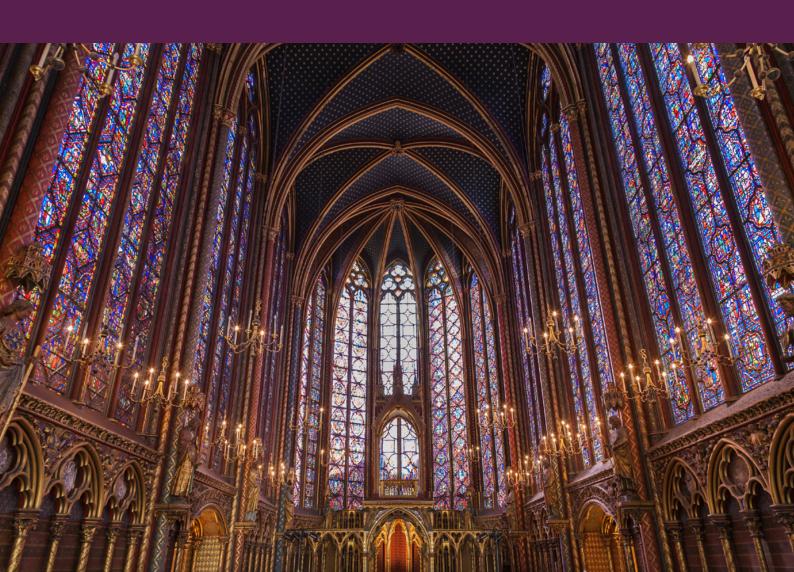


# Trans Safeguarding in Practice

Resourcing churches and Christian organisations to consider trans and non-binary identities in safeguarding policy and practice

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## Introduction

As the number of trans\* people in the U.K. rises steadily<sup>1</sup>, churches and denominations are increasingly working to improve their practice in the areas of trans inclusion and equality<sup>2</sup>. In light of our shared belief that all people are created by God, in the image of God, and loved by God, the Church has a responsibility to care for those whom it includes. Safeguarding policy and practice has been central to our fulfilment of that responsibility but has, sadly, often failed. For this, we must repent and allow for transformation: continually learning more and doing better. Unfortunately, there is a lack of church safeguarding guidance that takes the identities and experiences of trans people seriously. This booklet considers key areas of consideration for trans and nonbinary\* inclusive safeguarding policy and practice and suggests practical responses. In each section, you will find information on policy, practice, and training. Each section concludes with a summary of recommended actions.

When working in areas of equality, diversity, and inclusion, it is vital that practitioners are reflexive – that we reflect on our own identities and the ways in which these inform our practice. I am a transmasculine\* non-binary person, and I use the pronouns\* they/them\*. I am a minister and a doctoral candidate. My research project involves working together with other trans and non-binary Christians to create a grounded theology based on our identities, experiences, and insights. In this safeguarding resource, I draw on my own identity and experiences, as well as the identities and experiences of other trans people with whom I have worked in ministry and research. I draw on published safeguarding policy from the United Reformed Church, the Baptist Union, the Methodist Church, and the Church of England, as well as advice from industry safeguarding leads.

The safeguarding of children and adults at risk are considered at appropriate points throughout this resource<sup>3</sup>. It is important to remember, though, that we are dutybound to safeguard all people. Sometimes, an exclusive focus on children and adults at risk has led to the neglect of people who may have vulnerabilities that are overlooked, including people who hold protected characteristics\*4. The fundamental considerations and resulting policy and practice suggestions in this report apply to all, regardless of age or vulnerability. This resource should be used alongside your denominational/organisational policies and guidance. Throughout this resource, I introduce topics and language that are continually evolving. Due to the specific scope of this project, it has not been possible to include introductory trans awareness materials. In Appendix 1, you will find an extensive glossary. Each term that is explained in the glossary is indicated by an asterisk (\*) the first time that it is used. In Appendix 2, you will find a list of selected resources that offer an introduction to trans identities and theology, as well as pastoral and practical guidance. If you would like more information and advice, please get in touch!



One of the foundational elements of trans and non-binary inclusion is the use of 'inclusive and expansive' language<sup>5</sup>. In this section, I consider the use of gendered language\* in safeguarding policies and procedures and the use of language more generally in churches. In the case study, I introduce you to a young non-binary person who is stuck in the middle of a binary\* safeguarding policy and ask you to consider the potential changes of policy and practice needed.

#### Safeguarding Language

Formal language is often traditionally binary. You may be used to reading documents that include wordings such as 'she/he'. It is increasingly important to ensure that safeguarding language includes people who are non-binary and/or avoids dividing people by gender\*. This might mean changing 'she/he' to 'they' or using 'they/she/he'. It is also important to understand the implications of binary policies. It is increasingly unhelpful to have a rule that separates men and women. It may be more helpful to focus on policies that can apply to all people, regardless of gender, reflecting the appropriate local and denominational safeguarding policies.

## Language in Church

It is also important to consider the use of gendered language in church more generally. Whilst this is not a safeguarding issue per se, the repeated and exclusive use of binary language can be micro-aggressive\* to trans people and, over time, may cause harm (see

section six). In 1984, the United Reformed Church (URC) agreed to use inclusive language for people<sup>6</sup>. In 2014 the URC built upon this and asked all congregations to use 'inclusive and expansive language and imagery in worship' both when referring to God and when referring to people<sup>7</sup>. Despite this, local practice varies. This is just one example; every Christian denomination is at a different point on the journey towards inclusive and expansive language. It is vital that, as this topic is discussed, the effect on trans people is considered. Churches should remember that trans people – including non-binary people - are created in the image of God and that many people identify as neither male nor female. Church language should reflect this as much as possible in order to properly include trans and non-binary people, and to limit microaggressions\*8.

#### Case Study - Becca

Becca is a fourteen-year-old trans girl. She came out last year and is fully supported by her parents. She presents as female, uses she/her pronouns and is under the care of the local mental health care service whilst she waits for an appointment at the Gender Identity Clinic. Becca is a member of your church youth group and has close friends of both genders within the group. However, some of the older girls bully her, and she has started using the accessible toilet in the church, as there have been incidents of bullying in the female toilets in the church hall.

You are the church youth worker. You are taking the young people to a hostel for a residential weekend. Becca was excited about the trip, but has not returned the parental permission slip and, over the last few weeks, has become withdrawn and disengaged at youth group. Her parents have asked to meet with you, as they have some concerns about the trip. When Becca's parents arrive, they ask you whether Becca is welcome to attend. Surprised, you tell them that, of course, Becca is welcome and that you know that she was looking forward to the trip. You ask them if something has happened. They take out the letter about the trip that you sent home. You notice that they have highlighted the part of the behaviour code which says, 'Boys and girls must not enter each other's dorms'.

