trans in the European Union. Comparative analysis of EU LGBT survey data, 2014, page 19.

49 See for example: Sainsbury, R, Lawson, A and Priestley, M (2017). Social protection for disabled people in Europe: Synthesis report, European network of academic experts in the field of disability: www.disability-europe.net/downloads/723-synthesis-report-theme-social-protection-tasks-1-2-and-3-year-2015-2016;

afford a decent standard of living. Racism, xenophobia, and sexism in employment and benefit systems mean that D/deaf and disabled trans women, and D/deaf and disabled trans people of colour, migrants or refugees of all genders are particularly likely to struggle financially. In most countries in Europe, asylum seekers face various restrictions on working or claiming state benefits, thus D/deaf and disabled trans people seeking asylum may have no income at all.

Limited Access to Assistance

The difficulties that D/deaf and disabled trans people experience in receiving support with everyday activities, as discussed in Chapter One, is another external barrier to engagement with LGBTIQ organisations. Some D/deaf and disabled trans people will need assistance to get in touch with organisations, access information, or attend events. But due to increased difficulty in accessing funds to pay for such assistance, D/deaf and disabled people have to make difficult decisions as to how they use the limited support and resources available to them. Using an assistant to travel to a trans event or to communicate with a trans organisation may have to be replaced by something which cannot be foregone, such as having a shower or filling out essential paper work.

EXTERNAL BARRIERS: SOLUTIONS

Short term:

- Hold some events during the daytime so that D/deaf and disabled trans people who have difficulties travelling at night are able to attend on these occasions;
- Advertise events far enough in advance to give D/deaf and disabled trans people time to plan their travel, and, if necessary, organize access assistance or an assistant to accompany them;
- When deciding where to hold events, take into account local accessible public transport links;
- Provide ways of engaging with the organisation other than in person;
- Invite people attending events to make a contribution towards the cost of funding another place for someone on a low income.

Medium term:

- Use a proportion of the budget to fund transport for D/deaf and disabled trans people, including the use of taxis when they are a more accessible or safer option;
- Provide remote access to events, for example, by live streaming events online, using Skype, or enabling people to contribute via Twitter;
- For large events with many attendees, such as conferences, hire an accessible vehicle so transport for D/deaf and disabled trans people can be provided directly by the organisation;
- If the organisation provides services such as mentoring or counselling, offer to provide them remotely or in D/deaf and disabled trans people's homes;

- Recruit volunteer drivers to transport D/deaf and disabled trans people who can access their vehicles to events;
- If budgets allow, offer free or reduced price attendance at events to people on low incomes;
- Have a designated staff member or volunteer at events to provide assistance to D/deaf and disabled trans people, and advertise this so that it may be possible for some individuals to not bring their assistant. Consider offering attendees a free or reduced cost place if they volunteer to take on this role.

Long term:

- Raise funds to provide bursaries to D/deaf and disabled trans people, to enable them to attend events, volunteer, or otherwise engage with the organisation if they would struggle to do so otherwise. This may include, for example, paying an assistant's wage, for their travel or accommodation, or providing individuals with accommodation close to the venue so they do not have to deal with public transport;
 - When making budget applications, take into account the money that will be needed to facilitate engagement with D/deaf and disabled trans people;
 - Make links with companies or organisations that provide accessible transport, and encourage them to offer their services for free or as part of a skills exchange so that transport can be provided directly for D/deaf and disabled trans people.
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CONCLUSION

In bringing together experts in D/deaf and disabled trans equality from across Europe, TGEU has learnt a great deal about the particular ways in which oppression, marginalisation and exclusion impacts on those members of our communities who are D/deaf and/or disabled and trans. The fact that both transphobia and ableism are often ingrained within many of the numerous service providers that D/deaf and disabled trans people come into contact with, means they are likely to experience discrimination in relation to both aspects of their identities when simply trying to have their needs met. This report has evidenced the many ways in which D/deaf and disabled trans people are unable to access their human rights:

- Attitudes, gatekeepers, poor access and a lack of autonomy are the main issues that impact on D/deaf and disabled trans people's access to healthcare;
- A lack of choice and control over who provides them with assistance with everyday living can prevent D/deaf and disabled trans people from freely expressing their gender identities and accessing the trans-specific healthcare that they seek;
- Ableism combined with transphobia puts D/deaf and disabled trans people at a heightened risk of experiencing torture or ill treatment in a healthcare setting;
- The privacy issues affecting trans people are more challenging for D/deaf and disabled trans people due to inaccessible practices, policies and procedures.

