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Literature Search

Subject

Female services - legitimate basis on which trans women might need to be excluded from some women-only services

Requested by [Redacted] Date Requested 21st August 2019
Date Required By 5th September 2019  Date Delivered By

Context (why)

A new Equality Impact Assessment (EQIA) is being undertaken for the proposed changes to the Gender Recognition Act 2004 (see more here). This will be published alongside the forthcoming consultation. This search is part of gathering evidence for this EQIA.

Topic (what)

I need to identify research on women-only services, locations, or provisions and any reasons for which there might legitimately need to be provision for trans women to be excluded from these (either as users or service providers).

Keywords

Trans, transgender, women, female, discrimination, disadvantage, service, exclude, venue, location, provision, provider, user, behaviour, prison, school, health, healthcare, refuge, biolog*, reproduct*, quota, education, changing, facilit*, accommodation

In a sentence

Evidence on legitimate basis on which trans women might need to be excluded from some women-only services, locations, or provisions, or on which their presence might put non-trans women at a disadvantage.

Limits

No time restriction. Europe or other locations with similar societies to the UK.

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Trans OR transgender AND "women's services"

Trans OR transgender AND discrimination OR disadvantage OR exclude OR Exclusion AND "Women's services" OR "female services" OR services

Heterosexism OR "straight women" AND discrimination OR disadvantage OR exclude OR Exclusion

Marginalisation OR Marginalization AND LGBT OR Heterosexual

Findings

- Please note that the literature search results should not be regarded as comprehensive as the Scottish Government Library only has access to a limited number of bibliographic databases, and of these databases, only those regarded as the most relevant bibliographic databases have been searched. Should you wish further searching of other bibliographic databases available to the Scottish Government Library please let the Library team know.

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Key results

The following results may be particularly relevant:

Transgender Health

Transgender Studies Quarterly

Stonewall Scotland
Fair Play for Women
Women-specific HIV/AIDS services: identifying and defining the components of holistic service delivery for women living with HIV/AIDS - lots of academics named with specialisms in Women’s studies this may be of use even if the report itself isn’t.

UN Women Publications

Women’s Studies International Forum Journal

University of York: Centre for Women’s Studies

Institute of Development Studies: Pathways of Women’s Empowerment Research Programme Consortium

The Centre for Gender and Women’s Studies at Lancaster University

The St Andrews Institute for Gender Studies (STAIGS)

University of Warwick: Centre for the Study of Women and Gender

University of Sussex: Centre for Gender Studies

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How to access full text
Click on the link in each record to access or request the full text

Can a Trans-gendered Person be 'one of us'? Herizons 2001 Fall 2001;15(2):22
Focuses on the involvement of trans-gendered persons in women's service agencies. Discussion on the complexity of the physiology of female sex; Testimony of a trans-gendered person; Efficacy of trans-gendered persons in rape crisis counselling training.


This study determines how transgender involvement in survival economies, namely sex work and drug sales, affects transgender experiences of service provider discrimination, in comparison to discrimination experienced by transgender people not involved in survival economies. It utilizes cross-sectional data from the 2008–2009 National Transgender Discrimination Survey (NTDS). Multivariate logistic regression is conducted on the sample (n = 4927) to determine the strength of association. Logistic regression sub-analysis is used to compare discrimination across different service provider contexts. Compared to those not participating in survival economies, participating in sex work has almost three times greater odds (OR 2.83, CI 2.20–3.63), and those participating in drug sales have approximately 1.5 greater odds (OR 1.52, CI 1.16–1.99), of experiencing discrimination from service providers. Participation in survival economies is a significant predictor of a transgender person's increased likelihood of experiencing service provider discrimination. Findings suggest that service providers must attend to the specificity of transgender experiences in survival economies. Harm reduction is offered as a suitable intervention approach. ABSTRACT FROM AUTHOR]; Copyright of Sexuality Research & Social Policy: Journal of NSRC is the property of Springer Nature and its content may not be copied or emailed to multiple sites or posted to a listserv without the copyright holder's express written permission. However, users may print, download, or email articles for individual use. This abstract may be abridged. No warranty is given about the accuracy of the copy. Users should refer to the original published version of the material for the full abstract. (Copyright applies to all Abstracts.)

Presents information on a study which reports the results of an effort to systematically

The current study sought to describe the demographic characteristics of individuals who are willing to consider a transgender individual as a potential dating partner. Participants (N = 958) from a larger study on relationship decision-making processes were asked to select all potential genders that they would consider dating if ever seeking a future romantic partner. The options provided included cisgender men, cisgender women, trans men, trans women, and genderqueer individuals. Across a sample of heterosexual, lesbian, gay, bisexual, queer, and trans individuals, 87.5% indicated that they would not consider dating a trans person, with cisgender heterosexual men and women being most likely to exclude trans persons from their potential dating pool. Individuals identifying as bisexual, queer, trans, or non-binary were most likely to indicate a willingness to date a trans person. However, even among those willing to date trans persons, a pattern of masculine privileging and transfeminine exclusion appeared, such that participants were disproportionately willing to date trans men, but not trans women, even if doing so was counter to their self-identified sexual and gender identity (e.g., a lesbian dating a trans man but not a trans woman). The results are discussed within the context of the implications for trans persons seeking romantic relationships and the pervasiveness of cisgenderism and transmisogyny. ABSTRACT FROM AUTHOR]; Copyright of Journal of Social & Personal Relationships is the property of Sage Publications, Ltd. and its content may not be copied or emailed to multiple sites or posted to a listserv without the copyright holder's express written permission. However, users may print, download, or email articles for individual use. This abstract may be abridged. No warranty is given about the accuracy of the copy. Users should refer to the original published version of the material for the full abstract. (Copyright applies to all Abstracts.)