Becca's parents explain to you that Becca had not only refused to sign the behaviour code but had also become panicked at the realisation that she may have to sleep in a female-only dorm. Becca no longer feels safe to attend, and both she and her parents are devastated. You had planned to have Becca sleep in the female dorm, as you had assumed that that would be the right thing to do. You also know that your safeguarding policy and risk guarding assessment both state that male and female young people should be accommodated separately. What should you do next? How might policies and procedures be improved so that this situation can be resolved and so that similar situations don't happen in future?

# Checklist

Polic	у
0	Ensure that all policy documents use gender inclusive language.
0	Ensure that no policy documents divide people by gender arbitrarily.
0	If in doubt, or concerned about language used in denominational documents, contact your denominational safeguarding lead for advice.
Prac	tice
0	Consider altering gendered procedures that may affect trans and/or non-binary people.
0	Consider auditing the use of gendered language in your church/group.
0	Consider committing to the use of inclusive and expansive language.
Train	ing
0	Consider undertaking trans awareness training.
0	Consider undertaking study regarding inclusive and expansive language in worship.
0	Consider encouraging and enabling congregations and group members to consider the use of inclusive language.



It is likely that *a trans person will come out\* to you at some point*. This likelihood is increased by the use of language, as covered in the previous section, which indicates that you are a safe person to come out to. To truly safeguard trans people, however, it is vital to consider how you will respond when someone comes out to you, and how you will manage disclosure more widely. These topics should be reflected in safeguarding policy and practice. In this section, I suggest a pattern of preparation and response for when a trans person comes out. I highlight the importance of confidentiality and explain the risks of the disclosure of trans identities and the safeguards that should be applied to mitigate these risks. In the case study, we listen in as a minister struggles to respond to a trans adult coming out.

# What to do when someone comes out to you

It is helpful to *plan* what you would do if someone came out to you as trans, so that you are not surprised and uncomfortable. This planning will enable you to respond confidently and calmly, and to avoid causing or exacerbating difficulties. There are three stages that you might wish to consider:

- 1. Immediate response
- 2. Continued support and signposting
- 3. Moving forward

Your immediate response to someone when they come out to you should be calm, confident, and pastoral. You should avoid expressing surprise or judgement, regardless of your personal perspective.

You should also avoid questioning the validity

of the person's experience or identity. You should try to use the name and pronouns that the person indicates. You should take care when offering ongoing support and/or prayer, ensuring that you consider both the individual's preferences and your own capacity. If you are someone who finds planning conversations helpful, you might like to consider creating an example script to prepare for someone coming out to you. This would, of course, need to be flexible, so that you can respond confidently to a wide variety of situations and conversations. It might include considerations such as:

 What will you say first when someone comes out to you? Try to use open questions that allow the person to say more, without expressing a sense of judgement, concern or doubt.

- How will you help the person to express what they need you to do next? Try to find ways to discuss next steps, without controlling the person's journey.
- Will you offer to pray during this initial conversation? If so, how will you ensure that the person is comfortable with this? Try to ensure that prayer is mutual and does not heighten any power imbalance. Consider using language that affirms the person's identity, name, and pronouns and offers their journey to God.

You should consider whether you will offer continued pastoral support to a person who comes out to you or whether you will suggest that the person seeks pastoral support from another person. This may depend on the pastoral practices of your church or group, your personal perspectives regarding trans identities, your areas of experience and expertise and on your pastoral relationship with the person concerned. Whether or not you will continue to offer pastoral support, you should be ready to signpost the person to other support services, some of which are listed in appendix two. It will also be helpful to be aware of local LGBTQIA+\* support groups.

If the person who comes out to you attends your church/group and is planning to continue to attend your church/group, you will need to plan, in conversation with them, how to proceed. This may be a part of your initial conversation with them, or it may feel more appropriate to suggest a follow-up conversation. Some topics to consider are:

- Is the person planning to come out to the church/group soon?
- If so, how are they planning to do so, and can you offer any support?
- Are there single-gender facilities and/ or groups\* that might be affected? How can you anticipate/resolve any potential difficulties? It is good practice to allow

- the person to use the facilities and attend the groups that they choose, but there may be arising tensions that need to be carefully managed.
- Is there any training that the person feels that church/group members should receive, or any changes to church/group policies or practice that they would like to be considered?
- Do any of the person's family members, partner, or close friends also attend the church/group?
- If so, are there any tensions or conflicts that you need to be aware of? How will they be supported alongside the person concerned?

#### Confidentiality

Confidentiality is, of course, always an important part of safeguarding. However, it is vital to consider this in more detail in relation to trans people. The Gender Recognition Act\* (2004) states that 'It is an offence for a person who has acquired protected information in an official capacity to disclose the information to any other person'9. In most circumstances, this means that *it is unlawful for you, as a minister, to tell any other person that an individual is trans without their consent.* There are exemptions to this Act, under which you may be able to disclose information about a person's trans identity. The Act states that:

It is not an offence under section 22 of the Act for a person who acquired protected information in an official capacity [if] the disclosure is made for the purpose of enabling any person to make a decision—(a) whether to officiate at or permit the marriage of the subject; (b) whether the marriage of the subject is valid or should be annulled or dissolved; (c) whether to admit or appoint the subject— (i) as a minister of religion, (ii) to any employment,

office or post for purposes of an organised religion, (iii) to any religious order or community associated with an organised religion, or (iv) to membership (or any category of membership) of an organised religion; (d) whether any admission or appointment mentioned in sub-paragraph (c) is valid or should be suspended, terminated or revoked; or (e) whether the subject is eligible to receive or take part in any religious sacrament, ordinance or rite, or take part in any act of worship or prayer, according to the practices of an organised religion. (3) The second condition is that, if the disclosure is made for the purpose of enabling any person to make a decision of the kind mentioned in paragraph (2)(c), (d) or (e), the person making the disclosure reasonably considers that the person to whom the disclosure is made may need the information in order to make a decision which complies with the doctrines of the religion in question or avoids conflicting with the strongly held religious convictions of a significant number of the religion's followers. (4) It is not an offence under section 22 of the Act for a person who acquired protected information in an official capacity in relation to an organised religion to disclose protected information to any person responsible for supervising him in relation to a decision of the kind mentioned in paragraph (2)10.

