

Transforming Outcomes

A review of the needs and assets of the trans community.



This report has been produced as part of LGBT Foundation's Big Lottery-funded Trans Programme.

LGBT Foundation's Trans Programme has four key objectives, which are to:

- Improve the health and wellbeing of trans people
- Increase the skills and confidence of trans people
- Increase the knowledge, empowerment and resilience of trans people
- Reduce the feelings of loneliness and isolation of trans people

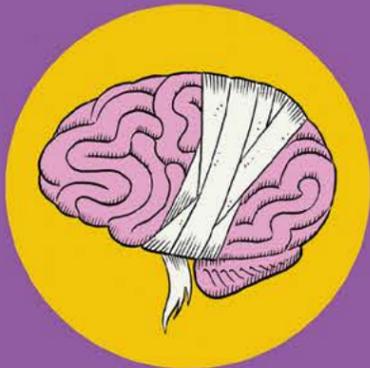
We achieve these objectives through ongoing community engagement which directs and shapes our work. We take an asset-based approach in our work with LGBT communities, aiming always to draw on and emphasise the strengths of the communities we work with. Whilst this document is intended to raise awareness of health, social and legal inequalities experienced by trans communities in the UK, we also felt it was important to reflect the self-organising, activism, and support that trans communities offer to each other. This is in keeping with LGBT Foundation's work and community development approach to the Trans Programme, and recognises the history, diversity and success of trans organising in the UK, which our programme aims to support and amplify.

Key Findings



Access to services: Trans people face a range of barriers when accessing most mainstream health services and often avoid accessing services at all. Few services have taken steps to ensure that they are inclusive and accessible for trans people.

Transition-related healthcare: Trans people are highly dependent on access to specialist services. We found examples of issues such as long waiting lists and negative experiences making access difficult for many trans people to secure and navigate.



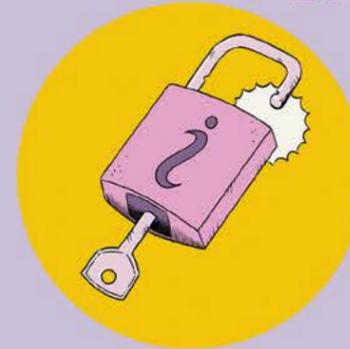
Mental health: Trans people experience mental health difficulties at disproportionate rates compared to cis people. A lack of data collection was an issue in this area. Isolation and discrimination were identified as key factors in trans people experiencing higher rates of mental ill health.

Social wellbeing: Evidence shows that despite trans people having higher levels of educational attainment, they experience disproportionate levels of unemployment, homelessness and domestic abuse.



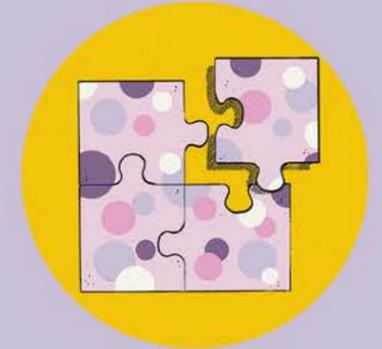
General health: There is a lack of comprehensive research on the prevalence rates at which trans people experience ill health and disease making it difficult to draw comparisons to the general populations. However we found strong indications that trans people have higher rates of problematic drug and alcohol use and are more likely to experience barriers to accessing health services. Barriers to accessing general healthcare services means prevention, diagnosis and treatment of potential health problems is less likely.

Recommendations



EDUCATE all staff through comprehensive trans awareness training, delivered by professionals. Prioritise further research into the needs of trans people, focusing on gaps highlighted by this report and following guidance on involving trans participants.

INCLUDE trans people in the design and delivery of all services, using available evidence to inform plans and involving trans communities in consultations. Work with trans community and voluntary organisations to co-produce services, valuing their expertise and identifying opportunities to increase the representation of trans people in service delivery.



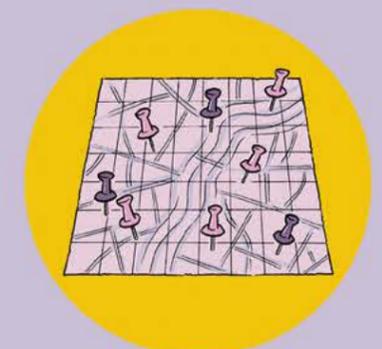
TARGET trans people with specific information and campaigns to manage their wellbeing and remove barriers to taking up opportunities, for example in employment and public life. Work with trans community and voluntary organisations to meet this recommendation.

DEVELOP services which are holistic and person-centred, to meet trans people's specific needs in all areas where they experience inequalities. This should include the development of a new model for gender identity services which are locally based and learn from innovation within the trans community.



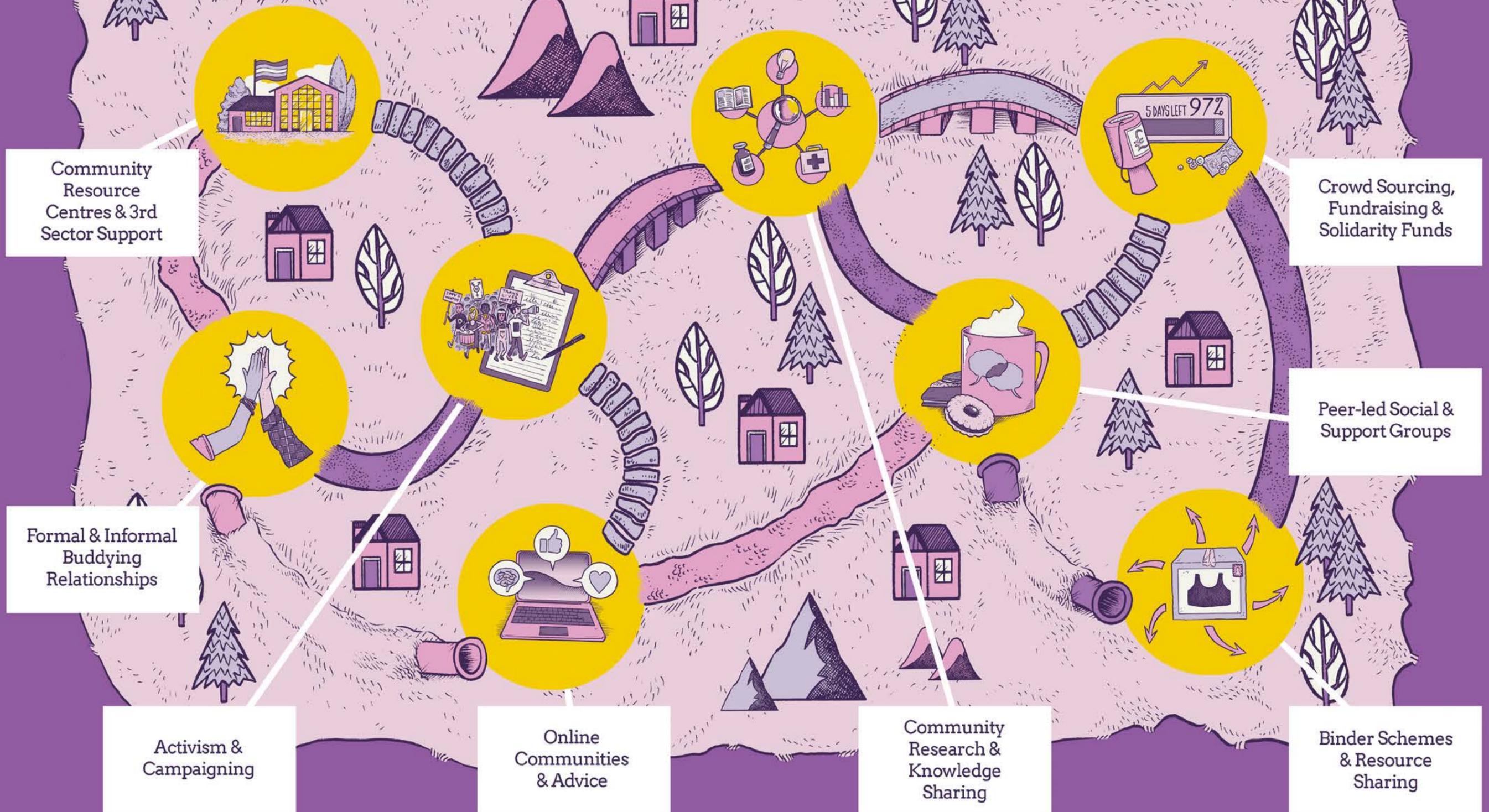
CHALLENGE all instances of transphobia and discrimination. Ensure your organisation's policies are inclusive of trans people and that action is taken where breaches occur to both protect trans people, and ensure that individuals and the organisation learn from incidents.

MONITOR gender identity and trans status as part of equalities monitoring. Use this data to understand the access, experience and outcomes of your staff and service users or research participants. Best practice guidance on monitoring is available at www.lgbt.foundation/monitoring.



Trans Community Assets Map

Trans people experience significant inequalities and barriers to accessing the services they need, but trans communities have a proud history of building a range of brilliant and innovative community assets to support each other.



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1 Foreword

1.1 Jon Rouse, Chief Officer Greater Manchester Health & Social Care Partnership



I welcome this report and the real insight it gives us on both the health needs of trans people and their experience of care. The report clearly shows that there is a profound need for us to take stock of the extent to which that experience of care deters trans people from seeking help and results in more severe health need over time.

Taking charge of our health and social care in Greater Manchester gives us a great opportunity to tackle health inequalities such as these that have persisted both across Greater Manchester and between us and the rest of the country for decades. These inequalities mean that many people in our conurbation may not be able to experience the benefits from the increased economic growth that we are seeking to achieve.

The report highlights the health and social inequalities often experienced by the trans community and draws together the needs and experiences of trans people. It also describes how the community is increasingly responding to these challenges by taking an approach that emphasises its skills and strengths and how trans people have organised for and amongst themselves.

This focus on the assets of the community very much mirrors the approach that we are taking across Greater Manchester: to help people and communities come together to achieve positive change using their own knowledge, skills and 'lived experience' of the issues they encounter in their own lives. This is completely different to the traditional starting point for planning health and care services. We must consider the opportunities that the assets and insight of the trans community, described in this report, create for us to think differently about the provision of care and support for trans people in Greater Manchester and elsewhere.

Building on this, we recognise in Greater Manchester that the health and well-being of individuals and communities depend not just on the resources in health and social care but on the full participation of wider public sector partners and the third sector. We have recently put in place a Memorandum of Understanding with the Voluntary and Community sector in Greater Manchester to provide a framework to support engagement across the devolution agenda in relation to health, social care and wellbeing.

Our approach to the way care and support can be provided to trans people will also draw on the learning that we have gained through initiatives that we have put in place through the Health & Social Care Partnership. One example of this is the roll out of Pride in Practice across Greater Manchester to support primary care to strengthen relationships with the LGBT community through education and increasing awareness – I believe that this is a hugely significant step for us.

I see this report as an important starting point and will ensure that our work to improve the monitoring of gender identity and trans status helps us to deepen the insights within it. I look forward to working with LGBT Foundation in the coming years to tackle the inequalities that this report highlights. Finally, I encourage other regions to follow Greater Manchester's lead in tackling LGBT inequalities.

1.2 Paul Martin OBE, Chief Executive LGBT Foundation

LGBT Foundation's Trans Programme is a nationally significant offer which improves health and wellbeing, increases skills, confidence, knowledge and resilience and reduces loneliness and isolation among trans people.

Some years ago, we began a journey toward full trans inclusion as an organisation, working closely with trans community partners in consultation, service development and community engagement. This report is an important marker in that journey and we are proud to be launching it with the support and involvement of those partners.

Transforming Outcomes is the result of research reviews, consultation, and the experience of our work so far. It represents a significant contribution to the evidence base on trans needs, building knowledge and setting out clear recommendations for organisations working with and for trans people.

Transforming Outcomes is a call to arms that we will use as a spring board for all our future work with and for trans people. Our vision is of a fair and equal society where all trans people can reach their full potential. To achieve that, we need to address the road blocks which prevent trans people from accessing the services they need, and widen the road to include all trans people and especially those who are most marginalised. This report is an important step towards that vision.



2 Acknowledgements & Thanks

LGBT Foundation would like to thank the following staff, volunteers and members of our Trans Advisory Panel who have generously provided feedback and contributed to this report: Jon Rouse, Nic Mooney, Rachael Hodges, Mike Cullen, Daniel Edmundson, Christopher Kemp, Sean O'Brien, Laurence Webb, Lynn Oddy, Jenny-Anne Bishop, Sophie Melville, Lawrence Roberts, Ellie Rogers, Gloria Dawson, Jacob Huggins, Jessica Marie Bull, Aimee Linfield, Sam Cresswell, Julia Grant, Paul Martin and Heather Williams.

Design by Mark Eastwood & Illustrations by Jack Fallows.

This report was produced by Louie Stafford as part of LGBT Foundation's Trans Programme, funded by a grant from Big Lottery Reaching Communities.

3 Introduction



3.1 What is this document?

This document presents an assessment of the needs and experiences of trans people, based on key evidence available from across the UK¹. It also highlights and showcases the assets within the trans community and the valuable ways in which trans people have organised and advocated for and amongst themselves in the absence of mainstream recognition and support.

Although it is important to recognise the gravity of the multiple health inequalities and barriers that trans people face today, we strongly believe that a needs assessment should provide insight into the unique and effective ways that trans communities come together to combat these problems.

Throughout this document you will find the voices of trans people represented and showcased as they have shared their stories and experiences. We hope it will add value to existing research and be useful to a range of different people across multiple settings and disciplines, including commissioners, researchers, and trans communities themselves. We have also highlighted the lack of robust evidence in certain areas, to encourage further research and understanding of trans people's lives. We hope to build on this report with further research in coming years.

This document has been produced in consultation with trans communities through our Trans Programme and with support from our Trans Advisory Panel, which is made up of representatives from a range of established trans peer support groups and organisations in Manchester.²

3.2 Who should read this document?

This document is intended both for people who identify as trans and those working with and supporting trans people. We set out to make this document accessible, relevant and easy to navigate. Readers can find further information in the references included throughout the report and a glossary of community and technical terms can be found on page 58.

1 Trans is an umbrella and inclusive term used to describe people whose gender identity differs in some way from that which they were assigned at birth, including non-binary people, cross-dressers and those who partially or incompletely identify with their sex assigned at birth.

2 <http://lgbt.foundation/Trans-Advisory-Panel>

3.3 How can this document be used?

Our intention is for this to be a living document which is used to lever positive change for and in our communities.

We intend to use this document:

- To provide an insight into the lives of trans people and the issues affecting them
- As evidence to support improved access to services
- As evidence to support campaigning for trans equality
- As evidence to support development of services that will benefit trans people and for increased resources to trans communities

▶ **If you are a commissioner, this document is a good starting point for thinking about whether the services you commission are designed to meet the needs of trans people. Alongside use of this document we would also advocate consulting the people who will use the services you intend to commission.**

▶ **If you are a researcher, this document provides an overview of existing research into trans communities and identifies future research priorities.**

▶ **If you are a professional working with trans people, this document provides insight into the daily lives, social contexts and health needs of your service users.**

Please get in touch with us to share your stories of how this needs assessment has helped to improve your service or your access to services, or if you have suggestions for further research. This will help us evaluate the impact this document has made and plan future updates. Our contact details can be found on page 56 of this report.

4 Executive Summary



Transforming Outcomes brings together the evidence on trans people's needs and experiences and presents it alongside a celebration of the assets within the trans community, highlighting the valuable ways in which trans people have organised and advocated for and amongst themselves in the absence of mainstream recognition and support.

Our report establishes that trans communities experience significant inequalities across a range of measures, face substantial barriers to accessing appropriate and good-quality services to meet their needs, and that a lack of further evidence can be an obstacle to addressing these challenges. Each of the above elements act as an enabling factor to the other, perpetuating a negative cycle.

Although it is important to recognise the gravity of the multiple health inequalities and barriers that trans people face today, we strongly believe that a needs assessment should provide insight into the unique and effective ways that trans communities come together to combat these problems.

To illustrate this, we have utilised the Roads, Bridges and Tunnels concept developed by Leeds GATE to describe the road blocks experienced by trans people in their journey to access services, and the bridges and tunnels built by the community to overcome these obstacles (see section 5.2). Ultimately, this report aims to encourage action to widen the road, ensuring equitable access to all marginalised groups.

The report has been developed in consultation with trans communities and our Trans Advisory Panel, and features the voices of trans people throughout. We would like to thank all our contributors for sharing their insight and experiences, and commit to continuing our work to make sure that the needs of trans people are acknowledged and addressed in services. We hope that our readers will be inspired to do the same.

4.1 Summary of Key Findings

Access to services: Trans people face a range of barriers (road blocks) when accessing most mainstream health services and often avoid accessing services at all. Few services have taken steps to ensure that they are inclusive and accessible for trans people. 80% of trans people experience anxiety before accessing hospital treatment due to fears of insensitivity, misgendering and discrimination, with intimate care causing the most concern. Misgendering and inappropriate questioning were found to be some of the key causes of dissatisfaction.

“ I dread any sort of medical appointment, I just know I am going to have to explain myself and my gender. Even if I am really ill, I avoid it at all costs. ”

Kam, 21, Manchester

Transition-related healthcare: Trans people are highly dependent on access to specialist services. Within Gender Identity services we found examples of road blocks such as long waiting lists, making access difficult for many trans people to secure and navigate. Many also reported negative experiences when under the care of Gender Identity services. Further to this, non-binary people reported being denied treatment due to their gender identity and research suggested a lack of person-centred care. We also identified examples of the use of ‘tunnels’ through self-medication in the absence of care from mainstream services.

