

TRANS LIVES 2025

Continuing to endure the UK's
hostile environment



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Foreword

When I co-founded TransActual in 2017, I could never have imagined how pervasive the misinformation campaigns that we were established to challenge would become.

Not a day goes by without degrading stories about trans people in the media or politicians displaying outright hostility towards our community.

The impact on trans people's everyday lives has been significant. Against this backdrop where anti-trans hostility is the norm, our legal rights and protections are being rescinded, trans people are increasingly unsafe in public and access to healthcare is becoming more restricted.

The realities outlined in this report - regular discrimination in healthcare, endemic transphobia both out in public and in the home, and labyrinthine systems hampering trans people seeking an ID or legal recognition - must be a wake up call for those in positions of power.

Too often, trans people and their experiences are dismissed by policymakers. This underlines the importance of the Trans Lives Survey in detailing what life is really like for trans people in the UK today. We are enormously appreciative to the more than 4,000 people who have put their trust in us to produce this report.

The sociopolitical climate, fuelled by the rise of the far right in the UK and globally, has targeted not only trans people, but People of Colour, migrants, Muslims, disabled people and neurodivergent people in particular.

At TransActual, we recognise that these forms of oppression are inherently linked - whether it's trans people or migrants, these attacks represent a concerted strategy to roll back human rights and entrench inequalities for everyone.

It comes as no surprise then that anti-rights activists are now coming after the long-held protections that safeguard everyone from discrimination, such as the Equality Act.

In the past year - thanks to a well funded legal campaign - they partially succeeded with the Supreme Court ruling on the definition of 'sex' in the Act, and subsequent (and now withdrawn)

'interim update' issued by an Equality and Human Rights Commission mired in controversy for its anti-trans campaigning.

TransActual's work over the past 12 months clearly demonstrates the devastating impact of the EHRC's proposals to bar trans people from facilities and services in line with our lived gender. This data in this report was collected before the Supreme Court judgement and there is no doubt in my mind that things will have significantly worsened if we were to undertake the same survey now.

Put simply, trans people in the UK have been failed by the very people and institutions that ought to have been protecting us. Change is needed. The situation is desperate. The following key recommendations offer important first steps that can start to reverse the tide, giving trans people breathing space.

- The UK Government should reduce barriers for trans people looking to access ID, gender recognition or updating their records that enable them to navigate everyday life with safety and privacy.
- The UK Government should take urgent action to address rising anti-trans hatred and transphobia including introducing a definition of transphobia, tougher regulation for press and social media companies and greater support for victims.
- The UK Government should proactively address healthcare inequalities facing trans people, including publishing an action plan, ensuring better training for healthcare professionals and simplifying access to gender affirming care.

Whether you are a policy maker, part of the trans community, equalities campaigner or simply someone who knows and cares for trans people, we hope this report will support you to have a positive impact on trans lives.



Chay Brown
Director of Operations and for Healthcare
TransActual

Executive Summary

Introduction

The current environment for trans people in the UK is extremely concerning. Decisions about trans people's lives are increasingly based entirely on the testimony of non-trans people. TransActual continues to conduct vital research to help us understand what is going on for trans people in the UK and to enable us to shine a light on it.

From December 2024 to January 2025, we hosted an online survey into trans people's experiences and needs around a variety of key issues, including access to ID, transphobia, and healthcare.

Our findings raise serious concerns about trans people's rights, experiences of healthcare, and safety. This survey was conducted before the April 2025 Supreme Court ruling on the Equality Act's definition of 'sex'¹ and before the EHRC had published their widely condemned interim update² and proposed new Code of Practice.³ Trans people in the UK have experienced a significant deterioration in their quality of life since then, so it's highly likely that a repeat of the survey now would have even more concerning results.

Respondents

We heard from a diverse group of 4,008 trans people across the UK.

Respondents were more likely to have experience of particular socioeconomic disadvantages, including homelessness and having a low household income. Most of our respondents earn less than the UK's median household income of £36,700,⁴ with more than half (57%, 1836) reporting household earnings under £30,000 (including 36% or 1161 people who earn £19,000 or less). Trans People of Colour and trans intersex respondents were particularly likely to report low household incomes, as were disabled people. In addition, nearly one in four respondents (23%, 919) reported having experienced homelessness at some point.

A NOTE ON DEMOGRAPHIC TERMINOLOGY

In this report we have separated non-binary respondents into three groups to recognise the diverse range of experiences and genders under the trans and non-binary umbrellas. Throughout this report we will therefore be referring to non-binary, transmasculine non-binary, and transfeminine non-binary respondents as three distinct groups.