Browne K, Lim J. Trans lives in the 'gay capital of the UK'. Gender, Place & Culture: A Journal of Feminist Geography 2010 10;17(5):615-633

Recent geographical interventions have begun to question the power relations among lesbian, gay, bisexual and trans people, challenging assumptions that LGBT communities have homogeneous needs or are not characterised by hierarchies of power. Such interventions have included examinations of LGBT scenes as sites of exclusion for trans people. This article augments academic explorations of trans lives by focusing on 'the gay capital' of the UK, Brighton & Hove, a city that is notably absent from academic discussions of gay urbanities in the UK, despite its wider acclaim. The article draws upon Count Me In Too (CMIT), a participatory action research project that seeks to progress social change for LGBT people in Brighton & Hove. Rather than focusing on LGBT scenes, the article addresses broader experiences of the city, including those relating to the city as a political entity that seeks to be 'LGBT inclusive' and those relating to the geographies of medical 'treatment' that relocate trans people outside the boundaries of the city, specifically to the gender identity clinic at Charing Cross Hospital in London. It argues that trans lives are both excluded from and inextricably linked to geographical imaginings of the
'gay capital', including LGBT spaces, scenes and activism, such that complex sexual and gender solidarities are simultaneously created and contested. In this way, the article recognises the paradoxes of the hopes and solidarities that co-exist - and should be held in tension - with experiences of marginalisation. ABSTRACT FROM AUTHOR]; Copyright of Gender, Place & Culture: A Journal of Feminist Geography is the property of Routledge and its content may not be copied or emailed to multiple sites or posted to a listserv without the copyright holder's express written permission. However, users may print, download, or email articles for individual use. This abstract may be abridged. No warranty is given about the accuracy of the copy. Users should refer to the original published version of the material for the full abstract. (Copyright applies to all Abstracts.)


The primary aim of this study was to examine women's experiences of inpatient psychiatric services. A secondary aim was to use the emerging themes in service planning and to develop an evaluation tool. Focus groups and individual interviews with women in receipt of psychiatric services in Croydon were used. The findings suggest continuity with both negative and positive aspects of institutional care described before the policy of community care was introduced. The attempts to 'normalize' institutional care by desegregating wards appear rather to have compounded problems faced by women. Women were clear about what they felt they wanted and needed. Women are dissatisfied about many aspects of care aside from the problems associated specifically with mixed sex wards. This suggests that sexual segregation of wards alone is a necessary but an insufficient measure to improve inpatient care. The findings can inform development of a women-only service in Croydon and of a tool to evaluate it. ABSTRACT FROM AUTHOR]; Copyright of Journal of Psychiatric & Mental Health Nursing (Wiley-Blackwell) is the property of Wiley-Blackwell and its content may not be copied or emailed to multiple sites or posted to a listserv without the copyright holder's express written permission. However, users may print, download, or email articles for individual use. This abstract may be abridged. No warranty is given about the accuracy of the copy. Users should refer to the original published version of the material for the full abstract. (Copyright applies to all Abstracts.)


The article discusses the development of the RightRides for Women's Safety Inc. in New York City. The organization provides safe transportation to women and transgender individuals heading home from late-night shifts or evenings out with friends. It is stated that the organization has been rapidly growing due to the increasing callers asking for service. Detailed information regarding the organization's operation is discussed.


The right of transgender ('trans') persons to access gender-segregated space is neither a new controversy nor a conversation which is unique to the United Kingdom. Yet, despite increasingly charged political debates in North America, the question of trans access to single-gender facilities remains largely underexplored by British legal academics. In
January 2016, the UK House of Commons Select Committee on Women and Equalities recommended expanding trans entry into single-gender services and communal accommodations under the Equality Act 2010. Using the Committee's report as a springboard for debate, this article considers the right of trans populations to use their preferred women-only and men-only spaces. Critically analysing the existing possibilities to exclude trans persons from services and accommodations, as well as the policy arguments which motivate this approach, the article demonstrates how, adopting common-sense, evidence-based reforms, Parliament can introduce legal rules which both prioritize user safety and respect trans dignity. ABSTRACT FROM AUTHOR; Copyright of Social & Legal Studies is the property of Sage Publications, Ltd. and its content may not be copied or emailed to multiple sites or posted to a listserv without the copyright holder's express written permission. However, users may print, download, or email articles for individual use. This abstract may be abridged. No warranty is given about the accuracy of the copy. Users should refer to the original published version of the material for the full abstract. (Copyright applies to all Abstracts.)

Gottschalk LH. Transgendering women’s space: A feminist analysis of perspectives from Australian women’s services. Women’s Studies International Forum 2009 05;32(3):167-178

Synopsis: This article explores the social and political implications of transgenderism for women's groups and organisations. One aim of transgender support groups such as, The Gender Centre Inc. and others, is the right of male to female transgenders (MTFs) to enter what were previously understood to be women-only spaces such as women's health centres, domestic violence shelters, and rape crisis centres. MTFs whether pre or post-operative, claim the right to enter these spaces as both clients and workers. In-depth interviews were conducted with managers of gendered spaces and a small number of workers. Discussions centred around their values and policies about gendered spaces and the advantages and disadvantages of having women-only spaces, as well as their experience of trans-inclusion when it had occurred and the impact on staff and clients of inclusion. The majority of interviewees supported women-only space and employed only female staff in their centres. Their policy and practices around the employment of MTFs, or accepting MTFs as clients, depended on whether or not they considered MTFs to be women, a point upon which there was significant disagreement. Those who believed MTFs to be women supported their inclusion. Those who did not consider MTFs to be women felt that their presence would compromise women's feelings of safety and threaten not only the very existence of women-only spaces, but also the services they provide. Copyright &y& Elsevier]; Copyright of Women's Studies International Forum is the property of Pergamon Press - An Imprint of Elsevier Science and its content may not be copied or emailed to multiple sites or posted to a listserv without the copyright holder's express written permission. However, users may print, download, or email articles for individual use. This abstract may be abridged. No warranty is given about the accuracy of the copy. Users should refer to the original published version of the material for the full abstract. (Copyright applies to all Abstracts.)

Moore A. Shaping the service to fit the person. Nursing Standard 2011 02/02;25(22):20-22

Alison Moore uncovers services that are taking steps to improve care for lesbian, gay, bisexual and trans people. ABSTRACT FROM AUTHOR]; Copyright of Nursing Standard

Abstract: Background: Women-only addiction services tend to be provided on a poorly evidenced assumption that women want single-sex treatment. We draw upon women's expectations and experiences of women-only residential rehabilitation to stimulate debate on this issue. Methods: Semi-structured interviews were undertaken with 19 women aged 25–44 years currently in treatment (n = 9), successfully completed treatment (n = 5), left treatment prematurely (n = 5). All had histories of physical or sexual abuse, and relapses linked to relationships with men. Interviews were audio-recorded, transcribed verbatim, coded and analysed inductively following Iterative Categorization. Findings: Women reported routinely that they had been concerned, anxious or scared about entering women-only treatment. They attributed these feelings to previous poor relationships with women, being more accustomed to male company and negative experiences of other women-only residential settings. Few women said that they had wanted women-only treatment, although many became more positive after entering the women-only service. Once in treatment, women often explained that they felt safe, supported, relaxed, understood and able to open up and develop relationships with other female residents. However, they also described tensions, conflicts, mistrust and social distancing that undermined their treatment experiences. Conclusions: Women who have complex histories of alcohol and other drug use do not necessarily want or perceive benefit in women-only residential treatment.