LGBTIQ organisations have a key role to play in advocating on behalf of D/deaf and disabled trans people. If that does not happen, then D/deaf and disabled trans people are unlikely to reap the same benefits from improvements in trans equality as their non-disabled peers.

LGBTIQ organisations already have the tools needed to undertake intersectional activism. All that is required is knowledge of the issues impacting D/deaf and disabled trans people, and the will to broaden existing strategies to include them. It is hoped that this report will give LGBTIQ organisations the confidence to begin working towards that goal.

Working in partnership with D/deaf and disabled people's organisations is an important first step towards inclusive trans activism. It will ensure LGBTIQ organisations take up the most pressing issues in the most effective ways possible. At the same time, D/deaf and disabled people's organisations will gain insight into trans equality issues, which will hopefully lead to more inclusive advocacy on their part. If both LGBTIQ and D/deaf and disabled organisations are including the needs of D/deaf and disabled trans people within their advocacy, then accessibility for all will improve.

However, inclusive advocacy is of limited value if individual D/deaf and disabled trans people are still unable to engage with LGBTIQ organisations on an equal footing with their non-disabled peers. Therefore, a concerted effort to reduce the barriers outlined above is also required. In order to do so, it is necessary to view accessibility as a fundamental value that underpins everything the organisation does, rather than something that is added at the end when plans have already been made. The first step to becoming a more inclusive organisation often has to be an inward assessment of the composition of the organisation and the practices and policies it has in place. If an organisation has no D/deaf or disabled employees, board members, or volunteers, it is unsurprising that D/deaf and disabled people would not be particularly keen to engage. The people chosen by an organisation to represent it sends a powerful message about who belongs in the organisation. Working with D/deaf and disabled people's organisations to put recruitment and access policies in place is the most effective way for LGBTIQ organisations to ensure inclusion sits at the core of their work.

This report has shown numerous ways in which LGBTIQ organisations can reduce the barriers to engagement if they are committed to ensuring that D/deaf and disabled trans people are genuinely included within the movement.

Engagement with LGBTIQ organisations is just as important for D/deaf and disabled trans people as for everyone else, and they are currently missing out on valuable experiences within the trans community. D/deaf and disabled trans people should not have to choose which parts of themselves to forgo, and they deserve to be represented by LGBTIQ organisations who value all aspects of their identities, not just the parts that they find easiest to accommodate.

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ANNEX A: Venue access information

Example provided by Sandra Alland

Building Access & Travel Information:

*Stairs and Whispers: D/deaf and Disabled Poets Write Back at
Scottish Poetry Library, September 27th 2017*

Travel information:

Address:

5 Crichton's Close, Edinburgh EH8 8DT

(off Holyrood ONLY by car,

off Canongate or Holyrood by foot/wheelchair)

Crichton's Close runs between Canongate and Holyrood.

Trains:

If getting off the train at Waverley Station, exit at Market Street (there are lifts). You cannot get a useful bus from Waverley Station.

At Market St, you can catch a taxi from the Taxi rank across the street from the station exit. A Taxi must travel via Holyrood Road up Gentle's Entry, and will probably take no more than 5 minutes.

Or you can walk/wheel left up the gradual hill until you reach Canongate. At Canongate, turn left and continue downhill until you come to Crichton's Close. Turn right, and the Scottish Poetry Library will be on your left after a few moments of going downhill on cobblestones. The entire walk/wheel should take 10-20 minutes.

Lothian Buses:

The 35 bus stops on Canongate, a short walk/wheel downhill to the Library.

The 36 bus stops on Holyrood Road, a few minutes uphill.