Whilst some intersex people are trans, not all are. However, all of the intersex respondents in this report were trans and identified with the label of 'trans'. Therefore, in this report, when we refer to intersex people we are referring to trans intersex people and not to those intersex people who are not trans.

1. Supreme Court of the United Kingdom. (2025). *For Women Scotland Ltd (Appellant) v The Scottish Ministers (Respondent)*, [2025] UKSC 16. https://supremecourt.uk/uploads/uksc_2024_0042_judgment_aea6c48cee.pdf

2. Moss, R. (2025, April 28). EHRC: Interim update on single-sex spaces draws criticism. *Personnel Today*. <https://www.personneltoday.com/hr/ehrc-update-guidance-single-sex-spaces>

3. Equality and Human Rights Commission. (2025, September 5). *Equality law regulator submits updated code of practice to Minister for Women and Equalities*. <https://www.equalityhumanrights.com/media-centre/equality-law-regulator-submits-updated-code-practice-minister-women-and-equalities>

4. Office for National Statistics. (2024, 29th October). *Employee earnings in the UK: 2024 [Statistical bulletin]*. ONS. <https://www.ons.gov.uk/employmentandlabourmarket/peopleinwork/earningsandworkinghours/bulletins/annualsurveyofhoursandearnings/2024>

Access to ID (and the consequences of not holding gender congruent ID)

A key component of trans people's abilities to engage in modern society is the ability to have legal ID that correctly reflects their gender. In many cases, legal ID is essential to vote, purchase age-restricted items, attend events in bars and clubs, and engage in a wide range of other activities. For trans people without ID that reflects their gender, these seemingly mundane acts can be terrifying and even dangerous.

Yet, changing legal sex in the UK is generally a complicated, costly process. A Gender Recognition Certificate (GRC) is the main pathway to change legal sex. However, having a GRC is only part of the process that trans people must go through to amend their documentation, and is something that very few trans people have accessed.

A GRC will not automatically change other forms of ID or the sex listed within many government and other databases, though it is possible to make most changes without a GRC.

Other barriers to holding gender congruent ID include costs, the need for a range of documentation (such as a letter from a doctor), and lack of options for non-binary people to be appropriately recorded as such.

**Most respondents
(56%, 1305) stated that
they felt more unsafe
because their ID does
not reflect their gender
identity.**

Findings

When asked about access to ID, we found that respondents were more likely to want to change their ID (96%, 3866) than not (4%, 142), though few had successfully done so. In total, 40% (1593) of respondents stated that they had access to a form of ID that reflects their gender. Just 34% (81) of People of Colour and 36% (169) of disabled respondents reported having gender congruent ID.

Fewer than one in ten respondents (9%, 353) held a GRC, including just 5% (11) of People of Colour. Non-disabled respondents were nearly twice as likely to hold a GRC (13%, 174) than disabled respondents (7%, 169).

In a country where the only sex markers are male or female, it is not surprising that non-binary people were the least likely gender group to hold gender congruent ID (14%, 95) or a GRC (2%, 13).

Despite 96% (3866) of respondents indicating that they wanted to or had already changed their ID to reflect their gender, just 13% (502) of respondents stated that they had successfully done so without any issues. The most commonly reported barriers to obtaining ID included expenses, being unclear on how the process of changing ID works, and worries about increased discrimination.

The primary consequences of not having ID that reflected one's gender identity were worsened mental health or gender dysphoria (80%, 2596) and avoiding places where ID might be required (70%, 2243). Not having the correct ID also contributed to respondents feeling unsafe (56%, 1305) and facing increased discrimination (43%, 953).

While less common, other reported issues could have a significant detrimental impact on people's daily lives, including issues with: employment (42%, 1325), medical care (41%, 1283), travel (38%, 1196), entering age restricted venues (30%, 932), opening a bank account (28%, 886), and housing (20%, 638). In nearly all areas, People of Colour and disabled respondents were more likely to report experiencing issues.

Despite being more likely to have gender congruent ID and/or a GRC, trans intersex respondents were more likely to report issues stemming from not having appropriate ID. Meanwhile, disabled respondents were more likely to report all barriers to accessing gender congruent ID, while being less likely to report having successfully changed ID without issue (9%, 228).

Most respondents (56%, 1305) stated that they felt more unsafe because their ID does not reflect their gender identity, including 29% (657) who strongly agreed with this statement. Respondents were also likely to report that not holding gender congruent ID led to increased discrimination (43%, 953).

Many respondents felt limited by current gender options, with more than three in four (79%, 529) non-binary people that don't consider themselves transmasculine or transfeminine reporting the lack of options reflecting their gender as a barrier to obtaining gender congruent ID. Across all respondents, 34% (1350) stated that they would like to have a gender-neutral ID (including 76% or 501 non-binary respondents). Even more respondents (40%, 1387) said they would prefer not to have their gender listed on their ID.