Prock KA, Kennedy AC. Federally-funded transitional living programs and services for LGBTQ-identified homeless youth: A profile in unmet need. *Children and Youth Services Review* 2017;83:17-24
youth experience discrimination in RHY programs, indicating the importance of services tailored to their specific needs. However, we know very little about the availability of these services, particularly in transitional living programs (TLPs). This exploratory study examines the services offered by the Family and Youth Services Bureau-funded TLPs in the United States—including LGBTQ-specific services—and examines the differences between programs that offer these specific services and those that do not. Participants (N=124 programs) completed a survey by phone or email about their program characteristics and services; we supplemented the survey with an analysis of content on programs’ websites and Facebook pages, including program descriptions, service availability, and LGBTQ-related content. Fewer than half (43.5%) of the participants reported offering LGBTQ-specific services; information regarding these services was minimally present on the agency’s websites (20.2%) or Facebook pages (5.3%). These programs were more likely to be located on the West Coast or in the Northeast region, and more likely to offer counseling, support groups, and recreation or youth development activities. Our findings add to the limited body of knowledge regarding service provision in TLPs, and indicate high unmet need among this vulnerable population. We conclude with implications for social work research, policy and practice. 


Rathbone EF. The Remuneration of Women’s Services. The Economic Journal 1917;27(105):55

IDOX

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Evidence on legitimate basis on which trans women might need to be excluded from some women-only services, locations, or provisions, or on which their presence might put non-trans women at a disadvantage.

Response:
Searches were conducted on the Idox database using various key terms including those suggested. This returned just a few results, presented below and with links provided to full text.

Perhaps of most interest, will be the House of Commons Women and Equalities Committee report on transgender equality (Ref. B44347) which considers ‘exemptions in respect of trans people’. It notes that the inquiry heard a range of views on this difficult and sensitive issue, with Women Analysing Policy on Women saying:

There are situations such as women-only domestic and sexual violence services where vulnerable women surviving in crisis find it very difficult to feel safe. Some of these women may feel unable to access services provided by or offered jointly to all women including transwomen; this produces a clash with the rights of transwomen to be treated exactly the same as other women. In such cases when the safety, wellbeing and recovery of women are reliant upon their ability to access services the law has created exemptions to allow for women only services that do not include some transwomen, in some circumstances.

This came from the evidence submission from Women Analysing Policy on Women to the transgender Equality Inquiry. It considers the implications of some proposals for legal changes made by some transgender groups which would remove the protection in the Equality Act for women only spaces. It sets out the need for women only spaces before going on to describe the current legal situation. It then details the calls for change that have been made and identifies the ways in which these would reduce the protection for women only spaces currently provided in the Equality Act. Similarly, the Prison Reform Trust’s submission stated:

Some organisations working with female prisoners, such as those providing support for women who have experienced domestic violence or sexual assault may decide not to provide services to transwomen as long as the decision is legitimate and proportionate. We support the current position.

As there was limited material, further searches were also undertaken online, which returned the following material that may also be of interest:

Trans Inclusion in Women Only Spaces, Concept, Vol 10 No 1 Spring 2019 – aims to provide a reflective account within the following topics: 1. An exploration of the consciousness-raising process that violence against women services are borne from, and how that process can now be used to expand our understanding of solidarity and liberation; 2. An exploration of the purpose of women-only spaces within sexual violence and domestic abuse service provision; 3. A discussion of the experiences of transgender survivors of sexual violence and domestic abuse and their barriers to accessing services; and 4. A practical exploration of solutions that can ensure that all survivors of sexual violence have swift access to effective support services to allow them to recover from trauma.

Supporting trans women in domestic and sexual violence services: Interviews with professionals in the sector, Stonewall (2018) – provides views and experiences of service providers. Participants overwhelmingly told us that services’ thorough risk assessment processes would continue to safeguard against an incident of a violent man attempting to access services, while ensuring that all women receive the support they need.
The Economist’s *Open Future* series of articles on transgender may be of interest, particularly the one on women’s concerns over trans women accessing women’s spaces.

It seems that the main reason for arguing against including trans women in all women-only spaces/services is the fear among women around the potential for predatory men to abuse self-identification to gain access to women-only spaces.

*Which Gender is More Concerned About Transgender Women in Female Bathrooms?*, Gender Issues, Vol 34 No 3 2017 – explores public opinion about safety and privacy when transgender women use female bathrooms. In these comments, we find that cisgender males are around 1.55× as likely to express concern about safety and privacy as cisgender females. Moreover, we find that when expressing concern (a) cisgender females are around 4× as likely as cisgender males to assert that transgender women do not directly cause their safety and privacy concerns, typically emphasizing their concerns are about ‘perverts’ posing as transgender females, and (b) cisgender males are around 1.5× as likely as cisgender females to assert that transgender females directly cause their safety and privacy concerns.

*(Trans)forming single gender services and communal accommodations*. Social and Legal Studies, 26(5) University of Bristol (2017) – sets out the broad relationship between transgender identities and single-gender spaces, and explains the operation of single-gender services and communal accommodations under the Equality Act 2010 and considers how transgender individuals may be excluded from their preferred facilities without breaching equality guarantees. Addresses the two overarching motivations for excluding transgender persons from single-gender spaces: the phenomenon of non-transgender ‘discomfort’; and the fear of ‘misconduct’ in segregated facilities. Considers three possible routes for reforming UK law. Focusing on body type, legal status and the obligation to increase private space, the article embraces the Committee’s recent recommendations and also suggests an alternative policy which would create a safe, workable model for respecting both transgender and non-transgender rights.