In other words, it is permissible under law to disclose a person's trans identity to make decisions, or help another person to make decisions, about their marriage or their position within the church. It is also permissible to inform your supervisor that a person is trans, so that they might support you in these discussions and decisions. Despite these legal exemptions, it may be worth considering whether you feel that it is ethical or safe to disclose a person's trans identity to another person without their consent. There is evidence that this may contribute to a genuine risk of harm<sup>11</sup>.

#### Risks

There are many risks for a trans person when coming out. Many of these risks involve the disclosure of information regarding the trans person to any other person. Coming out and/or being outed has many risks, including the risks of homelessness, loss of employment, abuse, isolation, and discrimination<sup>12</sup>. There is also the risk of spiritual abuse. *It is essential to carefully manage disclosure* to mitigate these risks. It is also important to ensure that your practice, and the practice of others, is not spiritually abusive.

There is a related risk of disagreement within the church/group in relation to trans identities. You can prepare for and mitigate this risk ahead of time by ensuring that trans identities are discussed openly and constructively in the church/group. You should also ensure that adequate pastoral support is available for all parties in any disagreement. This might include asking another practitioner with different views to your own to support members with whom you disagree.

#### Case Study - Ben and his Minister

Checklist

Ben: So, I'm, I came to speak to you today because I have something to tell you, and I'm not sure what you are going to think.

Minister: It's OK Beth, take your time. You can tell me anything – I've heard it all before, I won't be shocked.

Ben: I doubt you've heard this one before. Anyway. Well... What it is, is, I wanted to tell you that I'm trans and I use the name Ben now. I need to come out to the congregation so that they use my name. My old name really upsets me.

Minister: Oh... Right... I see. [Looking uncomfortable, the minister gets up and opens the door. Sitting back down he frowns]. Well Beth, you know that I will support you and pray for you. But I'm going to have to work out how we manage your... Um... Situation with everyone else.

Ben: Never mind, I think I'll just... I need to go now. [Ben gets up to leave. On his way out he turns back]. You could've at least tried to call me Ben.

At which points did the minister make a mistake? How could you prepare for conversations like this one? How should the minister move forward now?

# Policy Ensure that you understand the law regarding disclosure of gender identity. Ensure that your safeguarding policy complies with the law. If in doubt, contact your denominational safeguarding lead for advice. Practice Consider planning a response outline for when a person comes out to you. Consider planning how you might enable/support a person coming out in church. Consider creating a list of local and national organisations that you could signpost to. Training Consider providing/signposting to trans awareness training for your whole congregation/group. Consider reading blogs/articles/books by trans people. Consider, in conversation with your pastoral/clinical supervisor if appropriate, how you might offer appropriate pastoral care to trans people.



Transition\* is an umbrella term\* used to describe the social and medical steps that a trans individual might take as they journey towards their authentic self. It is important to note that *not all trans people transition in the same ways*, and that not everyone takes every step. Some transitions will be social\*. Some will be social and medical\*. Decisions regarding transition are carefully considered by trans people and their support circles, which may include gender identity experts\*, mental health professionals\*, endocrinologists\*, bio and chosen family members\*, and trans peers. For Christian trans people, spiritual discernment is often a key element of transition, and supportive ministers and Christian kin\* may form part of our support circles<sup>13</sup>.

In this section, we consider several ways in which a trans identity might be disclosed to a church congregation as part of a person's social transition, and the benefits and risks of each. I consider the risk of control, and the importance of managing gendered spaces and groups effectively and with nuance. I also explain particular risks around church attitudes about, and responses to, medical transition, and the safeguards that should be applied to mitigate against these risks. In the case study, I present you with a fictional safeguarding complaint from a trans person and ask you to consider what steps you might take a) in response and b) to prevent similar incidents in the future.

## Telling the Church

In section 3, I noted that when a trans person comes out to you, there is a need to consider planning, in conversation with the person concerned, how and when this information may be shared with others. The person may feel comfortable telling congregation/group members by themselves, either verbally or in writing. They may prefer that you tell congregation/group members. Depending on the congregation/group's level of trans awareness, it may be helpful to schedule/plan

some training or provide resources. Some links can be found in appendix 2. When a trans person comes out to a congregation or group, it is helpful to provide the congregation/group with information on how to respond appropriately, and to highlight the importance of learning to use correct names and pronouns. It is also important to consider the way in which their coming out timeline intersections different areas of their life (church, family, school, work etc.).

#### Identity vs presentation

So far, we have largely been considering trans identities. Gender presentation\* is the way in which one presents oneself – things like clothing, hair, etc. – in correlation with a gender. A person's gender presentation may change at multiple points throughout their transition. Multiple factors effect gender presentation, and a person may not always be able to choose how they present. Areas such as work, school, and/or home life may affect the extent to which a trans person is able to present in the way that they wish to. This can be incredibly difficult for the person concerned and can be exacerbated by insensitive comments or questions. It is important that church/group members understand this dissonance and are encouraged to use a person's correct pronouns and name regardless of gender presentation. It is also vital that members realise that a person may be out in the church/group, but not in other contexts, and to take care to avoid outing people in different contexts.

#### **Control**

Sometimes churches/groups can, either intentionally or unintentionally, control a person's identity, presentation, and transition. This may be through inappropriate prayer, repeated statements of an anti-trans position or gendered norms, attempts to counsel a person against transition, isolating a person, and/or focussing on the difficulties of transition over any potential benefits. You should support a person in their own journey, without attempting to control the direction or speed of that journey. Attempts to control other people are always a matter of concern in relation to safeguarding. Any attempt at conversion therapy is particularly concerning<sup>14</sup>. If you believe that there are issues of control, coercion, or attempted conversion therapy in

your church/group, you should contact your local or denominational safeguarding lead for advice.

#### Gendered spaces and groups

Gendered spaces and groups may be a particular area of contention during a person's social transition. Best practice indicates that a person should be free to choose which gendered spaces and groups they choose to attend/utilise. It is helpful to ensure that your spaces – including any toilets, changing rooms and dorms - include gender-neutral/multigender spaces. It is not usually appropriate, however, to insist that a trans person uses gender neutral spaces. Rather, they should be able to choose freely between male, female, and gender-neutral spaces. You may need to consider carefully how to accommodate everyone well. Similarly, it is helpful to ensure that your groups include gender-neutral/ multi-gender groups as well as men's groups and/or women's groups. For example, if you regularly host a 'men's breakfast', consider alternatively, or additionally, hosting a 'church breakfast'. You may find that this provision benefits lots of people, not only trans people. Again, a trans person should be able to choose freely which groups to attend. Some members may feel uncomfortable about a trans person using gendered spaces. It may be helpful to create a plan as to how you might manage these tensions. Steps might include awareness training, pastoral care, and the provision of additional spaces/groups for those who are experiencing discomfort. Particular care should be taken to *notice* and respond appropriately to any bullying or abuse in gendered spaces.