40% of respondents said they would prefer not to have their gender listed on their ID.

Experiences and the impact of transphobia

Transphobia is the complex manifestation of a rejection of trans identities or the belief that trans people should not be visible and able to participate in public life. It can include intentional misgendering (referring to someone with the incorrect pronouns or gendered terminology), deadnaming (referring to someone by their pre-transition name), hate crimes (violence and/or verbal abuse), the use of dehumanising language and can be a factor in intimate partner violence and domestic abuse.

However, transphobia can also be masked under claims that a topic is a 'debate', including where trans people are misrepresented as dangerous or confused, where anti-trans hate groups are posed as legitimate, and where trans people are excluded from conversations about them, asked to justify their existence, and/or expected to account for the actions of others within the trans communities or speak about issues that have nothing to do with them as an individual.

The issue of transphobia in the UK is particularly relevant now, with the UK's recent dropping in the ILGA rankings and the April 2025 Supreme Court ruling on the definition of 'sex' in the Equality Act.

Our findings

Our research found that experiences of transphobia remain far too common amongst the UK's trans community. In total, 97% (3907) of respondents reported experiencing transphobia, with 84% having experienced at least one form of transphobia over the past year. For trans people, routine daily activities and interactions can be impeded by potential or actual experiences of transphobia, with the most common sources being online (82%, 3139), family members (80%, 3083), strangers on the street (71%, 2698), and while using public transport (52%, 1977).

Though less commonly reported, around half of respondents experienced transphobia in a range of other scenarios, demonstrating just how pervasive these experiences can be. This includes when trying to access goods and services (50%, 1872), from colleagues (49%, 1842), and/or from friends (48%, 1821).

Multiply marginalised trans people were more likely to report transphobia in most (if not all) contexts, including trans intersex and disabled respondents, as well as People of Colour and transfeminine non-binary people.

The pervasive presence of transphobic media content can have wide-reaching consequences. Nearly every respondent (99%, 3933) reported that transphobia in the media had impacted their mental health or gender dysphoria, including 45% (1792) who reported this as having a major impact. Respondents commonly reported believing that transphobia in the media impacted how strangers (96%, 3758), family members (91%, 3373), colleagues (85%, 3173), and/or friends (74%, 2899) treated them.

For those who reported having directly experienced transphobia, the impact of this exposure was even greater. For instance, 98% (1898) of respondents who reported experiencing transphobia from family over the past year also reported believing that media had impacted how family members treated them. While 32% (1186) of all respondents reported this impact as major, this was the case for 44% (841) of those with these experiences.

97% of respondents reported experiencing transphobia, with 84% having experienced at least one form of transphobia over the past year.

Nearly every respondent (99%) reported that transphobia in the media had impacted their mental health or gender dysphoria.

98% of respondents who reported experiencing transphobia from family over the past year also reported that media had impacted how family members treated them.

Access to Healthcare

Safe and timely access to healthcare is an essential part of life for all people, including trans people, and is commonly considered to be a basic human right.⁵

Trans people require general medical treatment just like any other member of the public, and many will also seek gender-affirming care. Specialist care can, in theory, be accessed through Gender Identity Clinics (GICs) following a GP referral, with some clinics allowing self-referrals. However, those being seen now have waited up to eight years just for an initial appointment,⁶ with those being referred today likely to be waiting far longer.

Research has repeatedly shown that trans people are likely to face significant barriers when accessing healthcare, including both general medical care and gender-affirming care. For instance, our 2022 Transition Access Survey of 1,183 trans people across the UK found that trans people are commonly waiting many years, even for private care, and paying an average of £5,573 for transition-related procedures.⁷

Our findings

The findings within this report reflect the worrying trends identified in previous research, with most respondents (52%, 1714) reporting experiencing transphobia and/or poor care from a primary healthcare worker. The most common experiences were from a GP (33%, 1175), followed by receptionists (23%, 818). Worryingly, the majority of respondents that had experienced transphobia from a GP reported having been refused non-transition related healthcare due to their trans identity (60%, 572).

Respondents reported a wide range of commonly occurring issues, with the most prevalent being staff lacking knowledge about trans issues, being misgendered, and having mental health or other unrelated issues attributed to one's trans identity or gender affirming care.

With this in mind, it is not surprising that respondents reported low levels of confidence in healthcare professionals' abilities to meet their needs, with just 3% (118) saying they would always be confident, compared to 8% (333) who said they are never confident. Those who had experienced transphobia from a healthcare professional were more likely to report lower levels of confidence.