Idox database results
Ref No: B53144
Neill, Gail; McAlister, Siobhan
*The missing T: baselining attitudes towards transgender people in Northern Ireland*

ARK
(Report available on the internet at: http://ow.ly/7zhn30p0I3a)
2019 Pages: 5 Price: na ISBN:
Explores public attitudes towards transgender people in Northern Ireland, drawing on analysis of data from national social attitudes surveys. Describes the increased public focus on transgender people and the inequalities they face, and the challenges involved in using existing surveys to explore public attitudes towards transgender people. Outlines the definitions used in surveys, and provides overall findings on public prejudices and attitudes towards transgender people. Looks at attitudes towards lesbian, gay and bisexual compared with transgender people. Examines levels of public
comfort/approval of transgender people using public toilets, refuges and changing birth certificates. Concludes that the survey results suggest positive attitudes towards transgender people and fairly high levels of support in realising their rights.

Ref No: B51511
Beard, Jacqueline
Transgender prisoners (House of Commons Library briefing paper no 7420)

House of Commons Library
2018 Pages: 13 Price: na ISBN:

Provides an overview of policy towards transgender people in prisons in the UK. Outlines the key legal provisions in the Equality Act 2010 and Gender Recognition Act 2004. Looks at transgender prisoners in England and Wales, including estimated numbers, and describes the policy framework, including initial guidance issued in 2011 and revised guidelines developed in response to a report on transgender equality by the House of Commons Women and Equalities Committee in 2016. Outlines policy towards transgender prisoners in Scotland, based on a 2014 policy document, and indicates that there is no formal policy towards transgender prisoners in Northern Ireland.

Ref No: B44347
House of Commons Women and Equalities Committee
Transgender equality: first report of session 2015–16 (HC 390)

The Stationery Office (TSO), PO Box 29, Norwich, NR3 1GN
2016 Pages: 98 Price: na ISBN:

Presents the outcome of the House of Commons Women and Equalities Committee’s inquiry into equality issues affecting transgender people. Describes the cross-government strategy on advancing transgender equality. Discusses issues relating to the Gender Recognition Act 2004 and Equality Act 2010. Considers general and specific NHS services relating to transgender patients. Examines the ways in which everyday transphobia is being tackled. Provides conclusions and recommendations covering the issues addressed. Highlights key findings, including: high levels of transphobia are experienced by individuals on a daily basis, with serious consequences; the Gender Recognition Act was pioneering but is now outdated, as are the terms used in the Equality Act; the NHS is letting transgender people down and failing in its legal duty; and, across the board, government departments are struggling to support transgender people effectively.
Knowledge Network: the national knowledge management platform for health and social care in Scotland. Register for an Open Athens password to access all these resources.

To request the full text of any of these references please contact the Library.


This study describes and analyses attitudes towards homosexuality among faculty in departments of three helping professions: social work, psychology and education. The sample consists of 235 faculty members in the five main universities in Israel. Out of 849 questionnaires that were sent to all faculty members of the relevant departments of social work, psychology and education, 103 were completed and returned from social work, 56 from psychology and 76 from education, representing a 27.7 per cent total response rate. The instrument used was the Index of Homophobia (IHP) (Hudson and Ricketts, 1980) in addition to professional background and demographic information. Findings show that, overall, members of academic departments of the helping professions present 'low-grade homophobic' attitudes (Hudson and Ricketts, 1980). Statistically significant differences surfaced among the three departments, with faculty members in schools of education emerging as most homophobic, followed by social work and psychology. Several explanations are put forward in an attempt to account for such differences, including the theoretical framework of marginality, the variables traditionally associated with homophobia, and professional training.


Evidence suggests that social workers may be biased when dealing with gay and lesbian populations. The study discussed in this article attempted to measure the extent of homophobia and heterosexist bias and their correlates in a cohort of 187 social workers using the index of Attitudes toward Homosexuality, the Attitudes toward Lesbians and Gay Men Scales, and a newly created scale to measure heterosexist bias. We found that 10 percent of respondents were homophobic and that a majority were heterosexist. Levels of homophobia and heterosexism were negatively correlated with amount of social contact with homosexual men and women. Religiosity was associated with higher levels of homophobia and heterosexism, and having been in psychotherapy was associated with more positive attitudes toward gay men and lesbians. Amount of education on topics related to homosexuality was not correlated with levels of homophobia and heterosexism.


Objectives. We assessed whether multiple psychosocial factors are additive in their relationship to sexual risk behavior and self-reported HIV status (i.e., can be characterized as a syndemic) among young transgender women and the relationship of indicators of social marginalization to psychosocial factors. Methods. Participants (n = 151) were aged 15 to 24 years and lived in Chicago or Los Angeles. We collected data on psychosocial
factors (low self-esteem, polysubstance use, victimization related to transgender identity, and intimate partner violence) and social marginalization indicators (history of commercial sex work, homelessness, and incarceration) through an interviewer-administered survey.

Results. Syndemic factors were positively and additively related to sexual risk behavior and self-reported HIV infection. In addition, our syndemic index was significantly related to 2 indicators of social marginalization: a history of sex work and previous incarceration.

Conclusions. These findings provide evidence for a syndemic of co-occurring psychosocial and health problems in young transgender women, taking place in a context of social marginalization.

Health Business Elite; Health Business Elite.


Callahan J, Mann B, Ruddick S. Editors’ Introduction to Writing against Heterosexism. Hypatia 2007;22(1):vii-xv


This article argues that criminology desperately needs to look at the ways in which states marginalize and persecute lesbian, gay, bisexual, trans* and queer (LGBTQ) identities. It critically examines the ways in which states reproduce hegemonic dictates that privilege those who adhere to gendered heterosexual norms over all others. This article further considers how the application of state crime theories, in particular Michalowski’s
(State crime in the global age, pp. 13–30, Devon, Willan, 2010) tripartite framework, might further foreground the responsibility of the state in protecting LGBTQ identities. Examples of how this framework could be applied are given, with the case study of criminalization of same sex relations being focused on in depth. The article concludes by positing four key points to be considered in any analysis that attempts to critique the role of the state in the perpetuation of heterosexual hegemony.