Taxis and Drop-off:

It is not possible to drive from the Canongate into Crichton's Close, although taxis are usually willing to stop on the Canongate beside Crichton's Close to let passengers out. Taxis and other cars can also drive up to the close from Holyrood Road: ask the driver to find the Tun building or Henderson's Restaurant on Holyrood Road, then turn up Gentle's Entry and turn right into Crichton's Close.

Parking:

Crichton's Close parking restrictions (double yellow lines) do not allow parking at any time, although unloading is allowed.

Parking is available at the following carparks closest to SPL:

Waverley Station long stay carpark

<http://www.networkrail.co.uk/aspx/9494.aspx>

St John's Hill

<http://www.ncp.co.uk/car-park.html?cpid=800319&name=St%20Johns%20Hill>

BUILDING AND EVENT ACCESS

(photos included following the text)

General Event Access

Films are captioned. Poems that are read or performed will also be projected. There will be some audio description and there is a separate quiet space.

Access for D/deaf patrons and others

There is a portable hearing loop which you can use when talking to staff or for events. Please ask a member of staff. It is a Geemarc LoopHear. BSL interpreting will be provided from 6:30pm by K. Yvonne Strain and Catherine King.

Building entrance + location of performance, toilets, bar and quiet space

Please be aware there is a steep slope up from Holyrood Road, and a gentle slope down from Canongate. The Canongate access is blocked to cars by a bollard. Cars can drop off visitors at the door of the library by driving up Gentle's Entry from Holyrood Road. Some landmarks include: Henderson's Restaurant on the corner of Gentle's Entry, Pizza Express, The Tun, and Hemma Bar.

You do not need to negotiate any steps to get into the library. There is a push pad which can be used to open the front door.

The lift is located on the left past the information desk. It connects all three levels of the building:

- **ground floor**, where the reception desk is situated, drinks by donation will be served to the right at the back, and "The Space" will be available as a quiet room
- **mezzanine level**, where the event will be held
- **basement**, where a gender neutral and wheelchair-accessible toilet is situated next to the lift, with a second gender-neutral toilet beside it, and there are secure offices where you can leave valuables if necessary

The lift doors and toilet doors open to approximately 80cm wide. The narrowest space to negotiate is on the mezzanine level – this is approximately 76-78cm wide.

The toilet has transfer space on the left and assistance bars. It also has a pull-down changing table. The sink is at a low level.

Additional information

Throughout the ground floor there are also several comfortable seats and a sofa where you are welcome to chill out if you need.

Note: photos of the route to the venue and venue itself were also provided.

ANNEX B: Accessibility requirements example questionnaire

Tick all that apply:

Accommodation

- A room with a door at least as wide as X
- A room with a door that opens out
- A room with a door that opens in
- A bed that an electric wheelchair can fit next to on both sides
- A bed that an electric wheelchair can fit next to on
 - Left side
 - Right side
 - Either
- A bed that a manual wheelchair can fit next to on both sides
- A bed that a manual wheelchair can fit next to on
 - Left side
 - Right side
 - Either
- A room with two beds that are:
 - Both double
 - 1 double and 1 single
 - either
- A room with an adjoining room
- A room with an emergency pull chord
- A room with a plug socket I can reach from a seated position
- A room as close as possible to the entrance/elevator
- A room that is NOT carpeted
- Corridors that are NOT carpeted
- A bathroom with grab rails on
 - Both sides of the toilet
 - The left side of the toilet
 - The right side of the toilet
 - Either side

Accommodation (continued from the previous page)

- A toilet that an electric wheelchair can fit next to on
 - Both sides
 - The left side
 - The right side
 - Either side
- A toilet that a manual wheelchair can fit next to on
 - Both sides
 - The left side
 - The right side
 - Either side
- A toilet with an emergency pull cord
- A roll in shower
- A roll in shower with a shower chair
- A roll in shower with grab rails
- A step in shower
- A step in shower with a shower chair
- A step in shower with grab rails
- A shower over a bath with a shower chair
- A shower over a bath with grab rails
- A shower over a bath