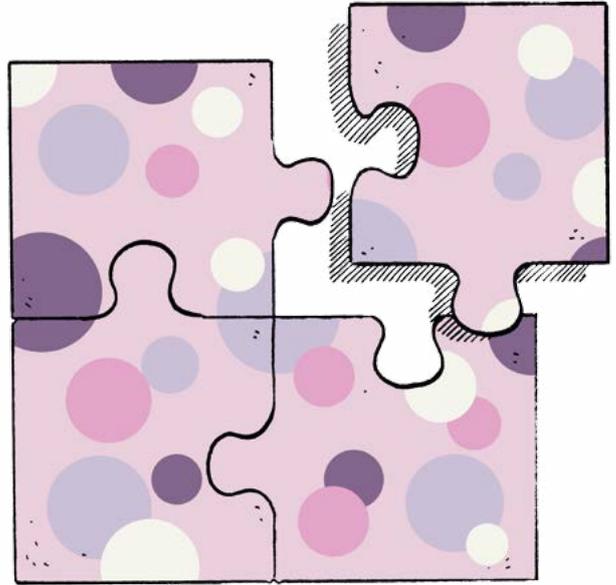
“ I had to spend around £450 in consultation fees to see a private doctor in order to get treatment in a timely fashion, which I can just about afford but many others in a similar position could not. ”

Daria, 25, Leeds

Mental health: Trans people experience mental health difficulties at disproportionate rates compared to cis people. It is difficult to establish the prevalence of issues such as self-harming and suicide due to a lack of data collection and available evidence. Key factors identified in trans people experiencing higher rates of mental ill health include; isolation, discrimination, feeling like an ‘outsider’, feeling attacked and feeling silenced. We found examples of road blocks in accessing mental health services and that often services were not equipped to meet the needs of trans patients.

“ My depression was pretty bad, I was self-harming every day, but I was scared of telling my GP because it would go on my medical record and the GIC could find out and potentially push back my chest surgery. I had heard of that happening to friends and it was a risk I couldn’t take. I was completely alone. ”

James, 31, Sheffield



Social wellbeing: Trans people experience road blocks when accessing, enjoying and staying in education, with issues such as bullying, transphobia, discrimination and administration errors acting as contributing factors to these blocks. The evidence suggests that despite trans people having higher levels of educational attainment, they experience disproportionate levels of unemployment, homelessness and domestic abuse.

“*When I finished my GCSEs I started an NVQ through college. I was doing really well but it all went wrong when I started my transition. My dad threw me out of the house when I told him. Then I fell behind with my coursework because I was couch-surfing and had no money to get to college. I got chucked off my course.*”

Jay, 19, Blackburn

General health: There is a lack of comprehensive research on the rates at which trans people experience ill health and disease, making it difficult to draw comparisons to the general populations. However we found strong indications that trans people have higher rates of problematic drug and alcohol use and are more likely to experience barriers to accessing health services. Barriers to accessing general healthcare services means prevention, diagnosis and treatment of potential health problems is less likely.

“*I have never been for a sexual health screening. I tried once but the woman at reception asked me if I was a ‘man or a woman’ in front of a waiting room full of people, it was humiliating. I turned around and walked out of the clinic as fast as I could.*”

Kai

4.2 Summary of Recommendations

EDUCATE all staff through comprehensive trans awareness training, delivered by professionals. Prioritise further research into the needs of trans people, focusing on gaps highlighted by this report and following guidance on involving trans participants.

www.lgbt.foundation/research-ethics

INCLUDE trans people in the design and delivery of all services, using available evidence to inform plans and involving trans communities in consultations. Work with trans community and voluntary organisations to co-produce services, valuing their expertise and identifying opportunities to increase the representation of trans people in service delivery.

TARGET trans people with specific information and campaigns to manage their wellbeing and remove barriers to taking up opportunities, for example in employment and public life. Work with trans community and voluntary organisations to meet this recommendation.

DEVELOP services which are holistic and person-centred, to meet trans people's specific needs in all areas where they experience inequalities. This should include the development of a new model for gender identity services which are locally-based and learn from innovation within the trans community.

CHALLENGE all instances of transphobia and discrimination. Ensure your organisation's policies are inclusive of trans people and that action is taken where breaches occur to both protect trans people and ensure that individuals and the organisation learn from such incidents.

MONITOR gender identity and trans status as part of equalities monitoring. Use this data to understand the access, experience and outcomes of your staff and service users or research participants. Best practice guidance on monitoring is available at:

www.lgbt.foundation/monitoring

5 Context and Method



5.1 Setting The Scene

Now is a key time in the fight for equality for trans people in the UK. In 2016, the House of Commons Women and Equalities Select Committee reported on the findings of its inquiry into trans equality. This inquiry involved a period of consultation and evidence gathering with the input of trans people and organisations on a broad range of issues affecting trans people in the UK. The report set out recommendations for the steps that need to be taken to ensure the fair, legal and equitable treatment of trans people in the UK.

The report made recommendations on a number of issues, including:

- Legal gender recognition and the Gender Recognition Act 2004
- Scope of protections under the Equality Act 2010
- The provision of NHS services and care pathways
- Hate crime prevalence, stigma and transphobia within society
- The criminal justice system
- Education
- Media representation
- Care for children and young people

This landmark inquiry was the first of its kind, considered by many at the time of its publication to be a promising and significant step for trans people up and down the country.

The government's response to the report included the announcement of a review into the Gender Recognition Act 2004 and the barriers to legal recognition for non-binary people, which are both positive and necessary steps in addressing disparities in legal gender recognition faced by trans people³. However, many were disappointed in the Government's responses to other areas of the report and criticized it for either failing to address issues or asking for further evidence, despite the report itself emerging from a long inquiry involving robust evidence and personal testimonies.

The Trans Equality Inquiry included an assessment of specialist trans healthcare services, which was damning in its findings. The report found evidence of inconsistent adherence to clinical protocols and best practice recommendations, inequitable access arrangements,

3 Parliament, House of Commons [2015]. *Transgender Equality*. London: The Stationery Office, Available at: <https://www.publications.parliament.uk/pa/cm201516/cmselect/cmwomeq/390/390.pdf> [Accessed: 5 February 2017]

outdated approaches to service delivery, and the absence of a consistent application of clear and appropriate standards, all resulting in unsatisfactory experiences for trans people across the UK.

Following the Select Committee's report and the concerns raised within it about services for both adults and young people, NHS England announced in October 2016 that it will be terminating all contracts with current providers delivering Adult Gender Identity services and is embarking on a process of service redesign and procurement which will allow it the opportunity to address the issues raised in the Select Committee's report.⁴

Despite some clear outcomes as a result of the Trans Inquiry, some trans organisations have since expressed concerns that the process and subsequent responses have not gone far enough in addressing the specific needs of further marginalised groups such as children and young people, black, Asian and ethnic minority (BAME) trans people, and trans people with disabilities.⁵

This is the context in which we embarked upon this piece of work, and we have strived at every turn to ensure this report adds fresh insight, understanding and evidence for those working towards better outcomes for trans people throughout the UK.

5.2 Community Consultation & Trans Advisory Panel

As part of our commitment to ensuring that trans voices are privileged in research about trans lives and needs, throughout the process of writing this report we embarked on three rounds of consultation. Throughout the process, we also engaged our Trans Advisory Panel, a group made up of representatives from local trans-led peer support groups and organisations, to support the production of this report. The group meets monthly at LGBT Foundation's Community Resource Centre and we consult with them regularly for advice on what form our services, information and campaigning work should take.

When planning this report the Trans Advisory Panel requested that alongside evidencing health inequalities, we also provide an insight into the positive and affirming aspects of trans lives and the resilience of trans communities. Our stakeholders told us that often any literature about trans people's lives is 'all doom and gloom' and misses the affirming and positive aspects of trans peoples' experiences. We were asked to produce a report that could be used both by trans people and those working with them.

After completing the desk-based literature review, we conducted two focus groups, one with TAP members (12 participants) and one with trans individuals through our TransMCR monthly event (12 participants). The aim of the focus groups was to gain a greater understanding of trans needs, and to ensure that the recommendations made by this report are centred on trans people's lived experience as well as the literature review findings. The findings from the focus groups (see appendix) informed our recommendations in this report.

4 Huxton, W. [2016]. *NHS England's plans for the future commissioning of gender identity services for adults*, Available at: <https://www.england.nhs.uk/2016/10/will-huxter-17/> [Accessed: 5 February 2017]

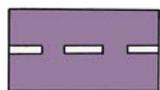
5 Available at: <http://actionfortranshealth.org.uk/2016/01/14/our-response-to-the-trans-inquiry-recommendations/>

5.3 Analysis - Roads, Bridges & Tunnels

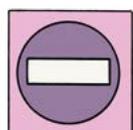
Community assets amongst marginalized groups don't exist in isolation and are often born out of necessity as a direct response to disadvantage or inequality. To help better understand the value of trans community assets and what impact they have, this report utilises a method for analysis developed by Leeds Gypsy and Traveller Exchange (Leeds GATE).

Through their asset-based community development project, Leeds GATE developed the concept of Roads, Bridges and Tunnels to express the interactions of marginalized communities with service providers and other communities.⁶

Leeds GATE define these terms as follows:



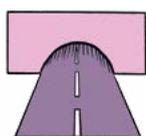
Road: A road gets you from A to B. A road is a direct route, free from obstruction. Services expect the majority of people to be able to access via a road.



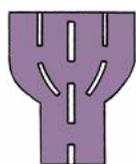
Road Block: Some individuals and communities find an obstruction in the road to access a service - a road block. This means these people must navigate a different route, or in some cases might not be able to access a service at all. Where a road block is not acknowledged and addressed it can cause negative impacts on the short and long term health outcomes of marginalised groups.



Bridges: Where there is an obstruction in the road, sometimes a bridge is necessary. A bridge is strongest when it is built from both sides. A bridge involves investment to provide a route to access and is visible to all people. However, building a bridge doesn't oblige a mainstream service to change, and sometimes the existence of a bridge can remove the urgency for a mainstream system to ensure it is inclusive of everyone. This can lead to further marginalisation for already-excluded groups and can particularly affect the way they access services, with marginalised communities becoming the responsibility of bridge-builders, those working to overcome a barrier to accessing a service rather than road-builders, those who design the services themselves.



Tunnels: Tunnels are another way of navigating an obstruction, and are normally developed by an individual or community group as a solution to a problem: a 'do it yourself' approach. Tunnels can pioneer creative solutions that mainstream services can learn from. However, a tunnel doesn't openly acknowledge a problem or necessitate change in the way a system is designed, so it can keep problems in the dark. A tunnel can also mean a less equitable service. In digging the foundations to a bridge you may expose a tunnel and undermine it, collapsing people's self-navigated solutions and community assets.



Widening the Road: When a service's access options are inclusive of all those who wish to access it we might say that this service has 'widened the road'. Commissioning from the margins in this way ensures that services are designed and commissioned to include all people, and particularly those often marginalised by mainstream services and society.

We have used the Roads, Bridges and Tunnels concept throughout this report and in our community consultations, finding it to be a useful tool in interpreting our findings and enhancing accessibility. Throughout this report, look out for examples where we have highlighted roads, bridges and tunnels.

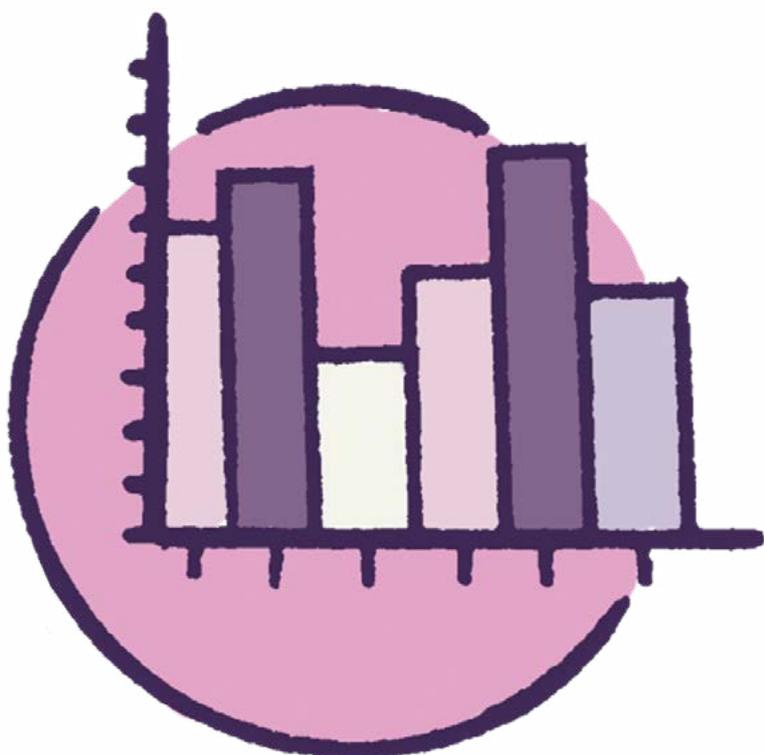
⁶ Available at: <http://leedsgate.co.uk/roads-bridges-and-tunnels-what-weve-learnt-through-abcd>

5.4 Project limitations

The information contained in this document is a summary of relevant research articles, papers, NHS data and statistics, selected through a search of LGBT Foundation's Evidence Exchange and search engines. This document intends to broadly summarise the numbers, needs and experiences of trans people. As such, it is not an exhaustive systematic review. We have compiled the information using broad quality assessment criteria to ensure that the information presented in this document is largely representative and unbiased. It is worth noting that trans people have a very wide range of experiences; therefore the information presented here may not reflect the experiences or profile of every individual within the category presented.

Trying to ensure representative samples are obtained in research on the trans population presents particular problems. Trans people are often understood to be part of a relatively small and 'hard to reach' population (Hester 2009). We found that there was also a distinct lack of data available on those under the trans umbrella whose experiences are lesser understood (for example non-binary people, intersex people, gender fluid people, those who cross dress, transsexual people, and those trans people not seeking medical interventions). We discovered that there was notably less data about some parts of the trans community compared to others and we have tried to identify gaps in research where we found them.

LGBT Foundation or any other organisation referenced in this document claim no responsibility for how third parties use the information contained in this document. We have endeavoured to include all the major data available to us as of December 2016, but a document of this nature (essentially a summary of a large body of evidence) inevitably goes out of date. LGBT Foundation has sought external validation of this document from clinical experts and we aim to regularly update the content of this document.



6 Trans Population Demographics



There is no robust data on the size of the trans population due to a lack of trans status monitoring in public services and large scale surveys. Where trans status is monitored, not all trans people will feel comfortable disclosing their status. It has been estimated that there are 300,000 trans people in the UK.⁷ This estimate is based upon numbers accessing Gender Identity Clinics, including significantly more women than men. However, a study by GIRES in 2011 which worked on the basis that there are likely to be around as many trans men as trans women brings this estimation to closer to around 500,000.⁸ Neither of these studies breaks down data to give detail into the numbers of non-binary people. An increasing number of trans people are accessing Gender Identity Clinics⁹ and it is unclear if this represents an increase in the trans population or an increasing proportion of trans people accessing Gender Identity Services.

It is also difficult to estimate the demographic characteristics of trans people for the same reasons. Large sample surveys on trans issues give some indication, although these surveys are all self-selecting and therefore cannot be assumed to be fully representative of the trans population as a whole. Nevertheless, the research that does exist suggests that around 8-10% of trans people are non-binary with 10% of GIC attendees being non-binary¹⁰ and two large surveys finding 8% of respondents are non-binary.¹¹ Furthermore, both surveys identified a significant proportion of respondents who had fluid identities, were unsure of their gender and/or sometimes identified as non-binary. There is a significant diversity of non-binary identities, therefore it is important that 'non-binary' is understood as both an umbrella term and an identity in its own right. A survey which enabled respondents to enter their own gender identity found the most common self-described

7 Reed, B. 2009. *Gender Variance in the UK: Prevalence, Incidence, Growth and Geographic Distribution*. Available from: <http://www.gires.org.uk/assets/Medpro-Assets/GenderVarianceUK-report.pdf>. Accessed 15/03/2017.

8 GIRES [2011]. *The Number of Gender Variant People in the UK - Update 2011*, Available From: <http://www.gires.org.uk/assets/Research-Assets/Prevalence2011.pdf> [Accessed: 5 February 2017] (Subsequent references will henceforth be referred to as GIRES [2011]).

9 NHS England, [2015]. *Operational research report following visits and analysis of Gender Identity Clinics in England*, Available from: <https://www.england.nhs.uk/commissioning/wp-content/uploads/sites/12/2015/11/gender-ident-clncs-rep-nov15.pdf> [Accessed: 23/06/16]. (Subsequent references will henceforth be referred to as NHS England [2015])

10 NHS Commissioning [n.d.]. *Gender identity services (adults)*, Available at: <https://www.england.nhs.uk/commissioning/spec-services/npc-crg/group-c/c05/> [Accessed: 5/2/2017]

11 McNeil, J., Bailey, L., Ellis, S., Morton, J. & Regan, M. [2012]. *Trans Mental Health Study*, Edinburgh: Scottish Transgender Alliance, Available From: http://www.scottishtrans.org/wp-content/uploads/2013/03/trans_mh_study.pdf [Accessed: 23/06/16] (Subsequent references will henceforth be referred to as McNeil et al. [2012])

identities alongside male or female were agender, non-binary, genderqueer and trans, accounting for a third of respondents.¹²

Surveys which have reported on sexual orientation of trans respondents suggest that trans people are more likely to identify as bisexual or queer than gay, lesbian or straight. For example, a 2012 study of over 900 trans people found respondents identified as follows:

- 27% bisexual
- 24% queer
- 20% straight
- 15% pansexual
- 13% lesbian
- 10% gay

A notable proportion identified their sexual orientation using other terms, including asexual, polyamorous, BDSM/kink, unsure and not defining their sexual orientation altogether.¹³ Many people identified in multiple ways and a large proportion identified in a way other than gay, lesbian, bisexual or straight.¹⁴

There are indications that there are higher numbers of disabled people among the trans population compared to the national average. Whilst one large survey found the number of disabled people to be comparable to the national average,¹⁵ another found 58% of the 848 respondents were disabled¹⁶. Many smaller surveys have found higher numbers of disabled people,^{17,18,19} which would suggest a higher prevalence within this population group.