Past lab and scenario research on sexism suggests that women are more likely to contemplate than to engage in assertive confrontation of prejudice. The present study was designed to explore how the competing cultural forces of activist norms and gender role prescriptions for women to be passive and accommodating may contribute to women’s response strategies. Women were asked to keep diaries of incidents of anti-Black racism, anti-Semitism, heterosexism, and sexism, including why they responded, how they responded, and the consequences of their responses. Participants were about as likely to report they were motivated by activist goals as they were to report being motivated by gender role consistent goals to avoid conflict. Those with gender role-consistent goals were less likely to respond assertively. Participants were more likely to consider assertive responses (for 75% of incidents) than to actually make them (for 40% of incidents). Assertive responders did, however, report better outcomes on a variety of indicators of satisfaction and closure, at the expense of heightened interpersonal conflict. Results are discussed with respect to the personal and social implications of responding to interpersonal prejudice. PUBLICATION ABSTRACT]


Following a brief explanation of the concepts inherent within the European Foundation for Quality Management Excellence Model, the experience of using the framework as a mechanism for delivering clinical governance is described. The framework was utilised by a Women's Services Directorate of an acute National Health Service Trust in the UK, who concluded that the Model was an ideal tool for supporting the delivery of clinical governance. However, this was only the case when a number of factors were taken into consideration. For instance, the Directorate found that the change programme required a phased implementation process, sound leadership, expert facilitation, good information systems, numerous training and development opportunities for managers, teamwork and the application of best practice in relation to project improvement teams. Moreover, the absence of all the aforementioned ingredients had the potential to compromise any successful outcome. Emerald Management (Emerald Group);

Lamb SJ. Bridging the Gap Between Practice and Research : Forging Partnerships with Community-Based Drug and Alcohol Treatment. : Washington, D.C., National Academies Press; 1998

and looks in detail at the issue from the perspective of the community-based provider and the researcher.

eBook Collection (EBSCOhost); eBook Collection (EBSCOhost).

44NHSS ALMA; 44NHSS ALMA.


The purpose of this chapter is to highlight the experiences and needs of aging sexual and gender minority (SGM) veterans. Significant demographic changes in the composition of aging military veterans have taken place. Most noticeably since the repeal of “don't ask, don't tell” attention has been drawn to this population of older veterans and their specific mental, physical, and psychosocial health care needs. Recent policy, program, and research initiatives have begun to address the significant health disparities of this population of older adults. SGM veterans are more likely to report higher rates of sexual harassment and sexual assault, and are more vulnerable to homelessness and unemployment when compared to the general population of older lesbian, gay, bisexual, and transgender (LGBT) adults. Aging SGM veterans may also carry a heavy burden as a result of their experiences as service members and may be reticent to disclose their sexual identity with formal veteran service programs. Access to and utilization of social care networks and social support for SGM aging veterans is a serious concern. Isolation, poorer health outcomes, and increased chronic health conditions may exacerbate the marginalization this older adult population has experienced. A majority of SGM veterans will utilize community-based services, and it is essential that all health care professionals understand the unique needs of this cohort of older adults. Future directions for research, policy, education, and service delivery are explored.

This study examined the relationship between ambient workplace heterosexism, emotional reactions (i.e., fear and anger), and outcomes for sexual minority and heterosexual employees. Five hundred thirty-six restaurant employees (68% female, 77% White) completed an online survey assessing the variables of interest. Results showed that greater experiences of ambient workplace heterosexism were associated with heightened fear and anger and, in turn, with heightened psychological distress (for fear) and greater physical health complaints, turnover intentions, and lowered job satisfaction (for anger). Fear also mediated the relationship between ambient workplace heterosexism and psychological distress. In addition, sexual orientation moderated the relationship between ambient workplace heterosexism and fear such that sexual minority employees reported more fear than heterosexuals with greater ambient heterosexism. These effects occurred after controlling for personal experiences of interpersonal discrimination. Our findings suggest that ambient workplace heterosexism can be harmful to all employees, not only sexual minorities or targeted individuals.

and (3) three country case studies (phase three). The results presented here are based predominantly on women’s own experiences and are coherent across all three phases. Recommendations are proposed regarding laws, policies, and programs which are rights-
based, gendered, and embrace diversity, to maximize women’s voluntary, informed, confidential, and safe access to and adherence to medication, and optimize their long-term sexual and reproductive health.


Humans are dependent on others for their livelihood for many years before they become economically productive and self-supporting. In modern industrial societies productivity and the capacity to be self-supporting also require costly investments in human capital. What is the proper division of responsibilities between parents and other members of society for rearing children and thus, collectively, reproducing the population? And how equitable is the sharing between husband and wife of the burdens that fall on the immediate family? To what extent should social responsibilities for childrearing be formalized in explicit institutional arrangements? While certainly long-standing, these questions acquired a special urgency in industrial countries beginning with the second decade of the twentieth century as a result of the convulsive experience of the world war. (In subsequent decades, below-replacement-level fertility amplified such concerns.) Total mobilization for war resulted in the massive influx of female workers into industry, thus undercutting prevailing assumptions about the logic and equity of an industrial system characterized by sharp divisions of labor by sex, discrimination in hiring and remuneration in the job market, and routine reliance on unpaid female labor in childrearing. In the March 1917 issue of , Eleanor F. Rathbone addressed these issues in an article titled “The remuneration of women's services.” This article is reproduced below in full. “Perhaps the most important function which any State has to perform—more important even than guarding against its enemies—is to secure its own periodic renewal by providing for the rearing of fresh generations,” asserted Rathbone. How is this burden paid for? She saw the existing system as iniquitous and haphazard—requiring a disproportionate and unremunerated contribution from the adult female population, a contribution supplemented only in a “hesitating and half-hearted way” by the state. The modern state gradually accepted responsibilities to cover some of the costs of formal education and started to make minor provisions for child nurture and medical expenses. Still, she noted, “the great bulk of the main cost of population] renewal the state] still pays for... by the indirect and extraordinarily clumsy method of financing the male parent”—thus accomplishing the task “in a very defective and blundering way.” Rathbone argued for a radical rethinking and revision of the existing system. She further elaborated her proposals in a book, , published in 1924. This book was republished posthumously in 1949 under the title . Lord Beveridge, father of the post–World War II British welfare state, in an Epilogue written for that book, attributes the intellectual preparation of the 1945 Family Allowances Act “first and foremost” to the author of . Eleanor Rathbone was born in 1872 to a prominent Liverpool family. Educated at Oxford in classics and philosophy, she played an active public role as
a suffragist, feminist, and advocate of social reforms. She was a member of the British Parliament, as an Independent, from 1929 to her death in 1946.