Transport

- A taxi in which I can remain in my electric wheelchair
- A taxi in which I can remain in my manual wheelchair
- A taxi which can accommodate my electric wheelchair
- A taxi which can accommodate my manual wheelchair
- Public transport in which I can remain in my electric wheelchair
- Public transport in which I can remain in my manual wheelchair
- Public transport which can accommodate my electric wheelchair
- Public transport which can accommodate my manual wheelchair

Physical Access During Meeting

- Someone to take notes
- To use a recording device
- Someone to assist with materials, getting drinks etc.
- To be able to get up, move around and come and go

Sensory Access During Meeting

- A Palantypist (speech to text)
- Sign language interpretation (please specify language below)
- A hearing loop in meeting room
- No noise disturbance from traffic, air conditioning etc.
in meeting room
- Audio description of visual material
- Good quality lighting in meeting room
- Large print documents
- Documents in a particular font, colour etc. (please specify below)
- To have someone assist me in navigating the venue

Neurodiversity Access During Meeting

- A quiet space to be available throughout the day
- To be warned of any sudden sound/lighting change
- To be able to get up, move around and come and go
- To wear ear defenders or sunglasses
without comment or judgement
- To be able to make noises, tic etc. without comment or judgement
- Someone to explain or rephrase things if I don't understand them

Other

You can list additional requirements not mentioned above in the space below. You can also list any language or document specifications you require.

ANNEX C: Expert meeting schedule

12:00 – 13:30	Arrival and Lunch		1. Staff will be around to assist participants as required
13:30 – 14:30	Intro Session		
13:30 – 13:45	Welcome: <ul style="list-style-type: none"> • Introduce the team • Housekeeping • Plan for the meeting • Objectives 	<ul style="list-style-type: none"> • Working within whole group (approx. 15 people) • Receiving verbal information 	<ol style="list-style-type: none"> 1. British Sign Language 2. Information also provided in writing 3. Invitation to use recording equipment 4. Invitation to move around/come and go 5. A quiet space available 6. No sudden lighting/sound changes 7. Good quality lighting
13:45 – 14:10	Our expertise: <ul style="list-style-type: none"> • Each expert shares their experience, what their particular areas of interest are and what they hope will be achieved during the meeting 	<ul style="list-style-type: none"> • Working within whole group • Communicating with whole group for less than 5 minutes 	As above, plus: <ol style="list-style-type: none"> 1. Input can be prepared in advance 2. Input can be read out by someone else 3. Input can be pre-recorded and played back by participant
14:10 – 14:30	Group access agreement: <ul style="list-style-type: none"> • Experts to decide together what they need from us/each other/the space to ensure they can participate fully. 	<ul style="list-style-type: none"> • Working within whole group • Communicating with the whole group as and when you wish 	As above
14:30 – 14:45	Break		
14:45 – 16.00	Intersections		

Session	Day 1	Input	Adjustments and Access Facilitation
Objective: TGEU has adapted strategies used by D/deaf and disabled rights movements to further equality and human rights for D/deaf and disabled trans people.			
14:45 - 15:05	Our experiences <ul style="list-style-type: none"> • Decide whether the list of experiences are generally had by people because they are trans, because they are D/deaf and/or disabled, or if they are experienced by both trans and D/deaf and disabled people • E.g. having people ask questions of the person with you instead of asking them directly of you • Group feedback and explain their decisions. 	<ul style="list-style-type: none"> • Working within a small group (3 or 4 people) • Communicating your views on the question with the group • One person within the small group • inputting answers using on-line poll tool (instructions provided) • At least one person within the small group explaining the choices the group has made to the whole group 	<ol style="list-style-type: none"> 1. British Sign Language 2. Written information read aloud 3. Invitation to use recording equipment 4. Invitation to move around/come and go 5. A quiet space available 6. No sudden lighting/sound changes 7. Good quality lighting 8. Facilitator to input answers on behalf of group
15:05 – 15:20	Oppression squared <ul style="list-style-type: none"> • Discuss which of the experiences in the “both” column impact D/deaf and disabled trans people differently or more severely than people who are trans OR D/deaf and disabled. 	<ul style="list-style-type: none"> • Working within a small group (3 or 4 people) • Communicating your views on the question with the group • One person within the small group taking notes on paper or laptop etc. • At least one person within the small group explaining the choices the group has made to the whole group 	<ol style="list-style-type: none"> 1. British Sign Language 2. Written information read aloud 3. Invitation to use recording equipment 4. Invitation to move around/come and go 5. A quiet space available 6. No sudden lighting/sound changes 7. Good quality lighting 8. Facilitator to take notes for group