The combination of negative experiences and low levels of confidence in medical professionals leaves many trans people avoiding contact with healthcare professionals, even when medical care is needed. Most respondents (64%, 2456) reported that they avoided going to the GP, even if unwell.

Multiply marginalised trans people were more likely to report transphobia and poor care, particularly People of Colour, trans intersex people, and disabled respondents.

Like other socially marginalised groups, trans people are highly likely to face other forms of discrimination, and this was clear across our

5. World Health Organization. (2023, 1st December). Human rights and health. Accessed 6th September 2025 from <https://www.who.int/news-room/fact-sheets/detail/human-rights-and-health>

6. TransActual. (2025, 4th April). Gender clinics (gender dysphoria clinics). Accessed 6th September 2025 from <https://transactual.org.uk/medical-transition/gender-dysphoria-clinics>

7 Grassian, T. (2022). Transition Access Survey 2022. TransActual, Accessed 2nd October 2025 from <https://transactual.org.uk/transition-access-22/>

sample. Just over half of respondents (54%, 2166) reported having an issue with accessing healthcare related to another aspect of their identity, with trans intersex people reporting even higher levels of discrimination in all areas. More than one in three People of Colour reported experiencing racism (36%, 86) and nearly half of disabled respondents reported experiencing ableism (43%, 1061).

It is clear from our research that negative experiences when accessing or attempting to access healthcare are far too common amongst the UK trans community, particularly amongst those experiencing multiple forms of marginalisation. In addition, the high levels of other types of oppression experienced by our respondents highlights why transphobia is an issue that needs to be addressed intersectionally.

More than a third of People of Colour reported experiencing racism in healthcare settings.

Nearly half of our disabled respondents had experienced ableism when accessing healthcare.

Conclusion & Recommendations

This study highlights areas where urgent change is needed to ensure that trans people can obtain appropriate ID to have full access to society, access appropriate and culturally competent healthcare as needed, and live free from discrimination and hatred.

The consequences of not acting now are significant – increased discrimination, a lack of safety, and further ostracisation. We call on policy makers and service commissioners to use these findings to drive changes in current, out-dated, overly complicated, and exclusionary systems and policies.

We are living in a time when many trans people feel hopeless about the future. When asked about their hopes for the future compared to the start of 2023, respondents were more than twice as likely to say that they were less hopeful (58%, 2308) than that they were more hopeful (23%, 925).

Discrimination of any kind has no place in society. It is not too late to change the UK's trajectory and to make this a welcoming home for our trans residents. But things do need to change and they need to change now.

Recommendations: Access to ID

1. We call on public bodies and service providers that record people's names, titles and sex or gender markers to provide clearer information, implement simpler processes and waive application fees for trans people wishing to update their records.
2. We call on the Government to fund trans-specific organisations to offer trans people support to change their names, change or update their ID, and access legal gender recognition.
3. We call on the Government to proactively review systems of gender recognition and identity documentation to explore ways that trans and non-binary people can navigate everyday life safely, with dignity, privacy and equal access to services, including the removal of gender markers on ID altogether.

Recommendations: Transphobia

1. We call on UK political parties to work with trans communities to create a practical, working definition of transphobia with transparent mechanisms to hold elected representatives accountable to this standard.
2. We call on the Government to introduce tougher regulation and sanctions for social media companies that allow transphobia to proliferate on their platforms
3. We call on the Government to establish an independent statutory inquiry into media transphobia to examine the impact of press coverage on transgender people's safety, wellbeing and rights and to introduce enforceable powers to ensure fair and non-discriminatory reporting.
4. We call on the Government to create an independent press regulator with statutory authority to address press transphobia, uphold accurate and ethical reporting on transgender issues, and ensure effective remedies for individuals and communities harmed by discriminatory media practices.
5. We call on the Government to provide specific ring-fenced funding for by-and-for support services for trans victims/survivors of hate crime, including independent hate crime advocates to help victims/survivors navigate complex processes such as reporting to authorities and accessing appropriate support.
6. We call on employers to collaborate with trans organisations to design and implement robust trans inclusion policies, including clear transitioning-at-work procedures and mandatory staff training to protect the rights and wellbeing of trans people at work.
7. We call on the EHRC and Government to produce guidance that supports providers to include trans people in facilities and services in line with their gender.