#### Medical transition

Some, but not all, trans people take medical steps to support their transition. These may include, but are not limited to, electrolysis, liposuction and sculpting, hormone treatments, exercise, and diet, and/or various surgeries. There is no one clinical path, although there are accepted guidelines and standards<sup>15</sup>. It is generally inappropriate to discuss a person's medical history or treatment unless at their explicit request.

It is important to avoid medicalising trans identities. We will consider this in more detail in section 5, but for now it is enough to note that not all trans people transition medically, and that medical treatment is rarely a one-time procedure and is not always the endpoint in a person's transition journey<sup>16</sup>. When trans people do receive medical treatment, though, there are particular safeguarding matters to consider. For example, when beginning hormone treatment a trans person may experience emotional changes similar to those experienced in both puberty and menopause<sup>17</sup>. These changes may contribute to vulnerability. Similarly, a trans person who is recovering from surgery may be particularly vulnerable. It is important to consider how your church/group might support that person, whilst protecting them from invasions of privacy and potential harm.

## Case Study - Jem and Joe

Content warning: transphobic content and misgendering.

You are a regional safeguarding lead for a U.K. denomination. A local church safeguarding officer asks you for advice on a reported incident. Here is a section of the safeguarding incident/concern form that they show you:

Please give a summary of the safeguarding incident/ concern Jem reported to me that they were subjected to insensitive questions and comments after a church service, by Joe, who is an elder. Jem said that Joe then prayed for them in a manner that felt inappropriate to Jem. Jem has recently had surgical treatment and had asked that the church remember them in prayer during their recovery. The incident occurred on Jem's first Sunday back at church.

#### What happened?

Please provide
detailed information
about the
circumstances and the
person experiencing
or being at risk of
harm, abuse or
neglect (preferably as
a timeline)

This incident was described in detail by Jem and was also witnessed by several other church members. I had not been aware that Jem was an adult at risk, but I now feel that their recent surgery has led to a certain level of vulnerability/risk. At the end of the Sunday morning service, Jem was sitting praying in the pew. Joe came and sat down next to them and, before Jem opened their eyes, Joe slapped them on the back, which was painful, causing Jem to wince. This led to the following conversation:

What happened?

Cont.

Jem: "Careful buddy, I'm still healing!"

Joe: "Oh yes, what was the surgery again? Were you having a sex change?"

Jem: "How did you...? I didn't tell anyone what my surgery was for, that's private."

Joe: "Oh. Sorry. I was just trying to be supportive. This is all very new to me, you know. I may not agree with you letting surgeons cut bits of your body off but you are still my sister in Christ."

Jem: [Stands up to leave, but cannot get past Joe, who is sitting at the open end of the pew.] "Excuse me."

Joe: [Placing a firm hand on Jem's shoulder, which causes them to sit back down]. "I'm sorry. I didn't mean anything by it. Can I just pray for you?"

Jem: [Hoping that allowing this may mean an end to the conversation]. "Ok. Fine".

Jem could not remember Joe's prayer verbatim but said that included phrases like "confused child" and "forgive Jem, who didn't know what she was doing" and "broken body". Jem felt that the prayer was transphobic and was intended as an attempt at 'converting' Jem's gender to their birth sex – female. Jem also felt that Joe used the prayer to assert his own view that being trans was sinful.

As the conversation ended, Joe walked with Jem to the church door, and offered to drop a hot meal off at Jem's house later that week. Jem reported feeling uncomfortable, but not feeling that they could say no. Jem phoned me the next day to report the incident, and said that they were left feeling hurt, confused, and frightened.

What action/s were taken, and by whom?

No actions were taken at the time.

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What parts of this report are particularly concerning?

What actions would you recommend that the local church safeguarding officer takes moving forward?

How might you support the local church to safeguard trans people in the future?

# Checklist

Polic	Policy		
0	Ensure that your policies re confidentiality and data management are adhered to.		
0	Consider additional policy to protect against coercion, control, and conversion.		
0	Prevent, and be prepared to respond to, any bullying or abuse of power.		
Prac	Practice		
0	Ensure that, when supporting a person through transition, they are not medicalised.		
0	Avoid relating vocational discernment to 'stages' of transition. For example, do not insist that a person is removed from any role whilst they transition.		
0	Ensure that the trans person's privacy and safety are protected during/following any medical procedures, just as you would for a person undergoing any other medical procedure.		
0	Check with a trans person how they would like to be referred to in differing spaces.		
0	Enable trans people to choose between gendered and non-gendered spaces, taking appropriate steps to ensure safety and comfort.		
0	Consider adding additional non-gendered groups to your programme.		



Support, care, and safeguarding of the significant others, families, friends, and allies (SOFFAs)\* is often an afterthought. Although there are resources and spaces out there for SOFFAs, local responses are often less supportive<sup>19</sup>. Sometimes the instinct to protect and support a trans person leads us to ignore or, worse still, condemn SOFFAs who are struggling to catch up with, and respond to, a trans person's process of identity formation\*. In this section I suggest a pastoral framework to enable the appropriate support of both a trans person and their SOFFAs. I consider the risks related to disagreement, and ways in which disagreement might be handled as safely and sensitively as possible. I outline some of the complex considerations that arise when a trans person is married or engaged to be married and suggest possible ways to respond. In the case study, I introduce you to some of the people involved in a trans person's journey and invite you to consider how you might respond a) to each as individual's and b) to them as a group.

## **Supporting SOFFAs**

It is important to remember that any church/ group does not only have a duty of care for the trans person, but also for any of their significant others, family members, friends and/or allies who attend the church/ group. This may be complex, as they may have varying opinions or emotions about their loved one's transition. You may not be fully aware of these complex dynamics. SOFFAs who are struggling with a person's transition are often vilified or ignored. You should ensure that appropriate pastoral care is provided for all people involved, without breaching confidentiality or heightening any sense of divisions or factions. You should

ensure that *no person is isolated* and that signposting to additional churches and groups is offered if necessary.