The two largest surveys that monitored the ethnicity of trans people in the UK had strikingly similar results when identifying underrepresentation of trans people of colour. 13% of people in the UK identified themselves as non-White British²⁰ and these surveys found 6% and 2.5% of trans respondents were BAME (Black, Asian and Minority Ethnic) respectively.²¹ While it is possible that BAME people are less likely to be trans, it is far more plausible, given that we know there are issues capturing data on trans status, that trans people of colour are being underrepresented in research at present. Neither of these surveys had a large enough sample of BME people to provide robust data on the representation of different ethnicities and nationalities.

Estimating the numbers of trans asylum seekers also presented even greater challenges as this data is not consistently collected by the Home Office. Action for Trans Health reported in 2015 that 21 trans asylum seekers have been detained in immigration centres but this number is likely to be

12 Manchester City Council, [2016]. *Research Study into the Trans Population of Manchester*. (Subsequent references will henceforth be referred to as MCC [2016])

13 McNeil et al. [2012].

14 MCC [2016].

15 McNeil et al. [2012].

16 Ibid.

17 Hill, A. & Condon, R. [2015]. *Brighton & Hove Trans Needs Assessment 2015*, Brighton: Brighton & Hove City Council, Available From: <https://www.bhconnected.org.uk/sites/bhconnected/files/Brighton%20%26%20Hove%20Trans%20Needs%20Assessment%202015.pdf> [Accessed: 23/06/16] (Subsequent references will henceforth be referred to as Hill et al. [2015]).

18 Morton, J. [2008]. *Transgender Experiences in Scotland*, Edinburgh: Scottish Transgender Alliance [Accessed: 23/06/16] Available From: <http://www.scottishtrans.org/wp-content/uploads/2013/03/staexperiencesummary03082.pdf> [Accessed: 23/06/16] (Subsequent references will henceforth be referred to as Morton [2008])

19 McNeil et al. [2012].

20 'Table KS201SC - Ethnic group: All people' (PDF), National Records of Scotland [2013].

21 Whittle, S., Turner, L. & Al-Alami, M. [2007]. *Engendered Penalties: Transgender and Transsexual People's Experiences of Inequality and Discrimination*, London: Press for Change, Available From: <http://www.pfc.org.uk/pdf/EngenderedPenalties.pdf> [Accessed: 23/06/16] (Subsequent references will henceforth be referred to as Whittle et al. [2007]).

higher.²² Instead researchers have calculated the number of trans asylum seekers at around 2% of the total number of LGBT asylum seekers. This assumption is based on the proportion of UK Lesbian & Gay Immigration Group's (UKLGIG) case load who identify as trans.²³

Non-binary identities are emerging and are beginning to be more commonly used and understood. In a survey carried out by Manchester City Council in 2015 which looked at the needs of trans people, over a third of the respondents identified themselves as non-binary trans.²⁴

A survey carried out by the Scottish Transgender Alliance revealed that 63% of participants identified as non-binary.²⁵ In the same survey, when asked if participants consider themselves to be under the trans umbrella, 65% considered themselves to be trans whilst 15% did not, and 20% of respondents were unsure. Upon being asked about gender fluidity, 54% of respondents described their gender identity as fluid, 31% described it as fixed, and 15% were unsure.²⁶

Just as trans men and trans women do, non-binary people have specific needs have when it comes to accessing services, employment and legal recognition. When it comes to accessing services, 34% had been told services did not know enough about non-binary people, to help them, and 11% reported that they had been refused services on the basis that they were non-binary. 65% of people felt that services were not inclusive of non-binary people either in the images/posters used in displays, language used in forms and leaflets. In employment only 4% of respondents 'always' felt comfortable revealing their identity as a non-binary person at work. This is comparable to the 52% of people who 'never' felt comfortable. When it comes to legal recognition 64% of respondents agreed that they would like their legal gender on official documentation.²⁷

22 Action for Trans Health. 2017. Trans People in Immigration Centres. [ONLINE] Available at: <http://actionfortranshealth.org.uk/2015/04/04/trans-people-in-immigration-detention-centres/>. [Accessed 21 April 2017].

23 Bell, M. & Hansen, C. [2009]. *Over not Out: The Housing and Homelessness Issues Specific to Lesbian, Gay, Bisexual and Transgender Asylum Seekers*, London: Metropolitan, Available From: <http://www.metropolitan.org.uk/images/Over-Not-Out.pdf> [Accessed: 24/06/16] (Subsequent references will henceforth be referred to as Bell et al. [2009]).

24 MCC [2015].

25 Valentine, V. [2016]. Non-binary people's experiences in the UK, Available from: <http://www.scottishtrans.org/wp-content/uploads/2016/11/Non-binary-report.pdf>, Accessed: 16/02/2017 (Subsequent references will henceforth be referred to as TSTA [2016]).

26 TSTA [2016].

27 TSTA [2016].

“ Every time I get a letter through the post, or speak to someone on the phone, or leave the house, I get misgendered. It’s so frustrating because I am not a ‘Mr’ or a ‘Miss’. Every time it happens I feel like an alien and I feel really low and angry.

As a non-binary person I can’t get legal recognition so none of my documents reflect who I am. I don’t fit in the system.”

Drew, 21, Manchester



7 Trans Community Assets



“ I found out about this support group when I first went to the GIC, I was sitting in the waiting room and there was a little flyer on the wall. I jotted down the website address on my phone. I was really nervous to go because I had never met another trans person before. I eventually plucked up the courage to go along and it was amazing, everyone was so nice and I was welcomed with open arms! I met loads of people who were going through the exact same thing as me. I made some amazing friends who have been really generous with their knowledge and they have helped me along my journey.”

Yvonne, 47, Bradford

Community Assets can be described as the internal qualities of a group or network that help them to survive and flourish. Through our work and consultations with local trans communities we have found anecdotal evidence of a multiplicity of assets within the trans community, which can be found on our inspiring trans community asset map as an appendix to this report and listed below. Referring back to the 'bridges, roads, and tunnels' metaphor employed throughout this reports' analysis, community assets can also be viewed as examples of bridges and tunnels that the trans community have developed to meet a need.

Sharing knowledge: There are many wonderful examples of trans-led research and knowledge based on lived experience being shared freely and widely amongst trans communities in a wide variety of formats. The development of the internet has made connecting with others and sharing information easier, and today there are countless groups, forums, videos and resources available online. These are often the first point of call for people questioning or seeking support around their gender identity. Knowledge and information is shared about accessing gender identity services, self-medication and poor services to avoid, among other information about health and wellbeing. These are good examples of tunnels developed by individuals to meet a health need when faced with a road block.

Peer-led social and support groups: In the absence of mainstream specialist services trans people have been supporting and socialising with each other for decades through informal networks and groups. Peer-led groups are excellent examples of communities coming together to meet a collective need, and share knowledge and experience. Most trans community groups are entirely run by volunteers, which is seen by many as empowering. However, this can become burdensome on volunteers, who may feel unable to stop or reduce their volunteer involvement for fear that peers would be unlikely to receive any other support.

Community resource centres and third sector support: Physical spaces, such as resource centres, bars and affordable meeting spaces exist to support peer-led groups, alongside the practical support and tailored services provided by third sector organisations and charities.

Formal and informal buddying relationships: Support and guidance from someone older or someone with more lived experience is an important factor when dealing with coming out as trans or navigating a service or an unknown care pathway. Support from a buddy or mentor helps people feel more reassured, equipped and confident.

Crowdsourcing and fundraising: Peer-led groups and activism are often supported by fundraising initiatives. Crowdsourcing and fundraising are also used to address barriers to accessing specialist gender identity services for individuals.

Binder Schemes and resource sharing: There are many examples of binder schemes and sharing of physical resources and medication. While there can be risks to such initiatives, they often arise as a result of an unmet need through mainstream services.

Activism and campaigning: Trans people have a rich history of coming together and campaigning.²⁸ There are many examples of this activity influencing policy makers and wider society on multiple issues from healthcare provision to directly challenging transphobia and stigma of trans people. Coming together collectively in this way has resulted in the forming of strong links, networks and relationships within the trans community.

28 Whittle, S. (2010). A Brief History of Transgender Issues. Guardian (online). Available at: <https://www.theguardian.com/lifeandstyle/2010/jun/02/brief-history-transgender-issues>. [Accessed 21/04/2017].

8 Access to Services

Summary of key findings: Trans people face a range of barriers (road blocks) when accessing most mainstream health services and often avoid accessing services at all. Few services have taken steps to ensure that they are inclusive and accessible for trans people. 80% of trans people experience anxiety before accessing hospital care due to fears of insensitivity, misgendering and discrimination, with intimate care causing the most concern. Misgendering and inappropriate questioning were found to be some of the key causes of dissatisfaction.



“ I remember on my first day at uni my tutor asked me what pronouns I used, when I told her I use they/them she smiled and said ‘great’ and moved on. It was a great affirming moment for me and knowing she was aware of trans issues it put some of my worries at ease. ”

Paula, 26, Manchester

8.1 General Barriers

Trans people identify access to goods, services, housing, and facilities as a key area in which they face difficulties. Many trans people avoid situations where they feel they may experience discrimination, and those that do access goods, services, housing, and facilities report negative experiences including experiencing discrimination.²⁹ A survey in 2008 of 400 public services found only 6 of those services had taken steps to ensure that their services were accessible to trans people.³⁰

A general lack of awareness of trans needs, including difficulties in changing names on records and having pronouns respected, is a major barrier to trans people accessing services. For example, trans people report experiencing lack of recognition and understanding when trying to access non-inclusive services. This often causes emotional distress.³¹ Furthermore, non-binary people face particular barriers due to even less awareness of non-binary identities, and administrative systems which are not designed to be inclusive of non-binary genders.

29 Whittle et al. [2007].

30 Commission for Social Care Inspection. 2008. Putting People First: Equality and Diversity Matters 1, Providing Appropriate Services for LGBT People. London: Commission for Social Care Inspection.

31 Whittle et al. [2007].

For some trans people, how they identify their gender can itself be a barrier to accessing services. The literature indicates that many who are questioning, have a fluid gender, or who are as yet unsure of their gender identity, feel they must first decide upon which name/pronoun to use and present in a binary way (i.e. as either male or female) in order to gain access and be treated with dignity and respect. Respondents in a 2015 study were concerned that once having presented as one gender, it would be too difficult to then present as a different gender later on.³²

A 2016 report identified ways in which services could be more accessible and inclusive of trans people, including:

- Brief buddying and/or advocacy when first accessing a service
- Services marking/celebrating community events (Such as Trans Day of Visibility, 31st March) to raise awareness and demonstrate inclusivity
- Quality assurance schemes indicating trans inclusion³³
- Awareness of trans identities, including the notion that anyone could potentially be trans, regardless of other characteristics
- Asking preferred names and pronouns³⁴

“ I had to send three letters to my GP before they changed my name and title. The receptionist said they needed proof before they would change it, which I now know isn't actually true they were just being unnecessarily difficult. ”

Christina, 34, Salford

8.2 Healthcare Services

In 2008 a report looking into the healthcare experiences of trans people found that 29% of trans people feel being trans affects the way they can access general healthcare services.³⁵ Lack of awareness and sensitivity, discrimination in accessing health services, and bad experiences are common, including staff expressing their own negative views of trans people to trans service users and trans patients, or trans people being placed on the wrong-gendered hospital ward. Many also report clinicians focusing on their trans status when it is not relevant, including disclosing information inappropriately, and clinicians assuming that being trans or accessing transition-related health care is the cause of an unrelated health problem.³⁶

Data on patient satisfaction is mixed, with one study finding 46% of trans people rated NHS General Practices as extremely or very good while another found 14% who rated experiences as extremely or very poor. Another study found that out of 83% of respondents had discussed feelings of gender incongruence with their GP, 80% found this experience to be positive or very positive, however less than 50% found the care given to be appropriate or useful.

32 Hill et al. [2015].

33 Ibid.

34 LGBT Health and Inclusion Project , [2016]. *Trans People's Experiences of Hospital Care*, Brighton: LGBT Health and Inclusion Project. (Subsequent references will henceforth be referred to as LGBT HaIP [2016])

35 Whittle, S., Turner, L. Combs, R. & Rhodes, S. 2008. *Transgender Eurostudy: Legal Survey and Focus on the Transgender Experience of Healthcare*. London: Press for Chance.

36 Whittle et al. [2007].

It is particularly important that trans people do have positive experiences and appropriate access to a supportive GP as often this is the first point of contact with a professional when seeking support. The most common difficulty reported with GP practices was in having records updated to reflect individuals' names, correct titles and gender.³⁷

Trans people report lower than average satisfaction with hospitals: 65% compared to 85% non-trans respondents. 89% of trans people who were admitted to hospital were not consulted on which room or ward they would feel most comfortable in, despite hospitals primarily using single-sex wards. Ward/room allocation is particularly problematic for non-binary people as often no gender-neutral facilities are available.

More broadly, non-binary people are least likely amongst all trans people to feel that their needs have been met in healthcare services, with 80% of respondents in a 2016 report stating they had not been met, compared to 67% of men and 60% of women. Misgendering was a key cause of dissatisfaction alongside inappropriate questioning. 80% of trans people experience anxiety before accessing hospitals due to fears of insensitivity, misgendering and discrimination, with receiving intimate care causing the most concern.³⁸

“ I went to the GP for stomach pain my GP asked me if I could be pregnant, when I told her that there was no possibility I could be pregnant because my partner is a trans man she went on to ask if he'd had 'the surgery downstairs yet'. It was absolutely inappropriate ”

Anne, 29, London

8.3 Physical Activity

Only a quarter of trans people access gyms or organised sport. From the research we reviewed some of these faced barriers such as impairment, physical health, and cost, as well as trans-specific barriers; gendered changing rooms typically exclude non-binary people and many trans people have concerns about being denied access to changing room and their safety while using such facilities. Furthermore, many trans people reported have practical problems with clothing during physical activity, e.g. binding being too uncomfortable versus not binding being too emotionally distressing and causing discomfort while exercising.³⁹

“ I don't feel like I can go swimming or go to the gym at the moment because I worry that people will see me in the changing rooms and think I don't belong there. I also struggle with knowing what to wear. I bind my chest so it's difficult to find appropriate clothing I feel comfortable in to exercise. I really miss exercising but right now I don't have a lot of options. ”

Jonathan, 42

37 Morton [2008].

38 LGBT HalP [2016].

39 Hill et al. [2015].

8.4 Trans Community Groups

From the limited research that exists, it is known 21% of trans people do not access trans specific places or groups, with 29% doing so sporadically and 7% annually. This amounts to 57% of trans people accessing trans-specific places or groups in total.⁴⁰ Those who do access trans community groups, however, find them beneficial in providing support, volunteering opportunities, advocacy and awareness-raising. LGBT Foundation's asset mapping exercises show that most trans social and support groups are community-led, unfunded and are located in cities or towns where there is meeting space accessible by public transport, therefore, trans people from rural areas may find it difficult to access peer lead and trans specific support.

“ I started getting involved in organising a trans support group after I had been going along for a while and the person who was running it couldn't do it anymore, I like helping people because it makes me feel like I am giving something back. It's hard sometimes because I have a full-time job and struggle to keep up with everything but I think it's important that groups like this exist. ”

Lily, 37, Manchester

40 Greater Manchester Police, [2015]. *Transphobic Hate Crime: A study in the under-reporting of transphobic hate crime, and police interactions with the trans community, 2013-2015*, Greater Manchester Police: Greater Manchester, Available from: [http://www.gmp.police.uk/live/Nhoodv3.nsf/WebAttachments/61FA40D8117BFE9080257F550054D2DC/\\$File/TRANS-REPORT-INTERACTIVE.pdf](http://www.gmp.police.uk/live/Nhoodv3.nsf/WebAttachments/61FA40D8117BFE9080257F550054D2DC/$File/TRANS-REPORT-INTERACTIVE.pdf) [Accessed: 24/06/2016] (Subsequent references will henceforth be referred to as GMP [2015])

9 Transition related healthcare

Summary of key findings: Trans people are highly dependent on access to specialist services. Within Gender Identity services we found examples of road blocks such as long waiting lists making access difficult for many trans people to secure and navigate and many reported negative experiences when under the care of Gender Identity services. Further to this, non-binary people reported being denied treatment due to their gender identity and research suggested a lack of person-centred care. We also identified examples of the use of tunnels, for example through self-medication in response to the absence of care from mainstream services.