Recommendations: Access to Healthcare

1. We call on the Department for Health and Social Care and the NHS to work with trans organisations to develop an action plan that aims to reduce the health inequalities experienced by trans people.
2. We call on the Department of Health and Social Care and the devolved Governments of the UK to fund, and make mandatory, high quality training for healthcare staff that is anti-racist, intersex inclusive, inclusive of disabled people and explicitly trans affirmative.
3. We call on Universities, Royal Colleges, professional bodies for all healthcare workers, and other training providers to embed trans inclusion within your curricula, professional skills frameworks, and core competencies.
4. We call on the GMC, Royal College of GPs, the Department of Health and Social Care, and the NHS to empower and encourage GPs to initiate and maintain hormone prescriptions for trans people, providing the funding and training needed to do so.
5. We call on the DHSC, Scottish Government and Northern Ireland Assembly to explore ending the centralised and medicalised system of gender clinics, moving towards a model of locally provisioned gender services operating on the basis of informed consent.
6. We call on the Department of Health and Social Care to fund research into the healthcare experiences of trans people, with specific focus on those who are multiply marginalised.

1. Introduction

Trans people's rights in the UK are under greater threat than they have been in a long time. Rights that most UK residents normally take for granted are being systematically taken from trans people. This has only worsened since the April 2025 Supreme Court ruling on the Equality Act's definition of 'sex' and the EHRC's subsequent interim update and proposed amended Statutory Code. From the right to play sport to the ability to safely access public toilets, healthcare facilities, or changing rooms, it is not clear to what extent trans people will be further excluded from everyday activities.

The UK has seen a dramatic decline in its standing as a trans-inclusive country in Europe. Despite holding the top spot in the International Lesbian, Gay, Bisexual, Trans, and Intersex Association (ILGA)'s rankings as recently as 2015, by 2016 the UK had dropped to 3rd place, before plummeting to 16th in 2024.⁸

In 2025, the UK ranked even lower, at 22nd out of 49 countries. With a score of just 46% (compared to 86% in 2015), the UK has been issued a 'Red Flag Alert' on trans and intersex rights by the Lemkin Institute for Genocide Prevention and Human Security.⁹ For intersex bodily integrity, the UK has received the lowest possible score (0%).

Around the world, people are raising concerns about the rapid loss of trans people's rights in the UK, including that the April 2025 Supreme Court ruling and its widespread application are not rooted in scientific reality and that it incorrectly frames trans rights as in opposition to the rights of cisgender women.¹⁰ The impact of this ruling has been pervasive, with Prime Minister Keir

Starmer calling for trans people to be banned from gendered spaces 'as soon as possible' and Government already enacting a bathroom ban for its employees.^{11,12}

The current environment for trans people is extremely concerning, and policy trends and actions suggest things will only worsen with time. With the Supreme Court ruling based entirely on the perspectives and testimony of cis people, little research has been done into the experiences and needs of trans people in the UK during this time.

Trans women in particular have been used as a spectacle, with trans men and non-binary people being mentioned less, despite also being affected.¹³ Trans-misogyny, the specific hatred of trans women through an intersection of transphobia, cissexism and misogyny,¹⁴ has been utilised to push and justify the rollback of trans rights.

That is why TransActual continues to conduct vital research to help us understand what is going on for trans people in the UK. At the end of 2024 and start of 2025, we carried out our second Trans Lives Survey. Our aim was to better understand the experiences, needs, and desires across the wide diversity of trans people around the UK.

This iteration of our survey focused on three of the most prominent issues reported by trans people across our extensive networks and within existing research: access to healthcare, experiences of transphobia, and the ability to access gender congruent ID.

8. ILGA-Europe. (2025). *Rainbow Map: United Kingdom*. <https://rainbowmap.ilga-europe.org/countries/united-kingdom/>

9. The Lemkin Institute for Genocide Prevention & Human Security. (2025, 30th June). *Red flag alert on anti-trans and intersex rights in the UK*. <https://www.lemkininstitute.com/red-flag-alerts/red-flag-alert-on-anti-trans-and-intersex-rights-in-the-uk>

10. Centre for Women's Studies, University of York. (2025, 2nd May). *UK gender studies community reaffirms trans inclusion in response to Supreme Court judgment*. <https://www.york.ac.uk/womens-studies/news-and-events/news/trans-inclusion/>

11. Perry, S. (2025, 30th June). *Starmer says bodies must ban trans people from single-sex spaces 'as soon as possible'*. Pink News. <https://www.thepinknews.com/2025/06/30/keir-starmer-supreme-court-trans-ehrc-single-sex-spaces>

12. Good Law Project. (2025, 23rd June). *Parliament surrenders to anti-trans activists on toilet policy*. <https://goodlawproject.org/parliament-surrenders-to-anti-trans-activists-on-toilet-policy>

13. Webb, P. C. (2025, June 5). *Silences, spectacle, and the limitations of law*. UK Constitutional Law Association. <https://ukconstitutionallaw.org/2025/06/05/silences-spectacle-and-the-limitations-of-law>

14. Serano, J. (2007). *Whipping Girl: A Transsexual Woman on Sexism and the Scapegoating of Femininity*. Emery, California. Seal Press.