Session	Day 1	Input	Adjustments and Access Facilitation
15:20 – 16:00	Modeling a movement <ul style="list-style-type: none"> • List the various strategies used by D/deaf and disabled rights movements to advocate for equality and human rights • E.g. the social model of disability • Group feedback on the strategies they have identified • Consider how the strategies all the groups have come up with might be used by trans rights movements to similar effect 	<ul style="list-style-type: none"> • Working within a small group (3 or 4 people) • Communicating your views on the topic with the group • One person within the small group taking notes on paper or laptop etc • At least one person within the small group sharing the list with the whole group • Communicating your views on the second part of the exercise with the whole group 	<p>As above.</p>

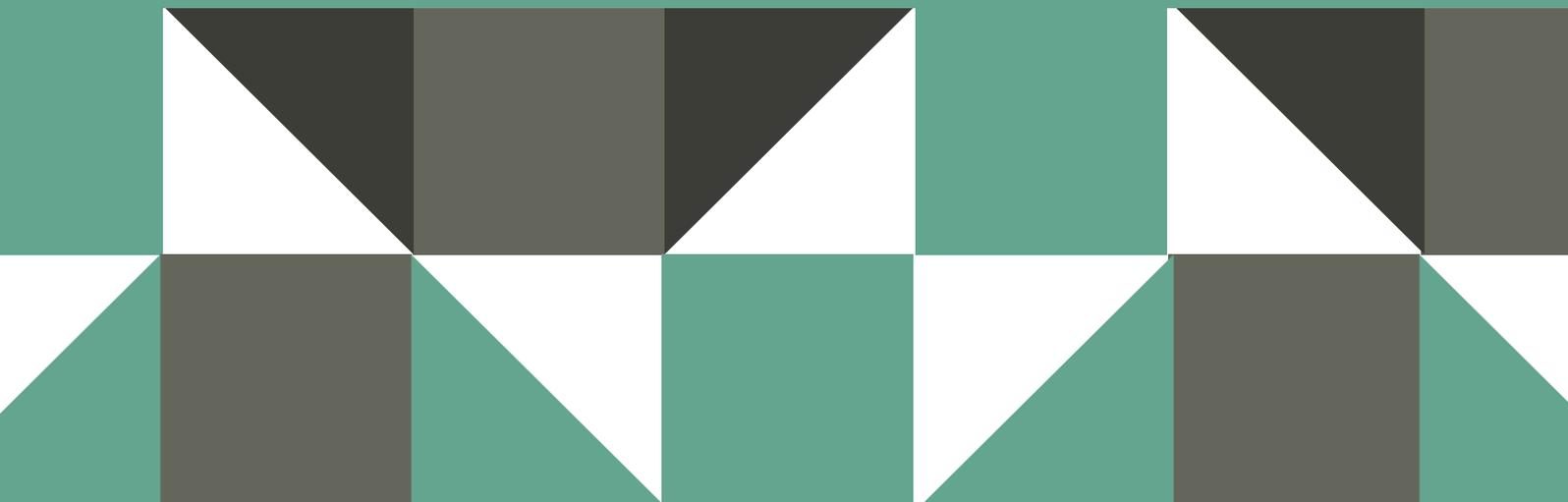
10:30 – 11:30	Morning Session		
	Objective: An increased number of D/deaf and disabled people are involved in TGEU's internal and external activities		
10:30 – 10:45	<p>Group check-in</p> <ul style="list-style-type: none"> • Feedback on yesterday, raise any issues or concerns, revisit the access agreement 	<ul style="list-style-type: none"> • Listen to a series of statements • Respond to the statement by placing yourself at some point on a line from totally agree to totally disagree • E.g. "I feel that my access needs were met yesterday" – if you totally agree you would place yourself at one end, if you totally disagree place yourself at the other, and if some needs were met but not others place yourself somewhere in between. • Respond to questions as to why you have positioned yourself in a particular place. 	<ol style="list-style-type: none"> 1. British Sign Language 2. Statements also provided in writing 3. Invitation to place yourself physically on the line or to put down a card with your name on 4. Facilitator to move name cards around 5. Invitation to move around/come and go 6. A quiet space available 7. No sudden lighting/sound changes 8. Good quality lighting
10:45 – 11:05	<p>We did all this and they didn't come!</p> <ul style="list-style-type: none"> • List the barriers that D/deaf and disabled trans people might have in trying to access trans/queer/lgbt organisations and activism • Pass your group's list to another small group 	<ul style="list-style-type: none"> • Working within a small group (3 or 4 people) • Communicating your views on the topic with the group • One person within the small group taking notes on paper or laptop etc • Passing the paper or laptop etc to an other small group as directed 	<ol style="list-style-type: none"> 1. British Sign Language 2. Invitation to use recording equipment 3. Invitation to move around/come and go 4. A quiet space available 5. No sudden lighting/sound changes 6. Good quality lighting 7. Facilitator to take notes for group