## Managing disagreement

Managing disagreement without causing harm or isolation to any one person can be complex. It may be helpful to ensure that each person involved has a different point of contact for pastoral care. In the URC, for example, a different elder might be appointed to the care of each family member<sup>20</sup>. It is important to ensure that conversations with, and care for, a person who is uncomfortable with trans identities is facilitated in a safe space that does not

include trans people and that conversations with, and care for, trans people are facilitated in a safe space that does not include people who are struggling with trans identities. It may be appropriate, at some point, to facilitate conversations across these diverse identities and opinions, but careful consideration should be given as to when and how it is appropriate to manage such a conversation. Care and safeguarding of children and adults at risk who are SOFFAs of a trans person may be particularly challenging, and further advice should be sought if there is a particular area of concern regarding a child or adult at risk.

that a trans person must have a Gender Recognition Certificate in order to be married in their correct gender. It is also important to check whether the couple are permitted to be married in your own church/denomination. It may be helpful to have a thorough understanding of who can and can't be married in your church/denomination before any such discussions arise<sup>23</sup>.

#### Marriage

Transition is particularly complex for a person's partner or spouse. They may be exploring the impact of this on their own gender identity or sexuality. There may be implications for a couple's marriage. The 'Spousal Veto'\* is a matter of legislation that is important to understand, here<sup>21</sup>. A part of the Marriage (Same Sex Couples) Act, this legislation means that, for a person to transition, their spouse must give consent for their marriage to continue. In reality, this means that a person's spouse can 'veto' their transition. This is seen as problematic by many trans people and by human rights advocates<sup>22</sup>. Married couples may require pastoral care around this complexity. Further, couples who are considering marriage or who are engaged should carefully consider the complex intertwinement or the Gender Recognition Act and the Marriage (Same Sex Couples) Act. This means, in practice,

#### **Case Study - A Family in Transition**

You are the minister at Christ Church. A member identifies as trans and has come out recently. Here are some brief profiles of that member, and some of his SOFFAs.

#### Devin

Devin is nineteen years old, and lives with his dad, Tim, his mum, Ella, and his brother, Jay. Devin has recently come out as a transman and has socially transitioned. He uses the pronouns he/him and is on a waiting list for a Gender Identity Clinic. Devin is a regular attendee at church, and volunteers with the church youth group. Devin is a popular member of the church. He has seemed incredibly happy since coming out, but you are also aware that he is struggling at home and is considering moving out.

#### **Tim**

Tim is Devin's dad. He is a peripheral church member, who attends sporadically. Since Devin came out, though, Tim has been at church with him every Sunday. Devin and Tim have always been very close and, if anything, now seem closer than ever. Tim always seems very cheerful, but there is an element of bravado behind his smile. When people misgender or question Devin, Tim is often the first to correct them or defend Tim. You have asked him if he would like to chat about anything, but he simply laughed it off.

#### Ella

Ella is Devin's mum. Ella is a regular attendee at church and is on several rotas. Since Devin's transition, Ella is often tearful during church services. She regularly misgenders Devin, which often leads to arguments, usually ending with Ella being comforted by her friends, and Devin storming off. Ella has asked you, in confidence, whether you could pray for Devin to be 'healed'.

#### Jay

Jay is Devin's 14-year-old brother, who comes to church occasionally. Jay is often by Ella's side, snapping at Devin when he argues with his mum. On the other hand, you have overhead Jay defending Devin to youth group members who were questioning the ethics of his transition. Jay often seems moody and withdrawn. When you ask him how he's doing, and what he think's about Devin's transition, he shrugs.

#### Lucy

Lucy is Devin's best friend, and also volunteers at the youth group. She is 17. She has told you that she knew that Devin was trans for some time, and that they worked out Devin's coming out plan together. Lucy's parents hold a very traditional view of gender and are uncomfortable with the friendship. When they see Devin and Lucy together at church, they often find ways to separate them. They have told you that they are considering leaving the church because of the way that Devin has been accepted. They suspect that Devin and Lucy are in a romantic relationship, which they believe to be sinful.

What are some of the key difficulties for each person described? Are there any specific safeguarding concerns? How would you support Devin, Tim, Ella, Jay and Lucy, and manage the complexities of their membership in the same church?

# Checklist

Polic	Read and understand the implications of the Same Sex Marriage Act.
0	Ensure that you have a clear understanding of your own denomination or congregation's policy on marriage, and that you know how to communicate it appropriately and sensitively.
0	If your congregation needs to make a decision regarding the above, do not personalise this by waiting until approached by a couple.
Prac	tice
0	Do not allow SOFFAs to become isolated.
0	Do signpost.
0	Do provide pastoral care to all family members, ideally making a range of pastoral carers available.
Train	ning
0	Do ensure that training is undertaken in safer spaces with appropriate attention given to the potential for conflict and/or trauma.



Trans people experience a devastatingly high risk of abuse. It is important, therefore, that our safeguarding policies and procedures in relation to abuse recognise this risk and enable us to respond appropriately when a trans person discloses above or is at risk of abuse. I start this section by highlighting the risks of abuse and sharing statistics and facts as well as considering the definition of an adult at risk in relation to these. In the case study, I introduce you to a homeless trans young person and ask you to consider a) the risks that they live with and b) how you might best support them in line with safeguarding policies and procedures.

#### Risks, statistics, facts

In 2018, Stonewall found that 41% of trans people experienced a hate crime or incident in 2018. Younger trans adults experience a higher level of risk, with over half of trans people between the ages of 18 and 24 having experienced a hate crime or incident<sup>24</sup>. More than a quarter of trans people who were in a relationship had experienced domestic abuse from a partner. One in eight trans employees had been physically attacked by colleagues or clients. 40% of trans people adjust their gender presentation because of discrimination or harassment<sup>25</sup>. It is important to note that 79% of trans people do not report hate crimes/ incidents to the police and that many feel unsupported or discriminated against<sup>26</sup>.

A quarter of trans people have experienced homelessness at some point in their lives. A similar number have experienced

discrimination when attempting to rent or buy a property<sup>27</sup>. In 2018, Stonewall found that more than a third of trans university students had experienced negative comments or behaviour from staff in the previous 12 months<sup>28</sup>. Half of trans people have felt the need to hide their identity at work in fear of discrimination<sup>29</sup>.

Almost half of trans people feel unable to use public toilets. A third have experienced discrimination when at a café, restaurant, bar or nightclub<sup>30</sup>. One in seven trans people and one in four non-binary people have not disclosed their identity to any family members. More than one in ten trans people who are out to their family members have not received any support. Only a quarter of trans people who are out to their family members have experienced complete support. 42% of trans people have delayed medical intervention due to the views of family members<sup>31</sup>. In 2012, a study of the

mental health of trans people in the U.K. was published<sup>32</sup>. 70% of the study's participants were more satisfied with the lives since transitioning. However, 81% avoided certain situations due to fear. Over 90% had been told that it was not normal to be trans. 80% experienced stress and 75% experienced anxiety. over half of participants had, at some point, sought urgent help in relation to mental health difficulties but 35% of those avoided seeking help due to being trans<sup>33</sup>.