Access to ID (and the consequences of not holding gender congruent ID)

Holding identification documents (ID) that reflect a trans person's gender can be essential to safely access a wide range of services and components of modern life, ranging from registering with schools, employers, and medical practices to accessing age-restricted places (e.g., pubs or nightclubs) or buying age-restricted items. However, the process of changing gender on an ID can be extremely time-intensive and costly.

The main avenue for changing legal sex in the UK is through a Gender Recognition Certificate (GRC). This is accomplished by providing multiple documents, including:

- a statutory declaration;
- a declaration by any legal spouse stating they 'approve' this change in legal sex or an interim certificate to annul the marriage;
- a birth certificate;
- documents providing proof of name change;
- a medical report from a gender clinician (from a list of authorised clinicians) officially diagnosing gender dysphoria;
- a report from a medical doctor detailing any surgeries and/or hormones taken; and
- at least one document for every 3 months proving having lived as the 'acquired gender' for at least two years.^{15,16}

Other forms of ID can be changed more easily, but a GRC is needed to change birth, adoption, or marriage certificates or to have your sex correctly recorded on a future marriage certificate or civil partnership certificate. It is also required to change sex with HM Revenue and Customs (HMRC).

The sex marker on a passport can be changed with a letter from a doctor or other medical provider stating that the change is likely to be permanent'. These letters can be particularly costly, often in excess of £100,¹⁷ while a passport application itself costs an additional £94.50.¹⁸

Presently, there is no option for a gender neutral or non-binary sex marker on any legal ID in the UK despite 'third gender' options (such as 'X' markers) being increasingly common internationally, with seventeen countries now legally recognising non-binary people's gender.¹⁹

15. HM Courts & Tribunals Service. (2024, 30th January). Gender Recognition Certificate: statutory declarations for applicants. GOV.UK. <https://www.gov.uk/government/publications/gender-recognition-certificate-statutory-declarations-for-applicants>

16. Government of the United Kingdom. (n.d.). What documents you need to apply for a Gender Recognition Certificate. GOV.UK, Accessed 20th November 2025 from <https://www.gov.uk/apply-gender-recognition-certificate/what-documents-you-need>

17. Examples include Groves Health – New Malden (£105), Sarum Health Group (£100), and Oak Tree Medical Practice (£144). For more information on these specific practices, see: <https://www.thegrovesnhs.org/policies/non-nhs-private-fees/>, <https://www.sarumhealthgroup.co.uk/non-nhs-services>, and <https://oaktreemmedicalcentre.co.uk/non-nhs-services>

18. Government of the United Kingdom. (n.d.). Passport fees. GOV.UK, Accessed 20th November 2025 from <https://www.gov.uk/passport-fees>

19. Countries include: Argentina, Bangladesh, Canada, Chile, Colombia, Costa Rica, Denmark, Germany, Iceland, India, Malta, Nepal, The Netherlands, New Zealand, Pakistan, amongst others. For more information, see: Equaldex. (2025). Legal recognition of non-binary gender. Accessed 20th November 2025 from <https://www.equaldex.com/issue/non-binary-gender-recognition>

Experiences and the impact of transphobia and other forms of discrimination

For any marginalised community, the experience and fear of discrimination can have a profound impact on daily life. For trans people, particularly those experiencing multiple forms of marginalisation (e.g., trans People of Colour), transphobia can make everyday activities incredibly difficult or even impossible.

Transphobia is the complex manifestation of a rejection of transgender (trans) identity or the belief that trans people should not be visible and able to participate in public life.²⁰ It can include intentional misgendering (referring to someone with the incorrect pronouns or gendered terminology), deadnaming (referring to someone by their pre-transition name), hate crimes (violence and/or verbal abuse), intimate partner violence, domestic abuse, and the use of dehumanising language.

However, transphobia can also be masked under claims that a topic is a ‘debate’, including where trans people are misrepresented as dangerous or confused, where anti-trans hate groups are posed as legitimate, and where trans people are excluded from conversations about them, and asked to justify their existence.