9.1 Specialist Gender Identity Services

Evidence shows the number of trans people presenting to specialist Gender Identity Services with the intention to undergo transition-related treatment through NHS and private providers has consistently increased over the last 10 years.⁴¹ The number of people accessing trans-related healthcare annually is not clear, although in 2011 it was estimated that 12,500 people presented for treatment and 7,500 successfully received it.⁴² In 2014/15, NHS England reports that around 215 patients per month are referred into a Gender Identity Clinic (GIC).⁴³

In 2013 Gender Identity Services became the commissioning responsibility of NHS England. There are currently seven NHS Gender Identity Clinics (GICs) available in England, and one service available for young people under 17. NHS England recently undertook an operational research report of the NHS GICs across England, finding that waiting times varied for first appointments at a GIC from 9 weeks (Northampton) to 69 weeks (Leeds) between October 2014 and January 2015. It also found that the total number of people waiting for their first appointments in January 2015 was 2,377.⁴⁴ A recent survey by UK Trans Info of patients who had a first appointment between May and July 2015 found that the average waiting time for these individuals averaged slightly longer, from

41 Available at: <https://www.theguardian.com/society/2016/jul/10/transgender-clinic-waiting-times-patient-numbers-soar-gender-identity-services>

42 GIRES [2011].

43 NHS England [2015].

44 Ibid.

between 11 weeks (Northampton) to 89 weeks (Newcastle).⁴⁵ These figures contravene the NHS Guidelines that state the expected timeframe from referral to treatment for specialist care should not exceed 18 weeks.⁴⁶

When accessing transition-related healthcare, studies and patient engagement suggest that many trans people have poor experiences within the services, largely in relation to experiencing transphobia within the services themselves. This might be exacerbated by the fact that trans people are often highly reliant on healthcare professionals throughout a transition process; from being referred to a Gender Identity Service by a GP to being diagnosed with gender dysphoria and receiving medical interventions through specialist services.⁴⁷ In turn, this means that many trans people may not feel able to challenge discrimination or transphobic treatment for fear that it will affect their care if they do so. It should also be noted that there is a general lack of literature specifically addressing the experiences trans people have when receiving surgical interventions through the NHS. Some trans people report feeling unable to be wholly truthful with their healthcare professionals whilst at a GIC, and may withhold information about their identity (particularly non-binary identity), mental health, sexuality and employment, for fear that the professional will stop treatment from going ahead if they do not 'fit the mould'. In fact, non-binary people often report that clinicians focus on gender identity in order to find an immediate treatment, rather than focusing on what the patient actually wants; this is likely due to gender identity being the sole criterion for diagnosis.⁴⁸

The Trans Mental Health Study (2012) also reported that a sizeable minority felt that they were pressured into things they didn't want to do by gender identity services in order to 'prove' their identity, such as changing their name or dressing in a highly feminine or masculine way., This suggests a healthcare system which assumes a rigid binary transition for all patients, i.e. exclusively from assigned female to male, or assigned male to female.⁴⁹ Given this, it is perhaps unsurprising that according to a report published by The Scottish Transgender Alliance, only 25% of the 895 non-binary participants said that they were 'always' comfortable with sharing their non-binary identity when accessing such services, and 29% claimed they were 'never' comfortable.⁵⁰

As a consequence, there are additional barriers for non-binary people accessing transition-related healthcare. A study in the experiences of 114 non-binary people who have attempted to access transition related healthcare – both privately and through the NHS – found that a fear of being denied treatment due to their non-binary identity was a common theme.⁵¹

This can result in individuals presenting themselves in a binary gendered way (either male or female) in order to receive treatment, with almost three-quarters (71.8%) of respondents under private treatment presenting as binary, and almost half (46.4%) of respondents presenting as

45 UK Trans Info, [2015]. *Current Waiting Times & Patient Population for Gender Identity Clinics in the UK*, Available from: <http://uktrans.info/attachments/article/341/patientpopulation-july15.pdf> [Accessed: 23/06/16].

46 NHS England. [2017]. Referral to Treatment. [ONLINE] Available at: <https://www.england.nhs.uk/resources/rtt/>. [Accessed 21 April 2017].

47 Ellis, S.J. Bailey, L. & McNeil, J. [2015]. 'Trans People's Experiences of Mental Health and Gender Identity Services: A UK Study', *Journal of Gay & Lesbian Mental Health*, Volume 19(1) (Subsequent references will henceforth be referred to as Ellis et al. [2015])

48 Action for Trans Health, [2015]. *Falling Through the Cracks: Non-Binary People's Experiences of Transition Related Healthcare*, Available from: <http://actionfortranshealth.org.uk/wp-content/uploads/2015/11/Falling-through-the-cracks-final-with-cover.pdf> [Accessed: 23/06/16] (Subsequent references will henceforth be referred to as Action for Trans Health. [2015].

49 McNeil, [2012].

50 Valentine, V. [2016]. *Non-binary people's experiences of using UK gender identity clinics*, The Scottish Transgender Alliance, Available from: <http://www.scottishtrans.org/wp-content/uploads/2016/11/Non-binary-GIC-mini-report.pdf> [Accessed: 23/06/16].

51 Action for Trans Health, [2015].

binary at NHS GICs. Amongst the respondents, many also reported that their clinicians were more concerned with how they identified rather than the treatment they required, demonstrating a lack of person-centred care.

“ I had to wait (and others have waited longer) to get an appointment to the GIC. I then wasn't told that NHS funding was available for preservation of gametes for anyone undergoing fertility-impairing treatment on the NHS. It is now too late for me to receive this treatment. During my time at the GIC I was frustrated by the humiliating compromises that non-binary-gendered trans people (not only me) are asked to make in order to receive adequate treatment. One doctor said I 'had an agenda'. I responded and said, 'Absolutely. My agenda is fair treatment. ”

Daria, 25, Leeds

9.2 Chest Binding

Beyond negative experiences at the point of care from specialist services, there are some health risks facing trans people carrying out some typical activities associated with trans life. Chest binding, for example encompasses any activity that involves the compression of breast tissue to create a flatter appearance of the chest, and is a common practice amongst trans men, trans-masculine and some non-binary communities as a means of gender expression. An online survey into the chest binding of individuals assigned female sex at birth and intersex individuals (total n=1800) found that 52% of respondents used binding every day for an average of 10 hours per day, for a median duration of two years.⁵² 97% reported at least one negative outcome related to binding including back pain (53.8%), shortness of breath (46.6%) and bad posture (40.3%). The study found that binding often was most consistently associated with negative health outcomes, and suggested that having days away from binding would provide health benefits. However, respondents also reported a significant increase in mood from before to after binding, increasing on average from a 2.1 to a 3.8 on a 5-point mood scale. A 2011 study by Cole and Han suggested that emotional and wellbeing benefits make chest binding considered to be necessary rather than a choice for the majority.⁵³

9.3 Hormones, Self-Medication & Bridging Prescriptions

Research into the long-term effects of hormone therapy (HRT) in trans populations is limited. Current research suggests that hyperandrogenism relating to long-term use of testosterone can be associated with increased cardiovascular risk factors,⁵⁴ and that prolonged oestrogen use can result in an elevated risk of thromboembolic



52 Peitzmeier, S., Gardner, I., Weinand, J., Corbet, A. & Acevedo, K. [2015]. 'Health Impact of Chest Binding among Transgender Adults: A community-engaged, cross-sectional study', *Culture, Health & Sexuality*, Volume 19(1), Available from: <http://www.tandfonline.com/doi/full/10.1080/13691058.2016.1191675> [Accessed: 23/06/16].

53 Cole & Han [2011].

54 Goodrum, B. [2014]. 'The Effects of Long-Term Testosterone Use on Lipid-Related Cardiovascular Risk Factors among FtM Patients', *International Journal of Transgenderism*, 12(3), Available from: <http://www.tandfonline.com/doi/full/10.1080/15532739.2010.514220> [Accessed: 23/06/16].

complications.⁵⁵ Current literature suggests that HRT is safe when followed carefully for certain risks and that it has not been shown to increase cancer risk.⁵⁶ Research has demonstrated that HRT improves the quality of life for trans people.^{57,58}

Self-medication is the practice of using medicine without medical supervision to treat one's own ailment. Within a trans context, the term self-medication usually refers to the use of oestrogen or testosterone without prescription or approval from a licensed clinician or pharmacist. Accessing medication without a prescription can carry significant risks for people's health. However, anecdotal evidence shows that not accessing treatment can have a significant negative impact on mental health, including risk of suicide.

Research by Action for Trans Health into non-binary people's experiences of gender identity services suggests that many non-binary people self-medicate due to a combination of long waiting times for services, a binary-focused treatment pathway, 'real life experience' not being inclusive of non-binary genders, and non-binary people feeling and being excluded from gender identity services due to misunderstandings about their gender identities and a lack of cultural competency from gender identity service clinicians.⁵⁹

The General Medical Council, Royal College of Psychiatrists, GIRES and Action for Trans Health recommend that medical professionals take a harm reduction approach to trans people who are self-medicating, and focus on ensuring the safety and efficacy of the medication they are taking, rather than advising the trans person to stop taking the hormones altogether. This can include ensuring the patient has access to clean equipment and providing 'bridging prescriptions' for medication, as recommended by the Royal College of Psychiatrists.^{60,61}

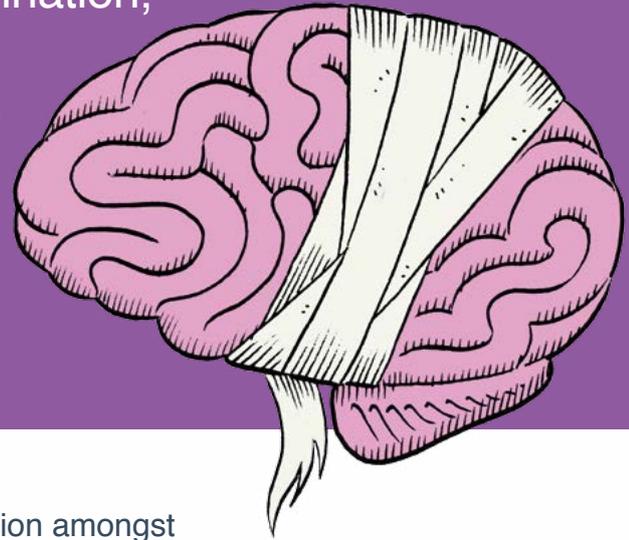
“ While I was on the waiting list to see a doctor at the GIC I bought some hormones online and read up about how to start self-medicating with testosterone. I was told the waiting list was over two years long to see a doctor and it wasn't an option for me to wait that long. When I told my GP he freaked out and told me off and told me I could get arrested for taking illegal substances. I feel like he didn't get it, I wasn't doing it that way because I wanted to, I would have much rather preferred to do it through the NHS. **”**

Simm, Birmingham

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- 55 Safer, J. D. and Weinand, J. D. [2015]. 'Hormone therapy in transgender adults is safe with provider supervision; A review of hormone therapy sequelae for transgender individuals' in *Journal of Clinical & Translational Endocrinology*, Vol 2 (2), Available from <http://www.sciencedirect.com/science/journal/22146237/2/2> [Accessed 20/02/17].
- 56 Safer, J. D. and Weinand, J. D. [2015]. 'Hormone therapy in transgender adults is safe with provider supervision; A review of hormone therapy sequelae for transgender individuals' in *Journal of Clinical & Translational Endocrinology*, Vol 2 (2), Available from <http://www.sciencedirect.com/science/journal/22146237/2/2> [Accessed 20/02/17].
- 57 Unger, C. A. [2016]. Hormone Therapy for Transgender Patients. *Transl Androl Urol* 2016;5(6):877-884. Available from <http://tau.amegroups.com/article/viewFile/11807/12219> [Accessed 2/02/2017]
- 58 Bockting, W. Botzer, M. Coleman, E. et al. [2012]. 'Standards of Care for the Health of Transsexual, Transgender, and Gender-Nonconforming People, Version 7' in *International Journal of Transgenderism*, Vol 13 (4). Available from <http://www.tandfonline.com/doi/abs/10.1080/15532739.2011.700873>. [Accessed 20/02/17]
- 59 Bradley, J., Webb, L., & Williams-Schultz, G. [2015]. *Falling Through the Cracks: Non-binary people's experiences of transition related healthcare*. Available from <http://actionfortranshealth.org.uk/wp-content/uploads/2015/11/Falling-through-the-cracks-final-with-cover.pdf> [Accessed 20/02/17]
- 60 Royal College of Psychiatrists, [2012]. *Good practice guidelines for the assessment and treatment of adults with gender dysphoria*. Available from https://www.gires.org.uk/assets/Medpro-Assets/CR181_Nov15.pdf [Accessed 20/02/17]
- 61 GMC [2016]. Available from <http://www.gmc-uk.org/guidance/28851.asp> [Accessed 20/02/17]

10 Mental Health

Summary of key findings: Trans people experience mental health difficulties at disproportionate rates compared to cis people. It is difficult to establish the prevalence of issues such as self-harming and suicide due to a lack of data collection and available evidence. Key factors identified in trans people experiencing higher rates of mental ill health include; isolation, discrimination, feeling like an ‘outsider’, feeling attacked and feeling silenced. We found examples of road blocks in accessing mental health services and that often services were not equipped to meet the needs of trans patients.



It is difficult to accurately estimate the prevalence of depression amongst trans people as much of the literature is based on self-selecting surveys, typically resulting in overrepresentation of respondents reporting mental health problems.⁶² However, it seems that the vast majority of trans people experience symptoms of depression at some point in their lives.⁶³ One survey which used a clinically validated scale to identify depression amongst respondents and which was not primarily focused on mental health (therefore reducing selection bias), found that 52% of trans men who have sex with men are depressed.⁶⁴ However, other research using clinically validated tools found that trans women on average are more likely than trans men to report paranoid ideation, interpersonal distrust, anxiety, depression, and obsessive-compulsive complaints.⁶⁵ The relationship between transphobia and suicidal ideation is further demonstrated by the fact that lower self-reported incidents of transphobia correlate with a 66% reduction in suicidal ideation.⁶⁶

62 Ellis et al. [2015].

63 Mayock, P., Bryan, A., Carr, N. & Kitching, K. [2009]. *Supporting LGBT Lives: A Study of the Mental Health and Well-being of Lesbian, Gay, Bisexual and Transgender People*, Dublin: Gay and Lesbian Equality Network, Available From: <http://www.teni.ie/attachments/ac803e95-78c6-4579-b7ee-885d3f40fb36.PDF> [Accessed: 23/06/16] (Subsequent references will henceforth be referred to as Mayock et al. [2009])

64 Bauer, G.R., Redman, N., Bradley, K. & Scheim, Al. [2013]. ‘Sexual Health of Trans Men Who Are Gay, Bisexual, or Who Have Sex with Men: Results from Ontario, Canada’, *International Journal of Transgenderism*, 14(2), (Subsequent references will henceforth be referred to as Bauer et al. [2013])

65 Claes, L., Bouman, W.P., Witcomb, G., Thurston, M., Fernandez-Aranda, F. & Arcelus, J. [2015]. ‘Non-Suicidal Self-Injury in Trans People: Associations with Psychological Symptoms, Victimization, Interpersonal Functioning, and Perceived Social Support’, *The Journal of Sexual Medicine*, Volume 12(1), (Subsequent references will henceforth be referred to as Claes et al. [2015])

66 TransPulse, [2015]. *Intervenable Factors Associated with Suicide Risk in Transgender Persons*, Available From: <http://transpulseproject.ca/research/intervenable-factors-associated-with-suicide-risk-in-transgender-persons> [Accessed: 23/06/2016]

Similarly, it is difficult to estimate the exact prevalence of self-harm and attempted suicide, although it does seem clear that trans people are more at risk of both. Research has suggested that between a quarter and a half of trans people have attempted suicide^{67 68} and more still will have experienced suicidal feelings. Trans people are equally at high risk of self-harm and research indicates some groups of trans people are more at risk. Self-harm is more common amongst younger trans people. Non-binary people seem to be significantly more likely to self-harm than trans people in general, and trans men appear to be more likely to self-harm than trans women.⁶⁹

The literature shows that key factors in trans people's higher rates of mental health problems include feelings of inadequacy, isolation, feeling different, hiding their identity and feeling attacked, angered or silenced.⁷⁰

Despite being at higher risk of poor mental health, trans people face additional barriers to accessing support services and report low levels of satisfaction when they have accessed services. Many feel that mental health professionals do not have sufficient knowledge and understanding of trans issues.⁷¹ Some trans people report that mental health professionals have viewed their gender as a symptom of mental ill-health rather than accepting their identity.⁷² This includes trans people who have been denied or delayed access to gender identity services due to mental health professionals failing to provide appropriate care and referrals.⁷³ This impacts on people accessing services as well as creating barriers for those who want to access them. The most common concern trans people have about accessing mental health services is that being trans would be seen as the reason, symptom or cause of their mental health issues.⁷⁴

“ *When I went to the doctor's for a check-up about my antidepressants I saw a doctor I don't normally see. She asked me totally unprompted when I was scheduled to get lower surgery, when I told her I wasn't planning on any further surgery she looked confused and asked me why I didn't want to 'go the whole way'. Sometimes people make mistakes but sometimes I feel like people are just rude and ask questions they wouldn't ask me if I wasn't trans.* **”**

Stevie, 57, York

67 Mayock et al. [2009].

68 PACE, [2015]. *The RaRE Research Report: LGB&T Mental Health - Risk and Resilience Explored*, London: PACE, Available From: http://www.queerfutures.co.uk/wp-content/uploads/2015/04/RARE_Research_Report_PACE_2015.pdf [Accessed: 24/06/16] (Subsequent references will henceforth be referred to as PACE [2015])

69 Claes et al. [2015].

70 Mayock et al. [2009].

71 Morton [2008].

72 Ellis et al. [2015].

73 Ellis et al. [2015].

74 Ibid.

11 Social Wellbeing

Summary of key findings: Trans people experience road blocks when accessing, enjoying and staying in education and issues such as bullying, transphobia, discrimination and administration errors acting as contributing factors. The evidence suggests that despite trans people having higher levels of educational attainment, they experience disproportionate levels of unemployment, homelessness and domestic abuse.



11.1 Transphobia & Stigma

Transphobia, meaning a fear or dislike directed towards trans people or towards their perceived lifestyle, culture or characteristics, can affect many trans people's lives on a daily basis.⁷⁵ Transphobic attitudes and actions range from the deliberate misgendering of a trans person to theft, serious assaults and sexual abuse.

Research and literature into transphobia in the UK has focused on hate crime and hate incidents. This has identified the clear need to address the severe under-reporting of transphobic hate crimes, including raising awareness of what constitutes hate crime and a deep-rooted lack of faith in the reporting systems which will be discussed throughout this section. However, transphobia is experienced in lots of different ways and is often accepted by trans people as 'part of being a trans individual'. This implicit transphobia requires further research.⁷⁶

Transphobic hate crimes and incidents are common for trans people, and recorded hate crime data for Greater Manchester in 2014/2015 shows that trans hate crime accounted for 1% of all recorded hate crime, reflecting an increase of 67% on the previous year.⁷⁷ Analysis of hate crime data by Greater Manchester Police (GMP) has listed trans hate crime as the most under-reported alongside disability hate crime. The reporting of all hate crimes continues to rise in Greater Manchester, yet barriers to reporting hate crime continue to exist.