These statistics show that there is a clear need for pastoral support for trans people. The lack of adequate support in other sectors means that the church could

have a distinctive and helpful role here. It is important to note, though, that care is needed. These statistics also highlight how vulnerable trans people can be. Churches and groups need to walk a careful line between safeguarding trans well being and not patronising or diminishing the trans individual. You should consider carefully if/ how you can support trans people with difficulties, including hate crime/incidents, discrimination, homelessness, difficulties in employment and education, isolation and mental health difficulties. If there are particular difficulties that you feel unequipped to manage appropriately, you should seek additional support.

## Case Study - Robin

Robin is sixteen years old and is homeless. They came out as non-binary at the age of twelve and have been battling with their parents ever since. They are under the care of a Gender Identity Clinic and were taking hormone blockers until a policy change meant that their use was stopped. Now, Robin is going through delayed puberty and struggling with extreme dysphoria, depression, and anxiety. Robin was made to leave their home by their dad on their sixteenth birthday and travelled over 100 miles by themself to the town in which you are a church elder. They can no longer attend their appointments at the Gender Identity Clinic due to distance and financial difficulties. They refuse to apply for social housing or benefits due to the fear – despite your reassurances that this would not happen – that they would be forcibly returned to the family home. They often sleep in the church grounds. Some of the other elders are annoyed about this and move Robin on regularly. Once, the minister phoned the police, but Robin ran away before they arrived. It is October, and you are very worried about how they will cope over the winter.

What are the risks and safeguarding concerns here? How would you respond? Who could help?

#### Checklist

#### Policy

O Do ensure that you have up to date policies and procedures regarding vulnerable adults.

#### Practice

- O Consider how you will support trans people who are particularly vulnerable due to any of the circumstances described above.
- O Do ensure that you have appropriate signposting information for support services available.

#### **Training**

- O Consider undertaking/providing training re
  - mental health
  - hate crime
  - poverty and homelessness
  - isolation



Microaggressions have been around throughout history but are only just beginning to be recognised in the fields of sociology mental health, safeguarding and inclusion<sup>34</sup>. Although, as shown in the previous section, the risk of serious abuse is high and must be taken seriously, trans people are also at risk of repeated incidents that, in isolation, appear to be small but, as they build up over time, can have serious effects<sup>35</sup>. *It is vital that the safeguarding of trans and non-binary people includes mitigation against potential microaggressions. In this section, I explore microaggressions* that occur in the language and activities of churches and religious groups and suggest potential mitigations. I then explain representative fatigue\* and consider how this might be avoided in Christian contexts. I describe the processes of medicalisation and othering\* and suggest ways to mitigate against these. For the final case study, I describe some of my own experiences of microaggressions and ask you to consider how you might avoid other trans church members experiencing similar microaggressions.

Binary language, activities and assumptions can be micro-aggressive to trans people. Using varied language, keeping activities gender-neutral/mixed-gender wherever possible, and avoiding assumptions are important ways to mitigate against these microaggressions. Representative fatigue is the exhaustion caused by being continually asked questions about a part of your identity or being regularly asked for advice re people who hold similar identities. Trans people can be expected to speak for all over trans people when, in reality, we are all individuals. Trans people can also feel as though their transition is the only interesting part of themselves. Asking about other aspects of our lives and interests in conversation can be a helpful mitigation. It may also be helpful to invite a professional trans advocate or minister to lead training, which may minimise the amount of this work that a trans member has to undertake.

Medicalisation\* happens when we assume that being trans is all about a series of clinical steps that are taken to solve a clinical problem. Whilst clinical support is helpful for some trans people, it is not the only aspect of trans identities. It is also not a universal part of trans experience. It is important to avoid asking trans people about personal medical information, and to see being trans as an integral part of a person's identity, rather than as a problem.

#### Case Study - Micro-Aggressions and Me

I am a transmasculine person. I transitioned towards male when I was eighteen and have since developed a nuanced understanding of my own identity. I identify as non-binary and use the pronouns they/them. I was a regular church member when I began to come out and to transition, and my vocational journey towards ministry was intertwined with my transition journey. I have experienced the grace, generosity and support of wonderful ministers and church members. I have also experienced a lot of microaggressions in churches in the decade since I came out as trans. These have been in each of the areas that we have discussed in this section.

#### Language and Activities

Almost all of the churches that I have ever attended use binary language for both God and human beings. Early in my transition, I stopped attending church on Christmas day, because I had become utterly disillusioned by the focus on normative families, when I was struggling with my own family. When I was training for ministry, I noted that someone always used the words 'Christian men and women' or 'brothers and sisters in Christ' to describe the congregation, and that I felt excluded. The person concerned was so used to using binary language, that he hadn't noticed that he was doing it! I have also been a part of churches who, in their attempts to be inclusive, have enthusiastically and repeatedly invited me to the men's group. Whilst this was well-intentioned, it also became frustrating. I felt that I had to attend so that I did not seem impolite or ungrateful, but I felt very out of place and uncomfortable when I did attend. The church in question didn't have any non-gendered social groups so, ultimately, I drifted away.

How might you help to ensure that both language and activities at your church are inclusive and expansive? What are some of the barriers to doing so? What are some of the risks of not doing so?

#### Medicalisation

Throughout my vocational journey, many have assumed that transition is an a-to-b process, which I have now completed. The question 'have you had the surgery?' has been common. It is, in fact, the most commonly asked question when I come out, or lead training, in a church or Christian context. Because this equates to asking questions about my body parts, it always feels uncomfortable. Whilst I am used to this, and able to manage it, it always makes me worry about how more vulnerable trans people cope with this microaggression. There is also a related assumption that transition is a medical process that, once completed, means that a person is no longer trans. Whilst some trans people identify in these terms, I, like many, experience transition as a lifelong journey and being trans as a core part of my identity. It is also important that the gifts and abilities that I, and many other, trans people hold are recognised, as well as our potential vulnerabilities. We are people, not problems.

How might you help to educate members of your church about trans identities, beyond medicalisation? What are some of the barriers to doing so? What are some of the risks of not doing so?