In Britain, one of the main pieces of legislation protecting trans people from discrimination is the Equality Act 2010, which creates legal protections for nine protected characteristics. One of these is gender reassignment, which is defined as “proposing to undergo, is undergoing or has undergone a process (or part of a process) for the purpose of reassigning the person’s sex by changing physiological or other attributes of sex”.²¹

In recent years, as the UK has slipped in the ILGA’s European rankings from 1st to 22nd, the environment for trans people has become increasingly concerning, and policy trends and actions suggest things will only worsen with time. Other organisations have also highlighted the normalisation of transphobic rhetoric, segregation, and discrimination in the UK, including Human Rights Watch, who raised their concerns under the European Convention on Human Rights and International Covenant on Civil and Political Rights (ICCPR).²²

Most recently, the April 2025 Supreme Court ruling on the definition of ‘sex’ in the Equality Act has been condemned for not being rooted in scientific reality, while pitching trans rights as in opposition to the rights of cisgender women. The British Medical Association (BMA) publicly decried the ruling, describing it as “reductive, trans- and intersex-exclusionary and biologically nonsensical”.²³

The ruling has also been condemned by a wide range of academic institutions, including through an open letter that has been signed by more than 70 academic and research institutions from gender, feminist, women’s and sexuality studies in the UK.²⁴ Criticisms for the ruling include the refusal of the court to hear from any trans, non-binary, or intersex people, nor from any legal experts on gender reassignment.

The impact of this ruling has already been pervasive, with trans people being stripped of legal and social rights. The EHRC moved quickly to issue interim guidance and, later, an update to their Statutory code which went well beyond the Supreme Court’s ruling.

20. *TransActual*. (2020) *Transphobia*. Accessed 7th September 2025 from <https://transactual.org.uk/transphobia/>

21. *Equality Act 2010*, p.2 c.1 s.7. <https://www.legislation.gov.uk/ukpga/2010/15/section/7>

22. *Human Rights Watch*. (2025, 9th May). *UK court ruling threatens trans people*. <https://www.hrw.org/news/2025/05/09/uk-court-ruling-threatens-trans-people>

23. *Mahase E*. *Training places: Resident doctors push for UK graduates to be prioritised at annual conference BMJ 2025*; 389 :r856 doi:10.1136/bmj.r856

24. *Centre for Women’s Studies, University of York*. (2025, 2nd May). *UK gender studies community reaffirms trans inclusion in response to Supreme Court judgment*. <https://www.york.ac.uk/womens-studies/news-and-events/news/trans-inclusion/>

Prime Minister Keir Starmer has called for trans people to be banned from gendered spaces 'as soon as possible'²⁵ and Government has already enacted a bathroom ban for its employees.^{26,27} Sports organisations have also started banning trans women, including The Football Association (FA) and The England and Wales Cricket Board (ECB),^{28,29} while local libraries have removed books about trans people from their children's sections.³⁰

Given this context, it is clear that transphobia remains a crucial issue in the UK and has likely become even more salient in the time period since this research was carried out. For instance, the non-governmental organisation Trans Rescue recently reported a 40-fold increase in trans people looking to flee the UK, adding the country to its list of places to receive trans refugees from.³¹

Yet, despite the increasing prominence and enacting of anti-trans rhetoric in the UK, what remains absent from recent decisions and policies are the voices and experiences of trans people. Not only were trans people prevented from intervening in the recent Supreme Court case, but the impact of this ruling and of transphobia in general remains under-researched and under-discussed. It is now more important than ever that we understand the prevalence and impact of transphobia in the UK.

25. Perry, S. (2025, 30th June). Starmer says bodies must ban trans people from single-sex spaces 'as soon as possible'. Pink News. <https://www.thepinknews.com/2025/06/30/keir-starmer-supreme-court-trans-ehrc-single-sex-spaces>

26. Cooke, M. (2025, 27th April). Government will ban trans employees from toilets that reflect their gender, minister says. The Independent. <https://www.independent.co.uk/news/uk/politics/trans-supreme-court-ruling-gender-pat-mcfadden-b2740252.html>

27. Good Law Project. (2025, 23rd June). Parliament surrenders to anti-trans activists on toilet policy. <https://goodlawproject.org/parliament-surrenders-to-anti-trans-activists-on-toilet-policy>

28. Sky Sports. (2025, 1st May). FA confirms transgender women can no longer play in English women's football from June 1. <https://www.skysports.com/football/news/11095/13359121/fa-confirms-transgender-women-can-no-longer-play-in-english-womens-football-from-june-1>

29. Kearns, S. (2025, 2nd May). ECB bans transgender women from women's cricket. BBC Sport. <https://www.bbc.co.uk/sport/cricket/articles/c010rje87y5o>

30. Walker, P and Creamer, E. (2025, 4th July). Reform councillor's boast about removing 'trans-ideological' books from children's library sections falls flat. The Guardian. <https://www.theguardian.com/politics/2025/jul/04/reform-councillors-boast-about-removing-trans-ideological-books-from-childrens-library-sections-falls-flat>

31. Trans Rescue. (2025, 30th April). Transgender people are escaping the UK, says Dutch NGO. <https://transrescue.org/press-release-transgender-people-are-escaping-the-uk-says-dutch-ngo>

Access to healthcare

The ability to safely access effective healthcare in a timely manner is vital and access to healthcare is commonly considered to be a basic human right.³² In Britain this right is largely fulfilled through the National Health Service (NHS), which was founded in 1948 as a tax-funded service that is generally free at the point of use.³³ In Northern Ireland, the same role is filled by the Health and Social Care NI. However, trans people in the UK are losing access to a wide range of public spaces and services, including in healthcare settings.