Session	Day 2	Input	Adjustments and Access Facilitation
11:05 – 11:30	<p>Reduce, reuse, recycle</p> <ul style="list-style-type: none"> Propose ways in which the barriers you have been given can be reduced or overcome Suggest ways in which D/deaf and disabled trans people can be encouraged to engage with trans/queer/lgbt organisations and activism Group feedback sharing their proposals 	<ul style="list-style-type: none"> Working within a small group (3 or 4 people) Receive the “barriers” list from an other group Communicate your suggestions with the group One person within the small group taking notes on paper or laptop etc. At least one person within the small group sharing the proposals and suggestions with the whole group 	<ol style="list-style-type: none"> British Sign Language Written information read aloud Invitation to use recording equipment Invitation to move around/come and go A quiet space available No sudden lighting/sound changes Good quality lighting Facilitator to take notes for group
12:30 – 12:45	Break		
11:45 – 12:45	<p>Plan of Action</p> <ul style="list-style-type: none"> Using the outputs from the morning session create a draft action plan, setting out the steps TGEU needs to take to make the organisation more accessible to D/deaf and disabled trans people and to increase their engagement with the organisation 	<ul style="list-style-type: none"> Working with the whole group Reviewing the material from the last exercise Communicate your ideas with the group Discuss and work to develop other participants’ ideas At least one person within the group recording the action plan either on paper, laptop or audio recorder 	<ol style="list-style-type: none"> British Sign Language Written information read aloud Invitation to use recording equipment Invitation to move around/come and go A quiet space available No sudden lighting/sound changes Good quality lighting Facilitator to take notes for group
12:45 – 14:00	Lunch		

Session	Day 2	Input	Adjustments and Access Facilitation
14:00 – 15:00	Afternoon Session		
Objective: TGEU understands the equality and human rights issues disabled trans people view as priorities for their advocacy work			
14:00 – 14:40	<p>Barrier map</p> <ul style="list-style-type: none"> • Recall a barrier to accessing your human rights you have experienced due to being D/deaf, disabled, trans, or both/all and identify; <ul style="list-style-type: none"> - the right you were trying to access - the source of the barrier e.g. central government, health care provider etc - the type of barrier - the impact it had on you 	<ul style="list-style-type: none"> • Working within a small group (3 or 4 people) Sharing your experience with the group • Each participant taking it in turns to identify the elements described • At least one person within the small group feeding back to the whole group • Working with the facilitator to group the experiences into categories 	<ol style="list-style-type: none"> 1. Input can be prepared in advance 2. Input can be read out by someone else 3. Input can be pre-recorded and played back by participant 4. British Sign Language 5. Invitation to use recording equipment 6. Invitation to move around/come and go 7. A quiet space available 8. No sudden lighting/sound changes 9. Good quality lightin 10. Facilitator to take notes for group
14:40 – 15:00	Feedback to the whole group and map the various experiences		
15:00 – 15:15	Break		
15:15 – 16:00	<p>Prioritise</p> <p>From the map created decide which of the barriers should be earmarked as priorities to be tackled over the next two years</p>	<ul style="list-style-type: none"> • Working with the whole group • Sharing your views with other participants • Working with the group to make decisions 	<ol style="list-style-type: none"> 1. British Sign Language 2. Invitation to use recording equipment 3. Invitation to move around/come and go 4. A quiet space available 5. No sudden lighting/sound changes 6. Good quality lighting 7. Facilitator to take notes for group