GMP's survey conducted in 2014 found that 67% of trans respondents said they had been a victim of a hate crime, as opposed to 41% of trans respondents the previous year who reported being a victim of a hate crime. It is highlighted throughout the literature that there is a lack of understanding from police services and a lack of faith from trans people that the police will deal with hate crimes with the necessary respect and understanding.

75 Crown Prosecution Service, [n.d.]. *Guidance on Prosecuting Cases of Homophobic and Transphobic Crime*, Available from: http://www.cps.gov.uk/legal/h_to_k/homophobic_and_transphobic_hate_crime/#a20 [Accessed: 23/06/16].

76 GMP [2015].

77 Ibid.

The Government Equalities Office conducted an online survey in 2011 of 1,275 trans respondents which found that half of respondents (47%) said they were most worried about being a victim of a violent crime or harassment.⁷⁸ Three-quarters of respondents who were victim of a hate crime had never reported instances to the police, with around half of respondents citing a lack of understanding/sensitivity on behalf of the police as the greatest barrier to them reporting such incidents.

Widespread transphobic behaviours and attitudes results in many trans people changing their dress or presentation. 81% of respondents to the Trans Mental Health Study avoided certain situations due to fear of transphobia.⁷⁹ Of these, over 50% avoided public toilets and gyms, 25% avoided clothing shops, other leisure facilities, clubs or social groups. 51% said that a fear of being harassed, being perceived as trans or outed resulted in avoidance of social situations or public places. This shows that transphobia is not simply “manifested through actual acts” of crime or violence, but also through trans individuals feeling they must avoid social situations in order to prevent potential harassment or discrimination.⁸⁰

The Trans Mental Health Study reported that recent media portrayals of trans people has impacted negatively on many people, with 51% of the 525 respondents saying that the way trans people were represented in the media negatively affected their emotional wellbeing.⁸¹ One respondent, for example, stated that “tabloid stories about trans people are often exploitative, invasive of privacy, inaccurate, irrelevant or intended to drum up transphobia in their readers... [Reading these] shows how hostile many people are to trans people in current society.”⁸²

“In 2014 I had just started my transition and I was out on the gay scene with some friends so I decided to brave the men’s toilet for the first time. I went into the cubicle and locked the door. No sooner than I had unzipped my jeans two bouncers were banging on the door telling me I needed to get out. I unlocked the door and the manager was directing the bouncers to throw me out of the bar. My friends were all outside and when they tried to appeal to the manager he said that women weren’t allowed in the men’s toilet. I complained and via email afterwards and explained that I was not a woman, I was a trans man. I did not receive a response.”

Lee, 36, Leeds

11.2 Hate Crime

Hate crime makes up 1% of all reported crime. One percent of reported hate crime is against trans people. It is widely accepted that all hate crime is vastly under reported with the 2014/2015 crime survey for England & Wales estimating that there are 222,000 hate crimes committed every year.⁸³ Only 62,518 hate crimes were recorded by the police in the last hate

78 Government Equalities Office, [2011]. *Headline Findings from our Transgender Online Survey*, Government Equalities Office, Available from: <https://www.gov.uk/government/publications/headline-findings-from-our-transgender-online-survey> [Accessed: 23/06/2016] (Subsequent references will henceforth be referred to as GEO [2011])

79 McNeil et al. [2012].

80 Ellis et al. [2014].

81 McNeil et al. [2012].

82 Ibid.

83 Home Office and The Office for National Statistic and Ministry of Justice, [2013]. *An Overview of Hate Crimes in England and Wales*, Available from: <https://www.gov.uk/government/statistics/an-overview-of-hate-crime-in-england-and-wales> [Accessed: 23/06/2016] (Subsequent references will henceforth be referred to as Home Office [2013])

crime return for 2015/2016, which gives an indication of how underreported hate crimes are across the board.⁸⁴

Hate crime data also highlights that trans hate crime ranks alongside disability hate crime as the most underreported. There are many reasons for this to be the case, including the fact that trans victims of transphobic hate crime victims can suffer significant psychological scarring from hate crime which can lead to many trans people feeling vulnerable and therefore requiring particular empathy and understanding from frontline practitioners.⁸⁵ Trans people reported feeling distrust towards frontline services based on a firsthand experience or a perception that they would have a negative experience, making reporting crimes and escalating complaints difficult.

“I moved into a council house and have been experiencing transphobia from my neighbours on and off for the last 12 months. I’ve had it all from people shouting slurs and spitting at me to once some guy setting his dog on me. I met with a PCSO to report what was going on and it the police officer assured me that what people were doing was criminal. It is still going on but I have an open line with the police and they have challenged my neighbours on occasion and it seems to have settled down. I know it won’t get better overnight but being able to tell someone about it has made me feel safer.”

Lala, 31, Manchester

11.3 Education

Trans people have higher than average educational attainment with 44% of trans people having a degree, compared to 27% of the UK population as a whole. However, many trans people face barriers to education and have negative and/or discriminatory experiences whilst in education. Consequently, many trans people achieve their qualifications later in life; there is also a sizeable proportion of trans people (17%) who have only completed GCSEs.⁸⁶

Trans people often report that educational institutions do not feel like accepting environments. 70% of trans people often or always hide their identity whilst at school and, in addition, there are high rates of trans people experiencing bullying across all types of educational institutions:

- 50% in both school and college
- 38% in university
- 30% in adult education

Bullying experienced by trans people on university campuses most commonly consists of name-calling and harassment but over 5% have experienced physical assault.⁸⁷ Trans men are more likely to have experienced bullying at school than trans women (non-binary trans people were not included in this study). It seems this is due to trans women being more likely to hide behaviour which would be perceived as gender non-conforming.⁸⁸

84 Home Office and The Office for National Statistic and Ministry of Justice, [2013]. *An Overview of Hate Crimes in England and Wales*, Available from: <https://www.gov.uk/government/statistics/an-overview-of-hate-crime-in-england-and-wales> [Accessed: 23/06/2016] (Subsequent references will henceforth be referred to as Home Office [2013])

85 McNeil et al. [2012].

86 Whittle et al. [2007].

87 National Union of Students, [2014]. *Education Beyond the Straight and Narrow: LGBT Students’ Experience in Higher Education*, London: National Union of Students. (Subsequent references will henceforth be referred to as NUS [2014])

88 Whittle et al. [2007].

Trans people are also more likely than LGBT people overall to experience homophobic or biphobic bullying due to peers conflating trans status, gender expression, gender identity and sexual orientation.⁸⁹ In most situations, bullying and harassment was perpetuated by another student. However, a small percentage of trans people report bullying from staff and many report the incorrect use of name/pronoun by staff to be a major issue.⁹⁰

Trans people can experience additional barriers to accessing and succeeding in education, including:

- Higher rates of mental health problems
- Isolation and lack of social support
- Lack of gender neutral toilets
- Higher rates of disability
- Binary-gendered student accommodation
- Not receiving information on their financial entitlements from family members or direct financial support.⁹¹

Furthermore, trans people who transition whilst in education also face distinct challenges, including increased risk of social isolation and mental health problems. One in seven trans people interrupt their studies in order to transition and many report difficulties focussing on their studies whilst transitioning, especially if starting hormones. Attending medical appointments can be time-consuming, particularly as attending a gender identity clinic can involve travelling long distances, resulting in missing classes/lectures.

Additionally, educational institutions often do not have clear policies on the administrative process for changing names and/or genders on their records. This can result in trans people being asked to provide documentation (such as Gender Recognition Certificates or medical information) in contravention of the Gender Recognition Act. Failures to change these details across all records can result in problems such as being 'outed' without consent.⁹²

Bullying can have a significant impact, not only on the experience of education, but also on attainment. 89% of people who have experienced transphobic bullying felt it had a negative impact on their learning and 42% left education because of bullying.⁹³ Trans people who drop out of university do so for distinct reasons, with those considering dropping out most commonly giving their reasons as:

- Feeling like they don't fit in
- Health problems
- Family, social and relationship problems
- Feeling a lack of support from the university⁹⁴

People who experienced transphobic bullying at school are more likely to be unemployed after leaving education.⁹⁵ Even where rates of transphobic incidents are low, it can still result in trans people fearing for their safety as reflected by the fact that trans students are half as likely as cis people to feel very safe on their university campus. However, trans people are significantly more

89 LGBT Youth Scotland, [2012]. *Life in Scotland for LGBT Young People: Education Report*, Available from: https://www.lgbtyouth.org.uk/files/documents/Life_in_Scotland_for_LGBT_Young_People_-_Education_Report_NEW.pdf. Scotland [Accessed: 24/06/2016] (Subsequent references will henceforth be referred to as LGBT Youth Scotland [2012])

90 Whittle et al. [2007].

91 NUS [2014].

92 Ibid.

93 LGBT Youth Scotland [2012].

94 NUS [2014].

95 LGBT Youth Scotland [2012].

likely than cis people to be members of student societies and many find this reduces isolation and improves their university experience.

“School was a safe haven for me; my parents were not accepting when I came out to them as trans at first. My teachers on the other hand were much more understanding, one teacher in particular gave me support to find a support group so I could meet other trans people my age.”

Karla, 18, Newcastle

11.4 Employment

Trans people experience high levels of inequality in employment, with 66% of trans people feeling that the most important challenge faced by trans people was the difficulty in gaining and retaining employment. 29% of trans people who were in work or looking for a job felt that they had been discriminated against within employment settings⁹⁶ and 50% report experiencing harassment or discrimination.⁹⁷ Correspondingly, unemployment is high amongst trans people, with 37% in receipt of out of work benefits. Furthermore, 8% reported being sacked due to being trans and 13% resigned due to fear of discrimination. It is clear that discrimination is a contributing factor to employment inequality, given that trans people have a higher rate of higher education (71%).⁹⁸

The majority of trans people do not feel that their trans status or transition affects their ability to do their job. Those who do feel it has affected their ability to do their job reported that they felt less confident; needed time off to attend medical appointments; and/or were less physically able due to hormonal changes.⁹⁹ 88% of trans people felt the biggest challenge experienced by trans people in employment was ignorance.¹⁰⁰

A survey of social attitudes in Northern Ireland found that 35% of people would mind a little or a lot if they had a colleague who is trans. Attitudes vary between groups, with those most likely to have a negative views including men, older people, people with long-term illnesses, people with no qualifications and people from a lower social class. Heterosexual people are more likely to have a negative view; however 19% of LGB people would mind a little or a lot if their colleague was trans.¹⁰¹

Trans people experience discrimination and harassment in a variety of forms, including feeling they had been unfairly turned down for a job, difficulty receiving references and not applying for a job due to fears of harassment and discrimination.¹⁰² 22% of trans people were not permitted to use

96 European Union Agency for Fundamental Rights, [2013]. 'European Union Lesbian, Gay, Bisexual and Transgender Survey: Results At A Glance', Vienna: European Union Agency for Fundamental Rights. (Subsequent references will henceforth be referred to as EUAFR. [2013]).

97 Government Equalities Office, [2011]. *Headline Findings from our Transgender Online Survey*, Government Equalities Office, Available from: <https://www.gov.uk/government/publications/headline-findings-from-our-transgender-online-survey> [Accessed: 23/06/2016] (Subsequent references will henceforth be referred to as GEO [2011])

98 TransPulse, [2011]. *Workplace Discrimination and Employment Challenges for Trans People in Ontario*, Available from: <http://transpulseproject.ca/research/workplace-discrimination-and-employment-challenges-for-trans-people-in-ontario/> [Accessed: 23/06/2016] (Subsequent references will henceforth be referred to a TransPulse [2011])

99 Barclay, J.M. & Scott, L.J. [2006]. 'Transsexuals and workplace diversity: A case of "change" management', *Personnel Review*, 35(4), Available from: <http://www.emeraldinsight.com/doi/abs/10.1108/00483480610670625> [Accessed: 23/06/2016] (Subsequent references will henceforth be referred to as Barclay et al. [2006])

100 GEO [2011].

101 Equality Commission for Northern Ireland, [2011]. *Do You Mean Me? Discrimination: Attitudes and Experience in Northern Ireland*, Belfast: Equality Commission for Northern Ireland.

102 McNeil et al. [2012].

the appropriate toilet after coming out at work,¹⁰³ which can create stress and embarrassment¹⁰⁴. 70% of trans people are never or rarely open about their status at work although it is unclear what proportion would like to be.¹⁰⁵

Trans people face additional barriers in customer-facing roles due to employers fearing negative reactions from the public or customers.¹⁰⁶ When negative comments do occur, employers may fail to recognise when this is harassment of the employee and may expect a trans person to experience unchallenged harassment as part of their customer service responsibilities.¹⁰⁷

Nonetheless, many trans people do have positive experiences in the workplace and many employers are tackling discrimination and inequality. 81% of trans people who transitioned at work felt their employer handled it appropriately and was factual or positive when informing colleagues.¹⁰⁸ 63% of trans people felt able to raise the discrimination/harassment they had experienced, with most going to senior management. Of these, 70% felt that complaints were handled appropriately. 43% report that their employers have a policy which supports trans people. 6% had been asked to provide a Gender Recognition Certificate, which is in contravention of the Gender Recognition Act.¹⁰⁹

Research comparing experiences of harassment between 2000 and 2007 found little improvement for trans people, despite the introduction of legal protection from harassment and the creation of a negative working environment in 2005.¹¹⁰

Experiencing bullying and harassment has well-documented negative effects on wellbeing and unemployment of trans people, as it does on all people. However, for trans people who are medically transitioning, there may be additional implications, as accessing genital surgery requires the patient to present as their gender in all areas of life for 1-2 years (known as 'real life experience').¹¹¹ This can present difficult choices for trans people who are experiencing problems in employment and seeking genital surgery. This is a common challenge for trans people as 42% of those not living within their preferred gender role cite employment as the reason for this.¹¹²

11.5 Housing

There is little research of trans people's experiences of housing and homelessness in the UK.¹¹³ However, the research available does suggest that trans people experience housing inequalities. One survey found 4% of respondents to be homeless¹¹⁴ and, for 85% of trans people, their trans status was a factor in having to leave home.¹¹⁵ 20% of trans people feel the area in which they

103 Whittle et al. [2007].

104 Morton [2008].

105 EUAFR [2013].

106 GEO [2011].

107 Whittle, S. et al. [2007]. *Engendered Penalties: Transgender and Transsexual People's Experiences of Inequality and Discrimination*. London: Press for Change

108 Trans Pulse. [2017]. *We've Got Work to Do Workplace Discrimination and Employment Challenges for Trans People in Ontario*. [ONLINE] Available at: <http://transpulseproject.ca/research/workplace-discrimination-and-employment-challenges-for-trans-people-in-ontario/>. [Accessed 21 April 2017].

109 UK Government. [2004]. *Gender Recognition Act 2004*. [ONLINE] Available at: <http://www.legislation.gov.uk/ukpga/2004/7/contents>. [Accessed 21 April 2017].

110 Whittle et al. [2007].

111 Barclay et al. [2006].

112 Whittle et al. [2007].

113 MCC [2016].

114 Scottish Transgender Alliance, [2008]. *Transgender Experience in Scotland research summary: Key research findings of the Scottish Transgender Alliance Survey of transgender people living in Scotland*, Available from: <http://www.scottishtrans.org/wp-content/uploads/2013/03/staexperiencesummary03082.pdf> [Accessed: 01/11/2016]

115 MCC [2016].

live is not trans-friendly¹¹⁶ and many do not feel the people with whom they live are supportive; for example, 36% do not feel their flatmate is supportive.¹¹⁷ Therefore, there are a significant number of trans people who may be at risk of homelessness and who may be experiencing a negative living environment. Of people who had had to leave home due to being trans, the most common places to move to were a friend's house or temporary accommodation, although the majority did not access homelessness services.¹¹⁸

Trans people are also significantly more likely to live in private rented accommodation, which offers fewer legal protections for tenants.^{119,120} Just under half of trans people report feeling safe in their home and 37.7% have experienced or witnessed a transphobic incident in their local area. As many trans people are underemployed and trans people face high levels of unemployment,¹²¹ it may be that trans people are more likely to feel they lack choices in their accommodation options.

It is clear that trans people have specific needs related to housing, yet the majority of trans people do not feel that housing services, landlords or hostels have sufficient knowledge of trans issues. This is particularly important as trans people are most vulnerable to housing problems when they first come out; this being a time when many face additional barriers to advocating for themselves. Many trans people would prefer LGBT-specific support or a quality assurance scheme so they could be confident that they will be respected and their needs understood.¹²²

Trans people who are seeking asylum face distinct challenges in finding appropriate accommodation. While there is little research available, individual accounts highlight discrimination in detention centres, including being placed in gender-inappropriate centres and a lack of staff awareness.¹²³ Accommodation is often supplied by UK Border Agency and often does not adequately meet the needs of trans asylum seekers.¹²⁴

“I have been in the UK for 8 years and I am applying for leave to remain through the Home Office. The accommodation provided to me by the government is not great and my housing officer constantly gets my name and pronouns wrong despite asking them multiple times to use different ones. My house has been broken into four times in the last 18 months. I would complain and ask to be moved but I worry it would affect my application to stay in the UK, I try to be as compliant as possible.”