#### Representative Fatigue

I choose to speak about trans identities, both publicly and privately. I am always clear that I speak for myself, not for all trans people. Nevertheless, I tell my story regularly, and am often asked for advice about trans identities. I choose to do this work and am comfortable with the costs. I do, however, regularly have to take breaks, and do different projects in order to recover from representative fatigue. Many trans people are asked to tell their story and to give advice about trans identities every day, even when they have not chosen to be a representative, or a trans advocate. For this reason, I believe that it is essential to support people who do choose to work in this area, and to avoid overly burdening those who do not make that choice, and simply wish to live as themselves.

How might you help to avoid representative fatigue for trans people in your church or group? Could you consider inviting a trans advocate to come and speak/offer training, rather than relying on members? What are some of the barriers to doing so? What are some of the risks of not doing so?

# **Conclusion: Drawing Recommendations Together**

Thank you for engaging with this resource. Please do get in touch if you have any questions. Each section of this resource concludes with recommendations regarding policy, practice, and training. This list summarises those recommendations.

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0	Ensure that all policy documents use gender-inclusive language.
0	Ensure that no policy documents divide people by gender arbitrarily.
0	Ensure that you understand the law regarding disclosure of gender identity.
0	Ensure that your safeguarding policy complies with the law.
0	Ensure that your policies re confidentiality and data management are adhered to.
0	Consider additional policy to protect against coercion, control, and conversion.
0	Prevent, and be prepared to respond to, any bullying or abuse of power.
0	Read and understand the implications of the Same Sex Marriage Act.
0	Ensure that you have a clear understanding of your own denomination or congregation's policy on marriage, and that you know how to communicate it appropriately and sensitively.
0	If your congregation needs to make a decision regarding the above, do not personalise this by waiting until approached by a couple.
0	Do ensure that you have up to date policies and procedures regarding vulnerable adults.
0	Ensure that micro-aggressions are taken seriously when reported.
0	If in doubt, contact your denominational safeguarding lead for advice.

# Practice

0	Consider altering gendered procedures that may affect trans and/or non-binary people
0	Consider auditing the use of gendered language in your church/group.
0	Consider committing to the use of inclusive and expansive language.
0	Consider planning a response outline for when a person comes out to you
0	Consider planning how you might enable/support a person coming out in church.
0	Consider creating a list of local and national organisations that you could signpost to.
0	Ensure that, when supporting a person through transition, they are not medicalised.
0	Avoid relating vocational discernment to 'stages' of transition. For example, do not insist that a person is removed from any role whilst they transition.
0	Ensure that the trans person's privacy and safety are protected during/following any medical procedures, just as you would for a person undergoing any other medical procedure.
0	Check with a trans person how they would like to be referred to in differing spaces.
0	Enable trans people to choose between gendered and non-gendered spaces, taking appropriate steps to ensure safety and comfort.
0	Consider adding additional non-gendered groups to your programme.
0	Do not allow SOFFAs (significant others, families, friends, and allies) to become isolated.
0	Do provide pastoral care to all SOFFAs members, ideally making a range of pastoral carers available.
0	Use varied language.
0	Avoid making assumptions about trans people's identities, experiences, and perspectives.

# Training

0	Consider undertaking trans awareness training.
0	Consider providing/signposting to trans awareness training for your whole congregation/group.
0	Consider undertaking study regarding inclusive and expansive language in worship.
0	Consider encouraging and enabling congregations and group members to consider the use of inclusive language.
0	Consider reading blogs/articles/books by trans people.
0	Consider, in conversation with your pastoral/clinical supervisor if appropriate, how you might offer appropriate pastoral care to trans people.
0	Do ensure that training is undertaken in safer spaces with appropriate attention given to the potential for conflict and/or trauma.
0	Consider undertaking/providing training re
	<ul><li>mental health</li><li>hate crime</li><li>poverty and homelessness</li></ul>
$\bigcirc$	<ul> <li>isolation</li> <li>Consider sourcing training on trans/non-binary identities from professional facilitators,</li> </ul>
	rather than relying solely on members.

### **About the Writer**



This guide was written in consultation with other trans and non-binary people and safeguarding leads from across a wide range of organisations by Alex Clare-Young. Alex (they/them) is a consultant, educator, writer, speaker, campaigner, and minister. As a trans-masculine non-binary person, Alex is passionate about advocating for the inclusion of, and social justice for, trans people. Alex is also interested in creating safer faith spaces for neurodiverse people and in trauma-aware ministry.

Alex researches, writes, teaches, speaks, and consults on trans identities and/or theology. They also regularly lead workshops on trans inclusion and affirmation in secular and religious contexts. They have worked as a consultant and educator for several charities, denominations, businesses, schools, and universities. Alex advocates passionately for social justice, and provides advice and opinion on trans visibility, acceptance, and inclusion in the UK. As a keen supporter of LGBTQ+ charities and organisations, Alex is co-chair of the Open Table Network and a member of Creating Sanctuary.

kindly funded by the Council for World Mission, into the identities, lived experiences and theological understandings of trans people. They are also an ordained minister in the United Reformed Church, currently deployed part-time to a radically inclusive, social-media-based church called Churspacious. Alex's first book, *Transgender. Christian. Human.*, was published in 2019. They regularly write for a wide range of publications and enjoy receiving challenging commissions!

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# **Appendix 1: Glossary**

**Binary** refers to either/or systems. The sex binary is man/woman. The gender binary is male/female. This binary is widely critiqued in gender theory.

Bio family refers to the family to which a person is born.

Chosen family refers to the family which a person chooses. LGBTQ+ people often have a chosen family made up of other LGBTQ+ people and allies as well as and/or instead of their bio family.

Coming out refers to the process of a person disclosing their identity to another person.

**Endocrinologists** are medical professionals who specialise in hormones.

*Gender* refers to sociological/psycho-social identity in relation to gender attributes and norms. There are a variety of views on the difference between gender and sex.

*Gender identity experts* are clinicians who work at Gender Identity Clinics (GIC) and provide psychological, psychosocial, and medical treatment. They include psychologists, psychiatrists, endocrinologists, surgeons, and general practitioners.

*Gender presentation* refers to the way in which one presents in relation to gender and may include clothing, hair style, makeup, facial hair, mannerisms etc.

Gender Recognition Act (GRA) refers to the 2004 act which enables trans people to receive a Gender Recognition Certificate (GRC) and have the sex marker on their birth certificate altered. It also provides confidentiality and protection against discrimination. There are religious exemptions which apply in limited circumstance. If unsure, you should seek advice.

**Kin** refers, here, to chosen family or Christian family. It is a helpful gender-neutral alternative to sister/brother.