Previous research has consistently found that transgender women experience high levels of domestic violence and abuse (DVA). Yet, to date, no studies have explored the efficacy of training workshops aimed at increasing the capacity of service providers to meet the needs of transgender women. This paper reports on findings from one such workshop developed and run in South Australia. Workshop participants (n = 25) from three domestic violence services completed both pre- and post-workshop measures of attitudes towards working with transgender women, comfort in working with transgender women and confidence in providing services to transgender women. In addition, participants responded to open-ended questions regarding terminology, and awareness of referrals related to the link between DVA and animal abuse. Statistically significant changes were identified on all measures, with workshop attendees reporting more positive attitudes, greater comfort and greater confidence after completing the workshop. Analysis of open-ended responses found that attendees developed a better understanding of both appropriate terminology, and referrals for women who present to services with animal companions. We conclude with suggestions for how programmes and services may become more welcoming and inclusive of transgender women experiencing DVA.


Despite the 1970s' radical feminist critique of transsexualism, transgenderism and its international movement has rapidly expanded its fight for acceptance and rights for trans-people. In particular, trans-women are currently claiming their right to participate, and be included in, women-only events, organizations, and service provisions. This paper will argue that the protection of gender is imperative to the goals of trans-activists and their supporters. As a result, the movement to insist on, through human rights law, the right of trans-women to access women-only organizations could be seen as a part of an effort to grant gender categories absolute social authority. Specifically, I will be addressing one of the latest studies in “trans-inclusion,” the Trans Inclusion Policy Manual for Women's Organisations (2002). I will argue that this focus on gender undermines feminist campaigns to challenge gender oppression, and the importance of women-only spaces to this project.


This study examined experiences of external and internalized heterosexism and sexism and their links to coping styles and psychological distress among 473 sexual minority women. Using an online sample of United States lesbian and bisexual women, the findings indicated that many participants experienced heterosexist and sexist events at least once during the past 6 months, and a number of participants indicated some level of internalized oppression. Supporting an additive multiple oppression perspective, the results revealed that when examined concurrently heterosexist events, sexist events, internalized heterosexism, and internalized sexism were unique predictors of psychological distress. In addition, suppressive coping and reactive coping, considered to be maladaptive coping strategies, mediated the external heterosexism-distress, internalized heterosexism-distress, and internalized sexism-distress links but did not mediate the external sexism-
distress link. Reflective coping, considered to be an adaptive coping strategy, did not mediate the relations between external and internalized heterosexism and sexism and psychological distress. Finally, the variables in the model accounted for 54% of the variance in psychological distress scores. These findings suggest that maladaptive but not adaptive coping strategies help explain the relationship between various oppressive experiences and psychological distress.

**PUBLIC ABSTRACT**

Tabaac AR, Benotsch EG, Barnes AJ. Mediation Models of Perceived Medical Heterosexism, Provider–Patient Relationship Quality, and Cervical Cancer Screening in a Community Sample of Sexual Minority Women and Gender Nonbinary Adults. LGBT Health 2019;6(2):77-86

trust in providers (b = 0.05, p = 0.001, 95% confidence interval CI 0.02–0.08) and provider-patient communication quality (b = 0.06, p = 0.003, 95% CI 0.02–0.10) were positively associated with future screening intention, and their total indirect effect mediated the relationship between perceived medical heterosexism and intention (b = −0.03, 95% CI −0.05 to −0.02, β = −0.25, 95% CI −0.39 to −0.15). Similarly, the total indirect effect of provider–patient communication quality mediated the relationship between perceived medical heterosexism and odds of routine screening (b = −0.03, 95% CI −0.06 to −0.01).

Conclusion: These findings point to the need for cancer prevention and control strategies for SMW to target provider education and policy interventions that improve SMW’s relationships with their providers and improve cervical cancer screening rates.


We examined options and need for women-centered substance use disorder treatment in the United States between 2002 and 2009. We obtained characteristics of facilities from the National Survey of Substance Abuse Treatment Services and treatment need data from the National Survey on Drug Use and Health. We also examined differences in provision of women-centered programs by urbanization level in data from the National Center for Health Statistics 2006 Rural-Urban County Continuum. Of the 13,000 facilities surveyed annually, the proportion offering women-centered services declined from 43% in 2002 to 40% in 2009 (P < .001). Urban location, state population size, and Medicaid payment predicted provision of such services as trauma-related and domestic violence counseling, child care, and housing assistance (all, P < .001). Prevalence of women with unmet need ranged from 81% to 95% across states. Change in availability of women-centered drug treatment services was minimal from 2002 to 2009, even though need for treatment was high in all states.


• Investigates whether and how Australian drug and health policy documents attend to women’s drug use. • Methods involved a policy audit and critical policy analysis of Australian federal and state and territory drugs and health policy documents. • Two major problematisations are identified: effects on women’s reproductive role and women’s vulnerability to harm. • Policy gaps resulting from these problematisations are discussed. Contemporary research in the drugs field has demonstrated a number of gender differences in patterns and experiences of substance use, and the design and provision of gender-responsive interventions has been identified as an important policy issue.
Consequently, whether and how domestic drug policies attend to women and gender issues is an important question for investigation. This article presents a policy audit and critical analysis of Australian national and state and territory policy documents. It identifies and discusses two key styles of problematisation of women’s drug use in policy: 1) drug use and its effect on women’s reproductive role (including a focus on pregnant women and women who are mothers), and 2) drug use and its relationship to women’s vulnerability to harm (including violent and sexual victimisation, trauma, and mental health issues). Whilst these are important areas for policy to address, we argue that such representations of women who use drugs tend to reinforce particular understandings of women and drug use, while at the same time contributing to areas of ‘policy silence’ or neglect. In particular, the policy documents analysed are largely silent about the harm reduction needs of all women, as well as the needs of women who are not mothers, young women, older women, transwomen or other women deemed to be outside of dominant normative reproductive discourse. This analysis is important because understanding how women’s drug use is problematised and identifying areas of policy silence provides a foundation for redressing gaps in policy, and for assessing the likely effectiveness of current and future policy approaches.


ProQuest: a collection of social science abstract and index databases. Login (username: bkw37, password: bkw3737)

To request the full text of any of these references please contact the Library.