Adam, 30, Manchester

11.6 Domestic Abuse

Estimates on the prevalence of trans people experiencing domestic abuse range from 17% to 80%,^{125,126,127} indicating that trans people seem to be at least as likely, but probably more likely, to

116 MCC [2016].

117 Ellis et al. [2015].

118 MCC [2016].

119 Ibid.

120 Ellis et al. [2015].

121 McNeil et al. [2012].

122 MCC [2016].

123 Bell et al. [2009].

124 Hill et al. [2015].

125 McNeil et al. [2012].

126 Roch, A., Morton, J., Ritchie, G. & Equality Network, [2010]. *Out of Sight, Out of Mind? Transgender People's Experience of Domestic Abuse*, Edinburgh: Equality Network, Available from: https://www.lgbtyouth.org.uk/files/documents/DomesticAbuseResources/transgender_DA.pdf [Accessed: 23/06/2016] (Subsequent references will henceforth be referred to as Roch et al. [2010])

127 Morton [2008].

experience domestic abuse.^{128,129}

Trans people often have unique experiences of domestic abuse intertwined with both their trans status¹³⁰ and transphobia from others.^{131,132} Trans people are most at risk of domestic abuse after coming out to a partner and, in turn, telling them of their intention to transition.¹³³ Societal transphobia and transmisogyny (cultural, individual and state violence, and discrimination directed toward trans women and trans and gender non-conforming people on the feminine end of the gender spectrum), services being ill-equipped to effectively support trans people, smaller social support networks, distrust of police, fear of being 'outed' and barriers to accessing other services (such as housing and refuges) were all found to act as compounding difficulties for trans people experiencing domestic abuse.¹³⁴

Furthermore, policy, research and practice on preventing and supporting people who are victims of domestic abuse is often highly binary-gendered and at times focuses solely on women as victims. This approach is typically underpinned by cisnormativity and heteronormativity, thereby ignoring the experiences of trans people and often rendering non-binary people invisible.¹³⁵

Almost all trans people who have experienced domestic abuse identify negative impacts on their wellbeing as a consequence, including 76% experiencing psychological or emotional problems and 15% attempting suicide. 24% of trans people experiencing domestic abuse had not told anyone about it, while one-fifth had told only a friend, and one-quarter did not recognise their experiences as domestic abuse. Only 7% accessed a domestic abuse service.¹³⁶ Unfortunately, many victims of domestic abuse and violence often do not recognize it as such. Only 11.5% of trans victims of domestic abuse identified that their partner had committed a crime against them.

The gendered nature of most domestic abuse services creates access barriers for many trans people. For example, trans women may fear they will experience transphobia in accessing women-only services.¹³⁷ Some trans people may feel guilty about being trans and about the impact of their trans status on their relationship, and therefore be less likely to feel they need and deserve help.¹³⁸ This may be a contributing factor to why many in the male-to-female trans community describe their experience of accessing domestic abuse services as 'complex and often difficult'. Furthermore, many domestic abuse services lack cultural competency in working with trans people and have not recognised the need to ensure trans inclusion within resources. Staff in mainstream domestic abuse services do not typically have experience of working with trans people and have had little opportunity to learn about trans identities and experiences.¹³⁹

128 Rogers, M. [2013]. *TransForming Practice: understanding trans people's experience of domestic abuse and social care agencies*, Sheffield: University of Sheffield. (Subsequent references will henceforth be referred to as Rogers. [2013])

129 Viggiani, G. [2015]. 'Domestic and Dating Violence Against LBT Women in the EU', *Bleeding Love: Raising Awareness on Domestic and Dating Violence Against Lesbians and Transwomen in the European Union*. (Subsequent references will henceforth be referred to as Viggiani et al. [2015])

130 Rogers [2013].

131 Roch et al. [2010].

132 Viggiani et al. [2015].

133 Roch et al. [2010].

134 Greenberg, K. [2012]. 'Still Hidden in the Closet: Trans Women & Domestic Violence', *Berkley Journal of Gender, Law and Justice*, 27(2)

135 Rogers [2013].

136 Roch et al. [2010].

137 Rogers, M. [2015]. 'Breaking Down Barriers: Exploring the Potential for Social Care Practice with Trans Survivors of Domestic Abuse', *Health & Social Care*, 24(1)

138 Viggiani et al. [2015].

139 Ibid.

12 General Health

Summary of key findings: There is a lack of comprehensive research on the prevalence rates at which trans people experience ill health and disease, making it difficult to draw comparisons with the general population. However, we found strong indications that trans people have higher rates of problematic drug and alcohol use and are more likely to experience barriers to accessing health services. Barriers to accessing general healthcare services means prevention, diagnosis and treatment of potential health problems is less likely.



Trans people are more likely than cis people to report not being in good health and/or having long term illnesses or disabilities¹⁴⁰, with only 9.7% reported to have 'very good' health. A wide range of factors result in poorer health, including:

- Higher rates of smoking, drug and alcohol use
- Barriers to accessing exercise facilities
- Low satisfaction with GP Practices

Many trans people report that being trans has affected their access to non-trans specific health care, typically in a negative way due to transphobia.¹⁴¹ Some trans people have developed an untrusting relationship with healthcare professionals due to past experiences of pathologisation and discrimination. Even within trans-specific healthcare, a failure to meet trans people's needs can occur. In fact, a startling 21% of those who have used Gender Identity Clinics (GICs) reported that their complaints were dismissed, with many services being described as, 'uninformed', 'out of date' and 'potentially dangerous'.¹⁴² This impacts the quality of healthcare such as trans people choosing not to disclose information when it may be relevant.

Many healthcare professionals report that they feel they lack the skills and knowledge required to meet the needs of trans people. 56% of nurses have provided care directly to a trans person, however, 87% felt that they were unprepared, primarily due to a lack of access to opportunities for training or gaining experience.¹⁴³

140 Hill et al. [2015].

141 Department of Health, [2007]. *Trans Peoples Health*, Available from: http://www.edinburghtranswomen.org.uk/Trans_peoples_health.pdf [Accessed: 23/06/2016] (Subsequent references will henceforth be referred to as DoH [2007])

142 Ibid.

143 Lyons, K. [2016]. 'UK nurses lacking skills to treat transgender patients, says research', *The Guardian*, Available from: <https://www.theguardian.com/society/2016/oct/11/uk-nurses-failing-to-meet-needs-transgender-patient-survey-training> Refer: http://www.edinburghtranswomen.org.uk/Trans_peoples_health.pdf [Accessed: 11/02/2017]

12.1 Cancer

The lack of research on trans people's experiences in healthcare is especially pertinent when addressing the issues that trans people face in relation to screening, diagnosing, treating and living with cancer. Available research indicates that trans people may be at higher risk of cancer due to certain risk factors, such as higher rates of smoking and alcohol consumption, but further research is needed to better understand prevalence and risk.^{144 145}

Alongside inconsistent access to healthcare for trans people, many trans people do not feel comfortable accessing existing healthcare because of trans-specific issues, which may be related to the need to 'out' their identity as a trans.¹⁴⁶ Furthermore, cancer screening and treatment which involves discussing body parts and intimate examinations can cause distress to some trans people.

Information about cancer screening is not always extended to trans patients due to a lack of awareness in healthcare services. For example, trans women may still need prostate screening and trans men may still need cervical screening¹⁴⁷. Screening uptake is lower among trans patients compared to cis patients, which will have an impact on diagnosis. It is thought that this is due to fear of negative attitudes towards trans people in these services.¹⁴⁸ The methods with which screenings are carried out are often not trans-inclusive, which can further exclude trans people from accessing cancer screenings.¹⁴⁹

There is a lack of available evidence concerning the experiences of trans people. The limited research which has included trans people has tended to separate participants into those assigned male at birth and those assigned female at birth, due to the impact of hormones and/or surgical procedures.¹⁵⁰ Such methodology is not necessarily appropriate to understanding the experiences of trans people, and furthermore erases the experiences of intersex and non-binary people.¹⁵¹

There is some evidence to suggest that long-term exposure to hormones can increase the risk of cancer. For example, for those assigned male at birth taking high dosages of oestrogen for a long period of time there is an increased risk of developing breast cancer.¹⁵²

144 Ashbee, O. & Goldberg, J.M. [2006]. *Trans People and Cancer*, Available from: http://www.cancer-network.org/media/pdf/Trans_people_and_cancer.pdf [Accessed 02/09/2017] (Subsequent references will henceforth be referred to as Ashbee et al. [2006]).

145 Feldman, J.L. & Goldberg, J. [2006]. *Transgender Primary Medical Care: Suggested Guidelines for Clinicians in British Columbia*, Available From: http://lgbtqn.ca/wp-content/uploads/woocommerce_uploads/2014/08/Guidelines-primarycare.pdf [Accessed 09/02/2017]).

146 Hurley, P. [n.d.]. *Ovarian Cancer Risk and Incidence in Transgender Men*, Available from: http://www.cancer-network.org/media/pdf/Trans_men_and_ovarian_cancer.pdf [Accessed: 10/02/2017]).

147 World Health Organisation, [2015]. *Transgender People and HIV*, Available From: http://apps.who.int/iris/bitstream/10665/179517/1/WHO_HIV_2015.17_eng.pdf?ua=1 [Accessed 09/02/2017] (Subsequent references will henceforth be referred to as WHO [2015]).

148 Gov.uk. [2013]. *Guidance NHS population screening: working with minority or hard to reach groups*. [ONLINE] Available at: <https://www.gov.uk/government/publications/nhs-population-screening-equitable-access-tips/nhs-population-screening-working-with-minority-or-hard-to-reach-groups>. [Accessed 21 April 2017].

149 World Health Organisation, [2015]. *Transgender People and HIV*, Available From: http://apps.who.int/iris/bitstream/10665/179517/1/WHO_HIV_2015.17_eng.pdf?ua=1 [Accessed 09/02/2017] (Subsequent references will henceforth be referred to as WHO [2015]).

150 Ashbee et al. [2006].

151 Intersex Society of North America, *Androgen Insensitivity Syndrome (AIS)*, Available from: <http://www.isna.org/faq/conditions/ais> [Accessed 10/02/2017].

152 National LGBT Cancer Network, [n.d.]. *Transgender/Gender Non-conforming People and Cancer*, Available from: http://www.cancer-network.org/cancer_information/transgender_gender-nonconforming_people_and_cancer/ [Accessed: 10/02/2017].

“ My depression was pretty bad, I was self-harming every day, but I was scared of telling my GP because it would go on my medical record and the GIC could find out and potentially push back my chest surgery. I had heard of that happening to friends and it was a risk I couldn't take. I was completely alone. ”

Matthew. 45, Bury

12.2 Sexual Health

A lack of standardised data collection across the UK means that prevalence of HIV in the trans community in the UK is still unknown. There is very little comprehensive data on HIV prevalence in the UK as studies are small (often samples of convenience), and rarely use actual test results.¹⁵³ As such, most of the data used throughout this section is small in sample size and/or not UK-based.

Estimates based on US research indicate that trans people may be up to four times more likely to be HIV positive than those in the general population.¹⁵⁴ It is also likely that young trans people are disproportionately affected by HIV, as comparable data from the USA found that 14.3% of trans young people are reported to be HIV positive, the highest rate of any youth group in the USA.¹⁵⁵ Furthermore, trans people generally show lower rates of testing for HIV, with 46% of participants in the Trans PULSE Project in Canada never having been tested.¹⁵⁶

There are even greater limitations on available evidence into the prevalence of other sexually transmitted infections (STIs) within trans communities. Research into sexual behaviours and practices of trans people does suggest that STI prevalence would be similarly greater than the general population.

However, the primary contributor to HIV risk is unprotected receptive genital sex, and a recent Canadian study of trans men who have sex with men (MSM) found that between 44% - 69% reported inconsistent condom use with cis men over the past year.¹⁵⁷ Only 46% reported ever being tested for HIV, and self-reporting of HIV prevalence was 10 times the baseline prevalence for the region (Ontario, Canada). Despite this, there is a clear difference in overall risk of HIV when comparing trans men with trans women; whilst just under 70% of trans men are at low/moderate risk, only 30% of trans women are at low/moderate risk.¹⁵⁸ Trans men's sexual health needs are rarely made incorporated within gay, bisexual and other MSM programmes and services.¹⁵⁹

There are specific barriers facing trans people when accessing sexual health services. Findings from a survey by the Scottish Transgender Alliance Development in 2007 found that there was a dissonance between general perceptions of NHS sexual health services and actual experiences; survey respondents described their experiences favourably and praised the non-judgemental

153 Bauer et al. [2013].

154 Grant, J. [2010]. *National Transgender Discrimination Survey Report on Health and Health Care*, Available from: http://www.thetaskforce.org/static_html/downloads/resources_and_tools/ntds_report_on_health.pdf [Accessed: 23/06/2016]

155 Ibid.

156 Bauer, G.R., Travers, R., Scanlon, K. & Coleman, T. [2012]. 'High heterogeneity of HIV-related sexual risk among transgender people in Ontario, Canada: a province-wide respondent-driven sampling survey', *BMC Public Health*, 12(1), Available from: <http://transpulseproject.ca/research/high-heterogeneity-of-hiv-related-sexual-risk-among-transgender-people-in-ontario-canada-a-province-wide-respondent-driven-sampling-survey/> [Accessed: 23/06/2016] (Subsequent references will henceforth be referred to as Bauer [2012])

157 Bauer et al. [2013].

158 Bauer et al. [2012].

159 People in Ontario, [2012]. Canada: Trans PULSE Project. *BMC Public Health*, Available from: <http://transpulseproject.ca/wp-content/uploads/2012/05/Bauer-WPATH-2011-HIV-risk-and-HIV-testing.pdf> [Accessed: 11/02/2017]

nature of services, whilst also recognising that as sexual health services are delivered as gender-binary (i.e. male or female), there is a belief that they will struggle to accommodate trans people within them.¹⁶⁰ One barrier to access could be that sexual health services often consist of intimate physical examinations, which can be distressing for trans people.

Anecdotal evidence suggests that sex work is likely to be more prevalent across the trans community, although there is a lack of evidence into the size of the trans population engaging in sex work in the UK. It is thought that barriers to other forms of employment coupled with costs associated with private healthcare could lead to some individuals finding alternative employment through sex work.¹⁶¹ This is significant because evidence suggests that trans women sex workers face a prevalence of HIV that is up to 9 times higher than non-trans female sex workers, and at least 34 times higher risk than that faced by the general population in the USA.¹⁶²

Comparable data from North America supports this. 11% (n=694) of respondents to the recent National Transgender Discrimination Survey in the USA reported having participated in sex work, whilst over 2% (n=135) said they had traded sex for accommodation.¹⁶³ Notably, the survey also found that black respondents had the highest rate of sex work participation overall whilst white respondents had the lowest participation rate. Canadian research similarly indicated high prevalence of historic and current sex work, with an average of 15% of both trans men and women engaging in sex work, with an average of 2% reporting current employment as a sex worker or escort.¹⁶⁴ The choice of trans women to engage in sex work is likely indicative of the fact that 63% of trans women report difficulty in finding employment.¹⁶⁵

12.3 Drugs & Alcohol

There is no national data on drug and alcohol use amongst trans people as gender identity and trans status are infrequently monitored. Nonetheless, research does indicate that trans people have higher levels of use of these substances.

Research in Brighton found 63% of trans people drink alcohol, however the study acknowledged that the methodology may have led to underreporting of people drinking problematically.¹⁶⁶ This is supported by research in Northern Ireland which found that 87% of trans people surveyed drank alcohol, compared to 74% of the population as a whole.¹⁶⁷ Furthermore, a national survey found 62% of trans people may be drinking problematic and/or harmful amounts.¹⁶⁸

Trans people also appear to be more likely to use illegal drugs, although surveys found significantly different levels of use. In Northern Ireland, a survey found 53% of trans people have used an illegal drug in the last year, compared to 37% of LGBT people in general and 7% of the population as a

160 Scottish Transgender Alliance, [2008]. *Transgender Experience in Scotland research summary: Key research findings of the Scottish Transgender Alliance Survey of transgender people living in Scotland*, Available from: <http://www.scottishtrans.org/wp-content/uploads/2013/03/staexperiencessummary03082.pdf> [Accessed: 01/11/2016]

161 Action for Trans Health, [n.d.]. *Sex Work*, Available from: <http://actionfortranshealth.org.uk/resources/for-trans-people/sex-work/> [Accessed: 01/11/2016]

162 UNAIDS [2014].

163 Fitzgerald, E. [2015]. *Meaningful Work: Transgender experiences in the sex trade*, Available from: http://www.transequality.org/sites/default/files/Meaningful%20Work-Full%20Report_FINAL_3.pdf [Accessed: 23/06/2016]

164 Bauer [2012].

165 Garofalo, R., Deleon, J., Osmer, E., Doll, M. & Harper, G.W. [2006]. 'Overlooked, Misunderstood and At-Risk: Exploring the Lives and HIV Risk of Ethnic Minority Male-to-Female Transgender Youth', *Journal of Adolescent Health*, Volume 38, Available from: <https://www.ncbi.nlm.nih.gov/pubmed/16488820> [Accessed: 24/06/2016]

166 Brown, K. [2009]. *Drugs & Alcohol: Additional Findings Report*, Brighton: University of Brighton.

167 Rooney, E. [2012]. *All Partied Out? Substance Use in Northern Ireland's Lesbian, Gay, Bisexual and Transgender Community*, Belfast: The Rainbow Project. (Subsequent references will henceforth be referred to as Rooney. [2012])

168 McNeil et al. [2012].

whole.¹⁶⁹ Whilst a national survey found that only 24% of trans people had used drugs in the last year,¹⁷⁰ a difference which cannot be explained by different geographical focus alone. In the same year, 8.9% of the population of England and Wales used an illegal drug.¹⁷¹ It is therefore clear that levels of use amongst trans people are high, despite uncertainty of the exact rates of use.

The frequency of use and levels of problematic drug use amongst trans people is also unclear. 5% of trans people who use drugs felt their use was generally problematic and a further 18% felt their use was *sometimes* a problem.¹⁷² However, this is not an objective measure of problematic use and does not account for naivety and/or denial of having a drug-related problem.