LGBTQIA+ is an umbrella term which refers to people who identify as lesbian, gay, bisexual, trans, queer, questioning, intersex, asexual, and all others who feel that they identify under this umbrella.

*Medical transition* refers to medical treatments, including hormone treatment and surgeries, that a trans person may receive as a part of transition.

*Medicalisation* refers to the assumption that trans identities are inextricably medical, and a related over-focus on a trans person's medical transition. Medicalisation is problematic.

Mental health professionals are clinicians who are trained to treat mental health.

*Microaggressions/micro-aggressive* refer to small, repeated incidents that can cause pain and stress due to the way in which they build up.

**Non-binary** is an umbrella term which refers to identities that differ from the binary of male and female. They include, but are not limited to, gender fluid, queer, a-gender, and bi-gender.

Othering is when people treat certain people, in this case trans and/or non-binary people, as if they are different from everyone else, and/or treat them as a problem. It is based on an assumption that there is an 'us' and a 'them'.

**Outing** refers to the process of a person disclosing another person's identity to a third party without their permission.

**Pronouns** refer to words used to stand in for a noun when referring to a person or thing. In this context, they stand in for a proper noun, a person's name, and include they/them, she/her, ze/hir, he/him etc. It is increasingly common practice to indicate your pronouns in your email signature and to ask people to indicate their pronouns at the start of a meeting or session.

**Representative Fatigue** refers to the exhaustion experienced by marginalised people who are asked to repeatedly speak about their identity or speak for others with a similar identity. This can be avoided by hiring professional trans advocates to offer trans awareness training and/ or support re trans identities.

Significant others, families, friends, and allies (SOFFAs)\* refers to those related and/or close to a trans person.

*Single-gender facilities and/or groups* refers to groups that are divided by gender (usually men's or women's groups or facilities).

**Social transition** refers to elements of transition that are sociological, including changes to a person's name, pronouns, presentation, and coming out.

*Spousal Veto* refers to the provision in the Marriage (Same Sex Couples) Act, by which the spouses of trans people can indicate their desire to end the marriage. This provision can delay a spouse's transition.

**They/them** is a gender neutral singular and/or plural pronoun. Eg. 'Someone left their umbrella'.

*Trans* is an umbrella term which refers to a person whose gender identity differs from their sex assigned at birth.

*Transition* refers to social and/or medical processes to align a person's role, presentation, and embodiment with their gender.

*Transmasculine* refers to trans people who have transitioned towards male. Transfeminine refers to trans people who have transitioned towards female.

Umbrella term refers to a term which several diverse terms may fall under.

# **Appendix 2: Selected Resources**

#### **Creating Sanctuary**

Creating Sanctuary offers resources on how to include and safeguard LGBTQ+ people in Christian faith spaces.

www.creatingsanctuary.org.uk

#### Stonewall

Stonewall is the first place to go for factbased information on LGBTQ+ identities and people in the U.K. If you are looking for a statistic or some general information or advice, this is the place to go.

Stonewall also provides posters, leaflets, social media graphics and other resources that will help you to increase LGBTQ+ visibility in your own context.

www.stonewall.org.uk

#### The Proud Trust

The Proud Trust is an LGBTQ+ youthwork charity based in Manchester. They offer lots of reports and resources about LGBTQ+ young people and youth work on their website. They are also a good place to signpost LGBTQ+ youth and their parents to.

www.theproudtrust.org

#### Mermaids

Mermaids specialises in supporting the families of trans children and young people. This is the place to go if you want more information or advice re trans children and young people. Mermaids is also a good place to signpost young people and their parents to.

www.mermaidsuk.org.uk

#### The Open Table Network

The Open Table Network is a group of churches communities, across multiple denominations, who provide communion services centred around the LGBTQIA+ community.

www.opentable.lgbt

#### One Body One Faith

OneBodyOneFaith (formerly the Lesbian and Gay Christian Movement, LGCM) is a UK-based charity which challenges homophobia and transphobia, especially within the Church and faith-based organisations, as well as working to create and praying for an inclusive church. It was founded in 1976, originally as the Gay Christian Movement.

www.onebodyonefaith.org.uk

#### **GIRES**

The Gender Identity Research and Education Society (GIRES) provides helpful facts, resources and research regarding trans identities.

www.gires.org.uk

#### Alex Clare-Young: Transgender. Christian. Human.

The life story (so far) of Alex Clare-Young, the first out transgender minister in the United Reformed Church. Includes resources and activities to encourage individuals and groups to explore the subject of gender identity. Alex also offers bespoke trans awareness training.

www.ionabooks.com/product/transgenderchristian-human

#### Ruth Hunt: The Book of Queer Prophets

The book of Queer Prophets contains modern-day epistles from some of our most important thinkers, writers and activists.

www.waterstones.com/book/the-book-of-queer-prophets/ruth-hunt/9780008360054

#### Rachel Mann: Dazzling Darkness

Transgender Anglican priest Rachel Mann tells the story of how she searched for her authentic self, dying many kinds of 'death' in the process and discovering that darkness is as much a positive place as a negative one.

www.ionabooks.com/product/dazzling-darkness-new-revised-edition

#### Austen Hartke: Transforming

Transforming: The Bible and the Lives of Transgender Christians weaves together person stories with theology, providing an invaluable insight to trans identities, experiences, and theological understandings.

www.austenhartke.com/book

#### Diverse Gender Identities and Pastoral Care

A helpful resource by the Church of Scotland, which allows several trans and non-binary people to share their own stories and draws out guidance re pastoral care.

https://www.churchofscotland.org.uk/\_\_data/assets/pdf\_file/0007/48256/Web\_PDF\_ Diverse\_Gender\_Identities\_and\_Pastoral\_ Care.pdf



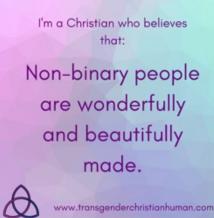
# **Appendix 3: Resourcing Church Visibility and Transformation**

This series of images was created to encourage churches to find helpful ways to move forward from trans exclusive theologies towards creating safer spaces for all people. They are free to print, display, use on social media, and share.

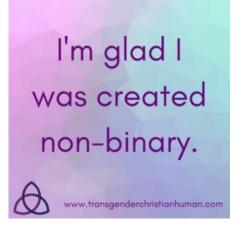












The Church has hurt trans and non-binary people, and inspired violence against them by insisting on a binary, sex based understanding of humanity.

I'm sorry.

www.transgenderchristianhuman.com