This document provides information on lesbian, gay, bisexual, and transgender (LGBT) domestic violence in California during the year 2000. In California in 2000, attention was drawn to LGBT domestic violence through a community-wide educational campaign, enhanced client screening, an in-depth study, and a comprehensive service provider needs assessment. As a result, reported incidents jumped dramatically. Advocates and policy makers now have data to help inform domestic violence services for youth and inform planning to reduce service gaps affecting the highly diverse LGBT community. It is important to recognize that the increases still represent only a small fraction of the cases of LGBT domestic abuse. Only five agencies in California specifically address the problem of LGBT battering. There are only about 20 agencies that address the problem in the other 49 States. LGBT domestic violence victims face enormous barriers in getting help from law enforcement, the medical system, and from traditional battered women’s services and related social service providers. The additional burdens of homophobia and heterosexism make seeking help more difficult, leaving victims isolated and more vulnerable to their partner’s violence. In 2000, reported incidents of LGBT battering totaled 2,837 incidents in California -- an increase of 740 incidents over 1999. All of the additional incidents were tallied in Los Angeles (LA), which had a 58 percent increase in incidents with 2,146 incidents reported. San Francisco saw a slight drop in incidents, down to 691 from 741 in
1999. California’s total number of reported incidents accounted for 70 percent of the national total. The LA Gay & Lesbian Center is a powerful, non-profit force for gay and lesbian rights and home to a wide array of free or low cost legal, employment, educational, cultural, and social programs for the LGBT community. The Center’s STOP Partner Abuse/Domestic Violence Program is the most comprehensive LGBT-specific domestic violence program in the Nation. 9 footnotes National Criminal Justice Reference Service (NCJRS) Abstracts Database.


This paper rethinks geographical explorations of social difference by interrogating ameliorative and pleasurable aspects of marginal spaces. Re-introducing womyn’s separatist spaces contests feminist geographical writing in this area, requiring an examination of both the alternative ways of living that are created, and the pain of producing ”womyn-only” spaces in order for such spaces to exist. The paper draws on qualitative research with 238 attendees at the 31st Michigan Womyn’s Music Festival. Womyn spoke of the pleasures of the festival and positive affinities with other womyn, as well as the festival’s herstory of conflict, negotiation and compromise. Although accounts relay ‘growing pains’ that constitute the festival’s current form, the current temporal and spatial segregations of `womyn', through the womyn-born womyn policy, has resulted in something of an impasse. Rather than reductively posing ‘the latest problem' of feminist separatism as the exclusion of trans women because of this policy, or unequivocally celebrating the festival’s role in womyn’s lives and herstory, these polarised conceptualisations are held in tension. This enables a consideration of the paradoxes and juxtaposition of womyn's space and Camp Trans (a protest camp that opposes the womyn-born womyn policy) as productive. In this way, the paper argues for an engagement with marginalised and alternative spaces of difference that allow for positive affectivities and productive tensions that do not neglect relations of power. Reprinted by permission of Blackwell Publishers International Bibliography of the Social Sciences (IBSS).

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(This dissonance, to be clear, belongs not to the trans body but to those gazers who have conventional gender expectations.) The more easily read and specific physical terrains of bodies, such as the presence or absence of facial hair, baldness, or patterns of musculature, can add a third layer of potential contradiction. After decades of lobbying, in 2003 transgender rights advocates and their allies thought they had succeeded in persuading key gay rights advocacy players in Washington, including the Human Rights Campaign, to support only “transgender-inclusive” legislation (National Center 2003;

Conflict in Australian feminist organizations is studied to provide lessons for handling such conflict & ensuring the vitality of such organizations. Comparative interview data from 6 female workers in organizations concerned with feminist services & 10 female workers
who participated in a workshop that addressed the issue of women & conflict in Melbourne, Australia, indicate that ideological conflict arose in feminist philosophical perspectives, management & decision-making techniques, the nature of feminist services work, & collaboration with external groups. It is asserted that these conflicts have been exacerbated by the general dislike of feminist philosophy in Australian politics & society. The possibility of feminist organizations losing those characteristics that make them feminist is acknowledged, concluding that they must struggle to preserve key feminist principles. J. W. Parker Sociology Collection.


This article explores how Medicaid policies excluding or limiting coverage for transition-related health care for transgender people reproduce hierarchies of race and class. In many legal contexts, a medical model informs views of transgender experience(s), often requiring proof of specific types of surgery prior to legal recognition of transgender people’s identity and rights. Simultaneously, state Medicaid programs disregard the medical evidence supporting the necessity of transition-related care when considering whether to cover it. In this article, the authors analyze the contradiction between the medicalization of trans experience(s) and government’s refusal to recognize the legitimacy and necessity of trans health care. The authors examine the social, economic, legal, political, medical, and mental health impact of these policies on low-income trans communities, paying particular attention to the disproportionate impact on communities of color. The authors conclude with recommendations for legal and health care systems to improve access to transition-related health care for low-income trans people. Adapted from the source document. Sociology Collection.


This research had its beginnings in an act of trans activism, including a campaign by a number of trans organizations advocating the need for research dealing with health, well-being and access to health services in relation to this population. This study set out to recruit the broadest possible community sample by using a range of recruitment techniques and an online survey. In total, 253 respondents completed the survey. Of these, 229 were from Australia (90.5%) and 24 (9.5%) were from New Zealand. Respondents rated their health on a five-point scale; the majority of the sample rated their health as ‘good’ or ‘very good’. On the SF36 scale, respondents had poorer health ratings than the general population in Australia and New Zealand. Respondents reported rates of depression much higher than those found in the general Australian population, with assigned males being twice as likely to experience depression as assigned females. Respondents who had experienced greater discrimination were more likely to report being currently depressed. Respondents were asked about their best and worst experiences with a health practitioner or health service in relation to being trans. They contrasted encounters where they felt accepted and supported by their practitioners with others where they were met with hostility. Reprinted by permission of Sage Publications Ltd International Bibliography of the Social Sciences (IBSS).