Men and women have different patterns of drug use and it appears non-binary and agender people also have distinct patterns of use, with higher rates of cocaine use than men or women and higher rates of use of ecstasy and poppers than women.¹⁷³

“ I drink to make myself feel better and cope with my anxiety; stuff happening in my life is stressful right now. I have no support from my family and I am in a lot of debt and I could get chucked out of my accommodation at any moment. I am really worried about my drinking because if I am on the waiting list to see a doctor at the Gender Identity Clinic, if I tell them or my GP that I am drinking so much they might not let me access the treatment I need. ”

Rachel, 29, Newcastle

12.4 Children & Young people

Young trans people face the greatest levels of disadvantage and discrimination, and report lower overall satisfaction in their early lives, compared to their non-trans peers.¹⁷⁴ Existing evidence suggests that issues for young trans people include negative experiences throughout education, poor mental health and higher risk of homelessness.

Data from LGBT Youth Scotland’s study suggests that young trans people are more likely to experience bullying throughout the education system than either cis heterosexual or lesbian, gay and bisexual (LGB) young people.¹⁷⁵ Across the education system, respondents were also less likely to feel confident reporting transphobia. Whilst homophobic and biphobic bullying tended to decline after school, people’s experiences of transphobic bullying remained high within school, college and university environments. Issues within education such as a lack of recognition, inclusion, homophobia, biphobia or transphobia are also experienced at a greater level by trans students than cis lesbian, gay and bisexual people.

The study found that 50% of trans respondents had personally experienced transphobic bullying in both school and college, whilst 38% reported the same about their time in university. Homophobic or biphobic bullying within school was reported more frequently by respondents (69%), yet 26% and 14% reported the same about their experiences in college and university respectively.

169 Rooney [2012].

170 McNeil et al. [2012].

171 Home Office, [2012]. *Drug Misuse Declared: Findings from the 2011/12 Crime Survey for England and Wales*, London: Home Office.

172 McNeil et al. [2012].

173 Rooney [2012].

174 METRO, [2014]. *Youth Chances, Summary of First Findings: the experiences of LGBTQ young people in England*, Available from: http://www.youthchances.org/wp-content/uploads/2014/01/YC_REPORT_FirstFindings_2014.pdf [Accessed: 23/06/2016]

175 LGBT Youth Scotland [2012]

Evidence suggests that young trans people may be more vulnerable to suicidal ideation and attempts than all their non-trans counterparts, including lesbian, gay and bisexual young people.¹⁷⁶ PACE's 3-year Risk and Resilience report, which included a national survey of 2,078 people in England, found that trans people aged 26 and under have significantly higher rates of suicide attempts and ideation. Nine out of ten of the trans respondents reported experiencing suicidal thoughts at least once. Almost twice as many (48%) also reported at least one suicide attempt, compared to non-trans respondents (26%). Although a small sample size (n=27) these findings are supported by other studies suggesting increase suicide risk of trans young people.

PACE's findings also suggest that for LGBT people generally, negative reactions or expectation of reactions alongside experiences of discrimination, bullying and violence impact wellbeing whilst young. Feelings of loneliness and isolation regularly develop, which are often associated with the development of poor mental health. Young trans people are particularly vulnerable to this acute set of circumstances due to the transphobic reactions they are often exposed to. An earlier US study supports this conclusion, finding that a history of suicidal behaviours were more common alongside gender non-conformity, internalised transphobia, parental, verbal and physical abuse and two of three aspects of body esteem.¹⁷⁷

Similar experiences are also associated with becoming homeless.¹⁷⁸ There is extremely limited research into the specific experiences and needs of young trans people; yet LGBT young people as a whole are vastly over-represented within youth homelessness populations, with estimations suggesting that as many as a third of all homeless youths identify as LGBT.¹⁷⁹

12.5 Older trans people & End-of-life care

As trans people become older they face both ageism and cissexism as well as distinct concerns related to ageing as a trans person. Many trans people report concerns around the lack of research and information into the long-term impacts of hormones and surgery. Trans people fear there may be complications that both they themselves are unaware of as well as health services, and therefore such services will not be prepared to provide relevant care.¹⁸⁰ This becomes even more apparent when examining the attitudes of younger members of the trans community. According to Manchester City Council's Trans Study, in which 67% of participants were under the age of 30, approximately 59.4% of responses indicated that 'not being able to access appropriate care that is trans-friendly' is a concern for care in later life.

As trans people age, they become more likely to need access to non-trans-specific health and social care services. As trans people face health inequalities, it may be the case that they have a disproportionately high need for non-trans-specific services. They are also more likely to lack a positive relationship with family members and therefore may be more likely to require paid carers. Many have concerns about being exposed to transphobia when accessing services, due to past negative experiences. This is especially the case when the service requires physical examination or intimate care as for many trans people this leaves no option but to disclose their status. Some

176 PACE [2015].

177 D'Augelli, A. R., Grossman, A.H., Salter, N.P., Starks, M.T., Vasey, J.J. & Sinclair, K.O. [2005]. 'Predicting the suicide attempts of lesbian, gay, and bisexual youth', *Suicide and Life-Threatening Behavior*, Volume 35.

178 Albert Kennedy Trust, [2015]. *LGBT Youth Homelessness: A UK national scoping of cause, prevalence, response, and outcomes*, Available from: http://www.akt.org.uk/webtop/modules/_repository/documents/AlbertKennedy_ResearchReport_FINALInteractive.pdf [Accessed: 23/06/2016]

179 O'Connor, W. & Nollooy, D. [2003]. *Hidden in Plain Sight: Homelessness Amongst Lesbian and Gay Youth*, London: National Centre for Social Research.

180 Jones, S.M. & Willis, P. [2016]. 'Are You Developing Trans Positive Care?', *Quality in Aging and Older Adults*, Volume 17(1). (Subsequent references will henceforth be referred to as Jones et al. [2016])

also feel dysphoric about their bodies, which adds additional psychological stress to an already uncomfortable experience.¹⁸¹

For older trans people, the experience of barriers to accessing services as a trans person can be compounded by age. Many of the current generation of older trans people have experienced higher levels of intolerance and transphobia in the past, which can intensify concerns about accessing services.¹⁸² Furthermore, many people feel disempowered as they age due to frailty and/or dependence on the support of others. For older trans people this can result in feeling less able to challenge any discriminatory behaviour they may experience.¹⁸³ Trans people who have dementia may be particularly at risk as they are typically less able to advocate and make decisions for themselves and therefore they may require personal care.¹⁸⁴ For some, anxiety and fears about accessing services can result in not accessing services in a timely manner or not accessing services at all, which can have significant negative impacts on health and wellbeing.¹⁸⁵

Many trans people have little confidence in the cultural competence of services for older people and therefore doubt their ability to provide appropriate support. Key aspects of cultural competency for working with older trans people include:

- Not making cis-normative assumptions about the physicality of individuals' bodies
- Open minded, non-judgemental attitude
- Recognising that reducing social isolation for trans people may include a desire to connect with other trans people
- Organisations and individuals taking responsibility for developing their own knowledge rather than expecting trans people to educate the service provider
- Creating opportunities to discuss trans-specific needs
- Ensuring confidentiality
- Removing cis-normativity from policies, processes and administrative systems¹⁸⁶

Trans people who take hormones typically require a continued prescription in order to maintain mental and physical health; furthermore some have reported difficulties with continued provision when entering residential homes. Equally, long-term hormone use may increase the risk of some health conditions or diseases which must be considered in monitoring the health of older trans people. Trans people are also often missed from relevant screenings which can lead to an increased risk as they age.¹⁸⁷ For example, a trans woman may have a prostate but not be invited for prostate cancer screening automatically if her gender is recorded correctly as female by her GP practice.

Advanced care plans can be of particular importance for trans people in order to ensure that they receive appropriate care and reduce their anxiety about requiring care in future. Many trans people are particularly concerned about being misgendered as well as the exclusion of people who they would like to be involved in care decisions such as close friends. It is therefore important that trans people have advanced care plans, taking into account specific needs. However, there is evidence that few trans people have made plans of this kind.¹⁸⁸

181 Ibid.

182 Witten, T.M. [2014]. 'End of Life, Chronic Illness, and Trans-Identities', *Journal of Social Work in End-of-Life & Palliative Care*, Volume 10(1). (Subsequent references will henceforth be referred to as Witten. [2014])

183 Jones et al. [2016].

184 Witten [2014].

185 Jones et al. [2016]

186 Ibid.

187 Alzheimer's Australia, [2014]. *Dementia, Transgender and Intersex People: Do Service Providers Really Know What Their Needs Are?*, Available from: https://sa.fightdementia.org.au/sites/default/files/130739_LGBTI%20Discussion%20Paper.2-21.pdf [Accessed: 23/06/2016] (Subsequent references will henceforth be referred to as Alzheimer's Australia [2014])

188 Ibid.

Some trans people feel they would prefer LGBT-specific elderly care services as a way of being confident that their needs will be met although others would not. However, there was consensus on residential care services offering choices of accommodation and support type so that they can remain within a facility which felt safe and inclusive rather than move as support needs change.¹⁸⁹ Similarly, many trans people would like trans-specific social groups and peer support for issues related to ageing.¹⁹⁰

Despite this, many feel that the majority of trans social and support groups are primarily focused on transitioning and hence do not feel appropriate.¹⁹¹

“ I waited until I was 65 and retired before I transitioned to become the woman I am today. I have sacrificed a lot for my family and career, I put my life on hold for decades. ”

Sandra, 69, Preston

12.6 Severe & Multiple Disadvantage

Severe and multiple disadvantage describes the interlocking nature of the disadvantages faced by people on the ‘extreme margins’ of society, often focussing on people who experience at least two of the following: homelessness, offending, poor mental health and substance misuse.¹⁹²

Studies of severe and multiple disadvantage to date have not collected data on trans people, but other available evidence suggests that LGBT people are more likely to be disadvantaged than heterosexual and non-trans peers in several disadvantage domains. For example, as many as 1 in 3 homeless youth are LGBT and recent data suggests that LGBT people are at heightened risk for substance abuse.^{193,194}

However, as it stands we lack an understanding of how these disadvantages intersect and interact to constitute disadvantage that is both severe and multiple in the lives of LGBT people, and trans people in particular. There is further question as to what constitutes ‘severe and multiple disadvantage’ in the context of trans lives; this group is disproportionately affected by homelessness, mental health, and substance misuse but also by disadvantages not usually considered in the definition of SMD, including discrimination, transphobia, violence, family rejection and social isolation.¹⁹⁵

Trans people experiencing severe and multiple disadvantage will be some of the most marginalised people, belonging to an already disadvantaged group; coupled with the barriers to accessing services, there is a need for systemic change to ensure that trans people experiencing severe and multiple disadvantage can seek and access the support they need. LGBT Foundation, funded by Lankelly Chase, is currently conducting peer-led research to examine what constitutes severe and multiple disadvantage for LGBT people, and will report on findings in November 2017.

189 Jones et al. [2016].

190 Cartwright, C. [2012]. ‘End-of-life care for gay, lesbian, bisexual and transgender people’, *Culture, Health & Sexuality: An International Journal for Research, Intervention and Care*, Volume 14(5).

191 Alzheimer’s Australia [2014].

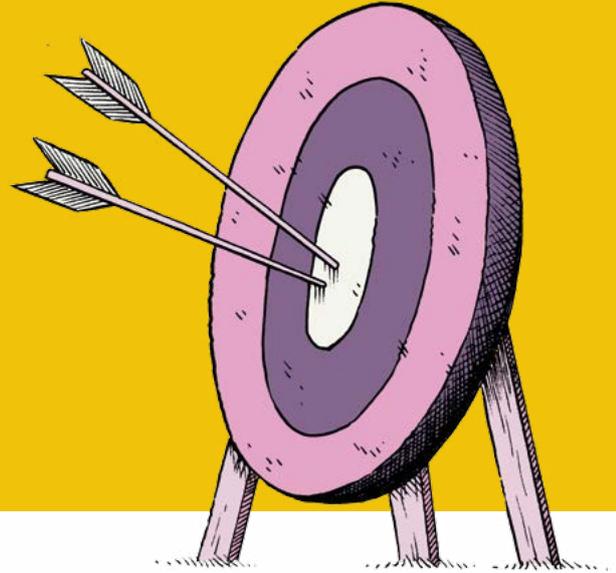
192 Bramley, G. & Fitzpatrick, S. [2015]. *Hard Edges: Mapping Severe and Multiple Disadvantage*, Available at: <http://lankellychase.org.uk/wp-content/uploads/2015/07/Hard-Edges-Mapping-SMD-2015.pdf> [Accessed: 11/02/2017]

193 Roche, B. [2005]. ‘Sexuality and Homelessness’, *Crisis*, Available: http://www.crisis.org.uk/data/files/publications/Sexuality_Homelessness_Paper_FINAL.pdf [Accessed: 11/02/2017]

194 Hughes, T. L. & Eliason, M. [2002]. ‘Substance Use and Abuse in Lesbian, Gay, Bisexual and Transgender Populations’, *The Journal of Primary Prevention*, Volume 22.

195 See the Public Health Outcomes Framework LGBT Companion [2013] for further exploration of LGBT health inequalities.

13 Conclusion



“When I was 15 years old, my mum came into my room and asked me about my gender. I told her I didn’t feel like a boy or a girl and she reassured me that her and my dad would love me regardless of how I identify or who I am attracted to. Ever since I have just been me at home and everyone used neutral pronouns for me, I like what I like and I am not expected to perform my gender in any particular way. I am a non-binary trans person. The acceptance from my family has brought us closer together, I am freer and happier than I have ever been.”

Logan, 25, Manchester

This report establishes that trans communities experience significant inequalities across a range of measures, face substantial barriers to accessing appropriate and good-quality services to meet their needs, and that a lack of further evidence can be an obstacle to addressing these challenges. Each element acts as an enabling factor for the other, perpetuating a cycle, which is described below:

Lack of Evidence: There is a lack of evidence of the needs of trans people, largely due to a lack of appropriate monitoring and data collection both within research and service provision. This leads to a lack of awareness about the specific needs and experiences of trans people.

Poorer outcomes: In almost every area covered in this report, evidence shows that trans people are experiencing poorer outcomes compared to the general population. The majority of available evidence focuses on health and shows us that trans people experience higher rates of ill-health in general, are significantly more likely to have poor mental health and often report negative experiences of transition-related healthcare. Trans people are also more likely to have worse outcomes in other indicators such as housing and homelessness, education and employment.

Barriers to accessing services: Trans people report facing a range of barriers when accessing mainstream health and wellbeing services, including fear that they will experience insensitivity and discrimination; not being confident that the service provider will be able to meet their needs; and past experiences of transphobia and discrimination. This often results in trans people avoiding accessing the services they need.

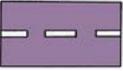
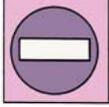
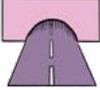
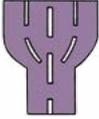
All the key areas we have identified throughout this report have the potential to negatively impact the others and potentially contribute to further marginalization of trans people unless adequately addressed.

Throughout this report we have used the metaphor of roads, bridges and tunnels to describe the road blocks trans people face when accessing services and the innovative use of bridges and tunnels trans communities have developed to overcome these barriers. Examples of these are presented in the table on the following page. Ultimately the end goal is to look ahead and consider how we can **widen the road**.



Widening the road means ensuring equitable access to a public service, opportunity or institution. Marginalised groups such as the trans community might need extra support, investment and intelligence in order to make appropriate adjustments and ultimately create a fair and equal society where trans people have the same opportunities as everyone else. Our recommendations can be applied to your organisation, service or individual practice in order to break the cycle created by a lack of research, poor outcomes and barriers, and truly widen the road for trans communities.

13.1 Examples of Roads, Bridges & Tunnels:

 Road	 Road Block	 Bridge	 Tunnel	 Widen the road
<p>Access to Specialist Gender Identity Services at the point of need by referral from GP</p>	<ul style="list-style-type: none"> ● GPs not knowing or following the referral protocol. ● Long waiting list for clinics. 	<ul style="list-style-type: none"> ● Working with GPs to increase knowledge of referral pathways. ● Gender Identity clinics redesigning service specification in order to increase capacity. ● Support trans people to navigate pathways through information sharing and community based organisations. 	<ul style="list-style-type: none"> ● Self-medication with hormones. ● Private prescriptions and medical interventions paid for by crowd sourcing and solidarity funding. ● Trans people educating their own GP's to receive referrals to Gender Identity Services. ● Sharing knowledge within trans communities of unsupportive GPs. 	<ul style="list-style-type: none"> ● Fair, legal and equitable access to specialist services for all trans people at the point of need.
<p>Access to Mental health services</p>	<ul style="list-style-type: none"> ● Trans people face stigma and lack of awareness when accessing Mental Health Services resulting in negative experiences. ● Some trans people avoid accessing mental health services because they believe it could negatively affect their ability to later receive desired care from a Gender Identity Service. 	<ul style="list-style-type: none"> ● Work with Mental Health Services to better understand the needs of trans patients. ● Support trans people when needing Mental Health support through community groups and online. 	<ul style="list-style-type: none"> ● Self-medication through the sharing and use of controlled and prescription medication in the absence of access to diagnosis and prescribing services. 	<ul style="list-style-type: none"> ● Fair and appropriate access to mental health services that takes into account trans patients' unique needs and experiences.