10:30 – 11:30	Morning Session		
	Objective: TGEU understands the equality and human rights issues disabled trans people view as priorities for their advocacy work		
10:30 – 10:45	TGEU’s Advocacy <ul style="list-style-type: none"> • A TGEU presentation on the human rights advocacy priorities they are currently pursuing 	<ul style="list-style-type: none"> • Working with the whole group • Receiving verbal information 	<ol style="list-style-type: none"> 1. British Sign Language 2. Information also provided in writing 3. Invitation to use recording equipment 4. Invitation to move around/come and go 5. A quiet space available 6. No sudden lighting/sound changes 7. Good quality lighting
10:45 – 11:30	Advocating for our rights <ul style="list-style-type: none"> • With reference to the priorities established yesterday consider whether or not TGEU is currently working in these areas • Where the answer is yes – discuss how TGEU can better include the concerns of disabled trans people in that area of work • Where the answer is no – discuss what TGEU has to do in order to start work in that area • Feedback to whole group 	<ul style="list-style-type: none"> • Working within a small group (3 or 4 people) • Reviewing the material from yesterday • Communicate your ideas with the group • Discuss and work to develop other participants’ ideas • One person within the small group taking notes on paper or laptop etc • At least one person within the small group sharing the ideas with the whole group 	<ol style="list-style-type: none"> 1. British Sign Language 2. Written information read aloud 3. Invitation to use recording equipment 4. Invitation to move around/come and go 5. A quiet space available 6. No sudden lighting/sound changes 7. Good quality lighting 8. Facilitator to take notes for group
11:30 – 11:45	Break		
11:45 – 13:00	Closing Session		

Session	Day 3	Input	Adjustments and Access Facilitation
11:45 – 12:15	<p>Forging alliances</p> <ul style="list-style-type: none"> • Make a list of the organisations TGEU should build links with in order to take forward its D/deaf and disabled trans advocacy work • Looking back at the action plan – consider whether anything needs to be added to assist TGEU in making such links 	<ul style="list-style-type: none"> • Working with the whole group • Sharing your views with other participants • Working with the group to make decisions 	<ol style="list-style-type: none"> 1. British Sign Language 2. Invitation to use recording equipment 3. Invitation to move around/come and go 4. A quiet space available 5. No sudden lighting/sound changes 6. Good quality lighting 7. Facilitator to take notes for group
12:15 – 12:45	<p>Round up</p> <ul style="list-style-type: none"> • The facilitator will close the meeting, discuss next steps, and invite participants to share their thoughts on their experience over the preceding days 	<ul style="list-style-type: none"> • Working with the whole group • Receiving verbal information • Giving your views if you wish 	<ol style="list-style-type: none"> 1. British Sign Language 2. Invitation to use recording equipment 3. Invitation to move around/come and go 4. A quiet space available 5. No sudden lighting/sound changes 6. Good quality lighting 7. Facilitator to take notes for group



This report is the result of Transgender Europe’s “Expert Meeting on D/deaf and Disabled Trans Experiences.”

It sets out the various challenges that D/deaf and disabled trans people face in accessing their human rights and discusses barriers that D/deaf and disabled trans people experience in attempting to engage with LGBTIQ organisations.

Finally it contains an extensive list of practical steps that organisations can take to overcome or reduce these barriers.

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