Sex workers are often perceived as possessing ‘deviant’ identities, contributing to their
exclusion from health services. The literature on sex worker identities in relation to health has focused primarily on cisgender female sex workers as the ‘carriers of disease’, obscuring the experiences of cisgender male and transgender sex workers and the complexities their gender identities bring to understandings of stigma and exclusion. To address this gap, this study draws on 21 interviews with cisgender male and transgender female sex workers receiving services from the Sex Workers Education and Advocacy Taskforce in Cape Town, South Africa. Our findings suggest that the social identities imposed upon sex workers contribute to their exclusion from public, private, discursive and geographic spaces. While many transgender female sex workers described their identities using positive and empowered language, cisgender male sex workers frequently expressed shame and internalised stigma related to identities, which could be described as 'less than masculine'. While many of those interviewed felt empowered by positive identities as transgender women, sex workers and sex worker-advocates, disempowerment and vulnerability were also linked to inappropriately masculinised and feminised identities. Understanding the links between gender identities and social exclusion is crucial to creating effective health interventions for both cisgender men and transgender women in sex work. Reprinted by permission of Taylor & Francis Ltd International Bibliography of the Social Sciences (IBSS).


Within higher education settings, transgender people are at risk for discrimination and harassment within housing and bathrooms. Yet, few have examined this topic using quantitative data or compared the experiences of subgroups of transgender individuals to predict denial of access to these spaces. The current study utilizes the National Transgender Discrimination Survey to research this issue. Findings indicate that being transgender and having another marginalized identity matters for students’ access to housing and bathrooms. Trans women are at greater risk than gender-nonconforming people for being denied access to school housing and bathrooms. Implications for practice and research are detailed.
Sociology Collection.

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Increasing attention has been paid to the lack of services and support afforded older lesbian, gay, bisexual, transgender, and queer (LGBTQ) women in same-sex relationships, including caregivers. This study was designed to investigate the needs and perceptions of LGBTQ women from ages 35 to 91, including informal caregivers and older adults regarding services and support from health care providers. Questionnaires were completed by older LGBTQ women (N = 76), and follow-up interviews were conducted with 25% of caregiver respondents. The majority of subjects indicated a fear of future challenges and discrimination. Four main themes emerged when analyzing the open-ended responses: the need for health care workers who were both supportive and knowledgeable about LGBTQ issues; better and consistent recognition of same-sex partners and their rights to make decisions as primary caregivers; increased sensitivity training regarding the needs of LGBTQ patients and caregivers; and more open and
accepting environments where LGBTQ patients and caregivers could feel comfortable discussing issues with the staff. [PUBLICATION ABSTRACT] Sociology Collection.

Esther L. Wang. Transgender persons seeking services: Barriers, supportive factors, and suggestions for practitioners

Although transgender persons comprise a relatively small percentage of the population, as a group, they experience elevated levels of discrimination as well as disparities in health and mental health. This study examined the experiences of adult transgender individuals who have sought social services, mental health services, and medical care and who live in southern California. This study also explored the suggestions transgender people themselves have for service providers on how to best deliver culturally competent care. Fifteen face-to-face interviews were conducted with transgender individuals using open-ended questions. Grounded theory was used to identify common themes. These themes were organized into four categories: experience summary, negative experiences, methods of coping, and suggestions for allies and peers. Copies of dissertations may be obtained by addressing your request to ProQuest, 789 E. Eisenhower Parkway, P.O. Box 1346, Ann Arbor, MI 48106-1346. Telephone 1-800-521-3042; e-mail: disspub@umi.com Sociology Collection.


Transgender people often face prejudice and discrimination in school, employment, housing, and health care, and this can affect their psychological well-being. Although the literature on prejudice toward transgender people is growing, there is limited research that has examined differences in attitudes toward trans women and trans men separately. Specifically, the current study examined the role of physical appearance in the acceptance of transgender women and men in gendered spaces, including bathrooms, locker rooms, residence halls, and sorority and fraternity organizations. Participants viewed masculine-appearing and feminine-appearing images of a trans woman and trans man. Measurements of overall transacceptance and gendered-space acceptance were assessed. Results indicated that, in general, trans women were less accepted than trans men. The masculine-appearing trans woman was less accepted in the gendered spaces compared to the feminine-appearing trans woman and both images of the trans men. Also, female participants were generally more accepting of transgender people than male participants were. These findings suggest that, compared to trans men, discrimination of trans women is more likely, especially when the trans woman’s physical appearance transgresses traditional gender expectations. Sociology Collection.


This publication presents the objectives and content of a workshop designed to improve jail administrators’ understanding and integration of equitable services for juvenile jail detainees who are lesbian, gay, bisexual, or transgender (LGBT). Workshop participants are first presented with a quiz that assesses what they currently know about juvenile LGBT jail detainees. Questions address the prevalence of LGBT youth in detention facilities; whether every person has a gender identity; the meaning of “transgender;” the percentage of LGBT students who missed a day of school in the last month because they felt unsafe at their school; rate of sexual victimization for LGBT youth compared to heterosexual youth; percentage of LGBT youth of various races; detention rate for LGBT girls; homelessness among these youth; and protective factors against suicide for LGBT youth. Answers are provided for each question. The workshop then traces the experiences of a
hypothetical LGBT youth admitted to detention. The experiences pertain to intake and risk assessment, determination of gender and sexual orientation, name and pronoun, risk assessment, the detention decision and family involvement, jail housing, and race.

National Criminal Justice Reference Service (NCJRS) Abstracts Database.

Results from Selected Google:

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Government Equalities Office: Providing services for transgender customers A guide November 2015 (Includes exceptions)

European Parliament: TRANSGENDER PERSONS' RIGHTS IN TRANSGENDER PERSONS' RIGHTS IN THE EU MEMBER STATES


Results from Advanced Google on Transgender exceptions in academic literature

Results from Advanced Google on Transgender exceptions in general

Google Scholar results

Critical Identities: Rethinking Feminism Through Transgender Politics

Building Effective Responses: An Independent Review of Violence against Women, Domestic Abuse and Sexual Violence Services in Wales

Structural Interventions for HIV Prevention Among Women Who Use Drugs

Transgender Law Concerns Meeting House of Commons 31st October 2017

A sanctuary of tranquillity in a ruptured world: Evaluating long-term counselling at a women’s community health centre
Tracing erasures and imagining otherwise: theorizing toward an intersectional trans/feminist politics of coalition

Redefining Gender and Sex: Educating for Trans, Transsexual and Intersex Access and Inclusion to Sexual Assault Centres and Transition Houses