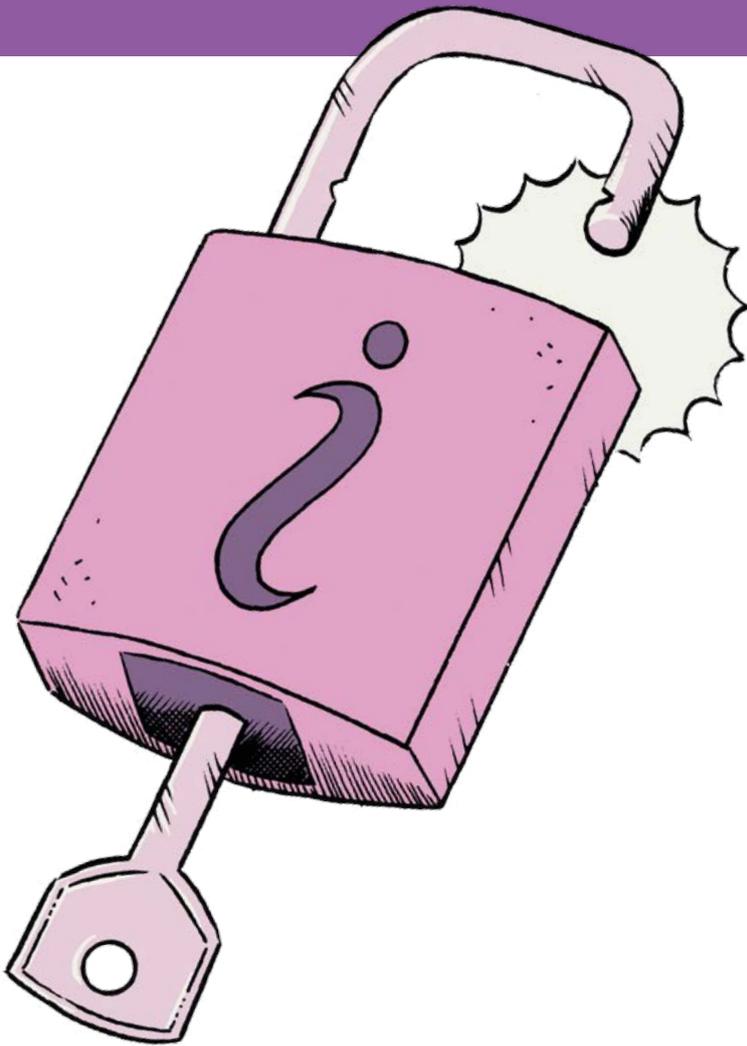
“ Shortly after coming out to most of my friends and family as trans, I did a deed poll to legally change my name and started the (long!) process of updating all my documents to be in the correct name and gender.

One of the first things I changed was my name and gender at the bank, after all the changes had gone through and everything was in the right name and gender. I was queuing in the bank to cash a cheque, it was lunchtime, so very busy. When it came to my turn to approach the cashier, I handed over my cheque and put my card in the machine as usual, and the cashier used a loud, dramatic stage whisper to say ‘It says Mr on my screen here!’ I quietly replied, ‘yes, that’s correct, that’s my name.’ He told me to wait there, then walked out of the door at the side and beckoned me over to him. By this point, everyone in the bank was staring at me. He said loudly ‘it says Mr and male on your account, I’m guessing you want me to change that?’ and laughed. I felt very scared at this point but I told him again that Mr and male were correct, and at this point said ‘I’m a transgender man, and I just want to cash a cheque.’ He laughed loudly again. At this point I asked to see a manager. I waited, and when the manager came out, she took me into her office and asked me what had happened. I explained that the cashier had laughed at me for being trans, had outed me to the entire room, and that I hadn’t been able to cash my cheque because of this discrimination. The manager then said ‘I don’t think any discrimination has taken place. What does that word transgender mean?’ ”

Dan, 43, Manchester

14 Recommendations

These recommendations have been developed in consultation with trans communities and our Trans Advisory Panel. They can be applied to your organisation, service or individual practice in order to break the cycle created by a lack of research, poorer outcomes and barriers to accessing services.



EDUCATE all staff through comprehensive trans awareness training, delivered by professionals. Prioritise further research into the needs of trans people, focusing on gaps highlighted by this report and following guidance on involving trans participants.
www.lgbt.foundation/research-ethics

INCLUDE trans people in the design and delivery of all services, using available evidence to inform plans and involving trans communities in consultations. Work with trans community and voluntary organisations to co-produce services, valuing their expertise and identifying opportunities to increase the representation of trans people in service delivery.

TARGET trans people with specific information and campaigns to manage their wellbeing and take up opportunities, for example in employment and public life. Work with trans community and voluntary organisations to meet this recommendation.

DEVELOP services which are holistic and person-centred in order to meet trans people's specific needs in all areas where they experience inequalities. This should include the development of a new model for gender identity services which are locally-based and learn from innovation within the trans community.

CHALLENGE all instances of transphobia and discrimination. Ensure your organisation's policies are inclusive of trans people and that action is taken where breaches occur to both protect trans people, and ensure that individuals and the organisation learn from incidents.

MONITOR gender identity and trans status as part of equalities monitoring. Use this data to understand the access, experience and outcomes of your staff and service users or research participants. Best practice guidance on monitoring is available at:
www.lgbt.foundation/monitoring

15 Further Information & Services



LGBT Foundation

A national charity that delivers a wide range of services to LGBT communities. We have a national trans programme with events and services specifically designed for trans people.

Services include counselling, the helpline, drop-in, drug and alcohol support and hate crime reporting.

www.lgbt.foundation/trans

Tel: 0345 3 30 30 30

Action For Trans Health (A4TH)

An organisation that seeks to improve trans* people's access to healthcare through advocacy, campaigning and training for and by trans people.

www.actionfortranshealth.org.uk

All About Trans

A national project that works towards positive representation of trans people in the media. It is establishing positive media opportunities for, about and by trans people.

www.allabouttrans.org.uk

Butterflies

A trans led support group that offers a safe and supportive environment for trans people.

www.transforum-manchester.co.uk

Concord

A social group that offers a safe and friendly space for trans people to socialise and facilitates a changing space for those who attend.

www.manchesterconcord.org.uk

Connect*

A trans led social space that is aimed at trans people aged 18-35 that has a range of activities and events that operates on a bi-monthly basis.

www.facebook.com/ConnectMCR

Gendered Intelligence

A community interest company that delivers programmes and offers support, development and training for trans people and services that work with trans people.

www.genderedintelligence.co.uk

Gender Identity Research and Education Society (GIRES)

A volunteer-run membership charity that empowers and gives a voice to trans people through its research and the training it offers.

www.gires.org.uk

Galop

National organisation providing advice and support to LGBT people who have experienced hate crime, sexual violence and domestic abuse.

www.galop.org.uk

Mermaids

Mermaids is an organisation that works specifically for young people and parents who are dealing with gender issues.

www.mermaidsuk.org.uk

Morf

A social and peer support group for transmasculine people. As well as meeting on a regular basis they also offer a redistribution of binders through their binder scheme.

www.morfmanchester.blogspot.co.uk

The Proud Trust

An organisation that works to aid young LGBT people through events, workshops, training and research. It offers the LGBT centre as a space for young LGBT people to access.

www.theproudtrust.org

Sparkle

The National Transgender Charity that organises the Sparkle weekend celebration in July of each year.

www.sparkle.org.uk

Stonewall

LGBT charity that works to improve the lives of LGBT people through advocacy, campaigning, fundraising and offering resources.

www.stonewall.org.uk

The Scottish Transgender Alliance

An organization that seeks to assist transgender individuals, service providers, employers and equality organisations to engage to improve gender identity and gender reassignment equality, rights and inclusion in Scotland.

www.scottishtrans.org

Terrence Higgins Trust

The largest voluntary sector provider of HIV and sexual health services in the UK that works to improve national sexual health.

www.tht.org.uk

Trans Bare All

A trans led organisation that hold retreats and peer support with a focus on body positivity.

www.transbareall.co.uk

TransForum

A discussion group and peer support forum for trans people. It offers training courses and workshops on trans and gender awareness.

www.transforum-manchester.co.uk

Trans Media Watch

A charity dedicated towards improving media coverage of trans and intersex people. It offers resources on how the media represent trans people and their stories and experiences.

www.transmediawatch.org

UK Trans Info

A national charity focused on improving the lives of trans and non-binary people in the UK. It offers legal and medical information pertinent to trans people both individually for personal use and generally for service providers.

www.uktrans.info

16 Glossary & Terminology



Chest binding

Sometimes just referred to as ‘binding’, this term encompasses any activity that involves the compression of breast tissue to create a flatter appearance of the chest, and is a common practice amongst trans men, trans-masculine people and some non-binary people as a means of gender expression.

Cisgender

The opposite of transgender; that is someone who is not transgender and is comfortable with their birth assigned gender. Cisgender is often shortened to ‘cis’ and used as an adjective e.g. ‘cis person’.

Cisnormative/cisnormativity

A cultural understanding that being cisgender is the assumed default for all. This is structurally reinforced through normalising and privileging cisgender people and othering trans people. Cisnormativity is the outlook and cissexism is this outlook in practice.

Crossdresser

A term for someone who does (at least partially) identify with their assigned gender and who presents in ways typically associated with a different (generally binary) gender (e.g. through dress, make up or hair). Crossdressers often only present in this way part of the time and may present in a way more typically associated with their assigned gender in most of their day-to-day life. Crossdressers may or may not identify as trans.

Crowdfunding

The practice of raising money, usually for an individual, through donations. This is often hosted on online platforms and has been used by many trans people to raise funds for medical transition, housing or other personal financial needs, especially when they are struggling to gain income from paid employment.

Gender

The cultural and sociological understanding of where people identify in relation to the spectrum of masculinity and femininity. An individual’s gender may be woman, man or within the non-binary spectrum.

Gender assigned at birth

The gender a child is identified as at birth, which usually relates to the sex they are assigned. This is deduced through identifying bodily characteristics made up of primary and secondary sex characteristics.

Gender dysphoria

A recognised medical condition referring to distress caused by a person's birth assigned gender not being aligned with the gender the person feels themselves to be. A person may feel particularly dysphoric about their physicality as it does not reflect that which society expects for someone of their gender, or they may feel dysphoric in certain social situations or hearing certain gendered words.

Gender expression

Gender expression is the external manifestation of gender such as dress, body language, hair and make-up (or lack thereof). How society constructs the social cues that specify whether an act is represented as masculine or feminine is culturally-dependent. Gender expression does not have to be aligned with a person's gender identity.

Gender identity

Gender identity is understood to refer to how each person understands their own internal and individual experience in relation to gender and their own identity. This may or may not correspond with a person's gender assigned at birth.

Gender Identity Clinic (GIC)

Specialist clinics across the UK which trans people are referred to from mainstream services/GPs for gender-related care. They can diagnose gender dysphoria and are often the way that trans people get a prescription for hormone therapy.

Gender Recognition Certificate (GRC)

A government issued certificate which legally recognises a trans person's gender after transition. These certificates can be difficult to acquire for many trans people, requiring a diagnosis of gender dysphoria, extensive evidence of two years in your correct gender and other documentation of this.

Hate crime

Any crime that the victim feels is motivated by racial, sexual, or other prejudice. Hate crimes are often violent crimes. In relation to trans people this is a crime that is felt to be committed because of someone's actual or perceived trans status.

Heteronormative/heteronormativity

The systematic privileging of heterosexuality as the default sexual orientation. It is structurally reinforced throughout society and works in relation to maintaining the strict gender binary. It often works alongside cisnormativity.

Hyperandrogenism

A medical condition characterised by excessive levels of androgens (male sex hormones such as testosterone) in the female body and the associated effects of the elevated androgen levels.

Intersex

Intersex describes a person whose biological sex is ambiguous. There are many genetic, hormonal or anatomical variations which make a person's sex ambiguous, creating bodily characteristics or hormones which do not adhere to medical expectations of one particular side of the gender binary. Intersex people can identify in relation to the trans umbrella; however, an individual being intersex is distinct from an individual being trans.

Misgender

When someone is referred to (e.g. using a pronoun or form of address) that does not correctly reflect the gender with which they identify. It can happen to trans or cis people, but is typically discussed in relation to trans people. When this is done deliberately to a trans person it is considered an act of hate and violence.

MSM

An inclusive way of referring to all men who have sex with men, often used in a sexual health context (WSW is also used occasionally for women in the same context)

Non-binary

An umbrella category for gender identities other than man and woman, thus outside of the gender binary. Some people identify their gender as non-binary and others use other specific gender terms which are part of this category:

Genderqueer

(shortened to 'GQ') An identity which suggests a queering of the binary. This person may identify with some of the binary genders or none.

Agender

A person who does not identify as any gender.

Genderfluid

A person who identifies outside of the binary whose sense of their own gender (and often their gender expression too) might change.

Pansexual

A sexual orientation referring to people who are attracted to people of more than one gender, this generally includes non-binary people. Pansexual people may sometimes say that gender is not relevant to their attraction to people.

Queer

A term which relates to those under the LGBT umbrella. Queer is used by many to denote a sexual orientation in opposition to 'straight', although it can also be used by trans people (both straight and LGB) if they so choose to align with the word. Queer has its roots in LGBT activism and is a reclaimed slur.

Trans status

Someone's trans status is whether they are trans or cis.

Transition

Transition relates to the process a transgender individual undertakes to align themselves with the gender they are, as opposed to that which they have been assigned at birth. Transition includes some or all of the following cultural, legal and medical adjustments; telling one's family, friends and/or co-workers, changing one's name and/or sex on legal documents; hormone therapy and possibly (though not always) some form of surgical gender affirmation. This is a deeply personal process that may involve medical interventions but does not have to.

Transgender

Often abbreviated to 'trans', this umbrella terminology that relates to a wide range of people whose gender identity differs from the gender they were assigned at birth in some way.

Transsexual

A term historically used to describe a transgender person. It is now generally considered outdated and transgender is more widely accepted.

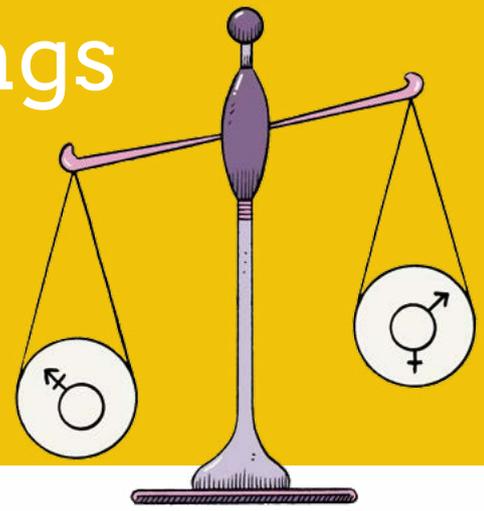
Transphobia

A fear or dislike directed towards trans people or their perceived lifestyle, culture or characteristics. This can affect trans people's lives on a daily basis. Transphobic attitudes and actions range from the deliberate misgendering of a trans person to theft, serious assaults and sexual abuse.

Transmisogyny

Cultural, individual and state violence and discrimination directed toward trans women and trans and gender non-conforming people on the feminine end of the gender spectrum. This is related to and based in misogyny and the devaluing of women and femininity.

17 Focus group findings



After completing the desk-based literature review, we conducted two focus groups, one with TAP members (12 participants) and one with trans individuals through our TransMCR monthly event (12 participants). The aim of the focus groups was to gain a greater understanding of trans needs, and to ensure that the recommendations made by this report are centred around trans people's lived experience as well as the literature review findings. The findings from the focus groups (see appendix) informed our recommendations in this report.

Employing the 'roads, bridges, and tunnels' concept, we firstly outlined the 'roadblocks' to accessing services (identified in the literature review) that may prevent trans people from achieving positive outcomes. We asked participants to discuss the strategies that they or other trans people they know have created to overcome these barriers. Several key 'tunnels' and 'bridges' emerged from this discussion, including:

- the creation of informal peer networks to share knowledge about hormones, Gender Identity Service protocols, and transphobic GPs who should be avoided;
- the Electrolysis Worker's Co-Op, a trans-led and crowd-funded service that provides electrolysis for trans people;
- non-binary people presenting in a binary-gendered way in order to get access to treatment that might otherwise be refused because of a lack of understanding of non-binary identities;
- social support and befriending groups that have been set up to reduce isolation in trans communities.

Having explored the 'bridges' and 'tunnels' that trans people currently employ to overcome roadblocks in their path to positive outcomes, we then moved to discuss recommendations for improved policy and practice moving forwards. Recommendations put forward by participants included:

- greater awareness of trans needs amongst health professionals (through, for example, more consistent trans status monitoring and training);
- greater visibility of trans people in services and organisations;
- widespread co-production of service design and delivery with trans people who are 'experts by experience';
- more positive representation of trans people in the media;
- more robust, peer-led research on trans needs and experiences (and particularly the experiences of non-binary people);
- a desire for more 'joined-up' services, whereby trans individuals can access mental and physical health services, Gender Identity services, and wellbeing services under one roof and without any need to travel vast geographical distances.

Following the focus group, the discussion and recommendations made by the participants were incorporated into this final report.

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19 Helplines

If you've been affected by any of the content in this report and need support, advice or someone to talk to please contact one of the following confidential Helplines:

LGBT Specific Services:

LGBT Foundation

National Helpline, *Monday - Saturday 10am-6pm*
0345 3 30 30 30

Galop

LGBT Domestic Violence Helpline, *Weekdays*
0300 999 5428 or 0800 9995428

Stonewall Housing

LGBT Housing Advice, *Weekdays 10-5pm*
020 7359 5767

Hatecrime Reporting,

In an emergency call **999**

At other times you can contact your local police force by dialling **101**

Other Services:

Samaritans

Helpline, *Free 24hr*
116 123

Childline

Helpline for anyone under 19, *Free 24hr*
0800 1111

Debtline

Monday - Saturday, *Free to Call*
0808 808 4000

FRANK

Drug and Alcohol Advice, *24hr Helpline*
0300 123 6600

Shelter

National Housing Advice, *8am to 8pm*
0808 800 4444

Age UK

National Advice Line, *8am-7pm*
0800 678 1174

If you or someone you know needs urgent help or support please contact the Emergency Services using 999.

We believe in a
fair and equal
society where all
lesbian, gay,
bisexual and trans
people can achieve
their full potential.

This report is available in large print by calling
0345 3 30 30 30 or email **info@lgbt.foundation**

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