Trans people require general medical treatment, just like anyone else, and may also seek gender-affirming care. Specialist care can be accessed, in theory, through Gender Identity Clinics (GICs) following a GP referral, with some clinics allowing self-referrals. However, those being seen today have waited up to eight years just for an initial appointment, with those being referred today likely to be waiting far longer.³⁴ In recent reporting the wait times are on average 25 years, with current appointment speed showing one Scottish GIC having a wait time of 224 years.³⁵

For those seeking Gender-Affirming Hormone Therapy (GAHT), some areas have GP-run clinics that can prescribe a bridging prescription (where a GP prescribes GAHT until the person can see someone from a private clinic or NHS GIC), though these are not common.³⁶

Research has repeatedly shown that trans people are likely to face significant barriers when accessing healthcare, including both general medical care and gender-affirming care. For

instance, our 2022 Transition Access Survey of 1,183 trans people across the UK found that trans people are commonly waiting many years and paying an average of £5,573 for transition-related procedures.³⁷

The 2025 GP Patient Survey found that trans people were less likely to have had a good experience with their GP practice than cisgender people. Trans people were also less likely to report that their needs had been met in their most recent appointment or that they felt listened to in their most recent primary care appointment.³⁸

Research from the charity Stonewall also had similar findings, including that 32% of trans respondents reported experiencing unequal treatment in a healthcare setting.³⁹ More than half (62%) of trans respondents also reported experiencing a lack of understanding from healthcare staff about specific trans healthcare needs.

Building off this vital research, Trans Lives 2025 is a key opportunity to continue filling this key gap in our understanding of trans people's needs, experiences, and desires in accessing healthcare.

32. World Health Organization. (2023, 1st December). Human rights and health. Accessed 6th September 2025 from <https://www.who.int/news-room/fact-sheets/detail/human-rights-and-health>

33. Clement, M. (2023, 13th July). The founding of the NHS: 75 years on. History of Government. GOV.UK. Accessed 6th September 2025 from <https://history.blog.gov.uk/2023/07/13/the-founding-of-the-nhs-75-years-on/>

34. TransActual. (2025, 4th April). Gender clinics (gender dysphoria clinics). Accessed 6th September 2025 from <https://transactual.org.uk/medical-transition/gender-dysphoria-clinics>

35. QueerAF. (2025, 4th October). Gender Clinic Files: Some people in Scotland will never get a gender clinic appointment on a 224-year waitlist. <https://www.wearequeer.af/gender-clinic-files-some-people-in-scotland-will-never-get-a-gender-clinic-appointment-on-a-224-year-waitlist/>

36. TransActual. (2025, 4th April). Gender clinics (gender dysphoria clinics). Accessed 6th September 2025 from <https://transactual.org.uk/medical-transition/gender-dysphoria-clinics>

37. Grassian, T. (2022). Transition Access Survey. TransActual. <https://transactual.org.uk/transition-access-22/>

38. GP Patient Survey. (2025) Survey results and materials. <https://www.gp-patient.co.uk/surveysandreports>

39. Bachmann C.L. and Gooch, (2018). LGBT in Health Report. <https://www.stonewall.org.uk/resources/igbt-britain-health-2018>

2. Methods and sample characteristics

Sample design

To address the three vital research areas discussed in the previous chapter (accessing gender congruent ID, experiences of transphobia, and access to healthcare), TransActual hosted an online survey for UK-based trans adults between December 2024 and January 2025, with a total of 4,008 responses.

The survey was hosted on the online platform Typeform and participation was open to all trans people who were 18 years old or over and living in the UK at the time of the study. The research used an inclusive definition of trans that allows for individual self-identification and includes non-binary people.

The survey was publicised through TransActual's social media channels and newsletter, as well as being emailed to trans and LGBTQIA+ groups around the UK, with the request that they share it through their own social media channels and networks.

Targeted outreach was also undertaken to encourage participation from People of Colour, a section of our community that we know can face additional barriers and which has historically been under-represented in our research.

The study topics and questions were structured around a desire to cover the most important topics for trans people in the UK today, while minimising the burden on participants. A particular focus was placed on drawing on question topics and wording from our Trans Lives 2021 report, to enable future comparisons and trend mapping.

The study design was reviewed by an ethics board composed of three academics working in relevant research areas. The survey took about fifteen minutes to complete and began with a consent form that included information about the study and contact details to raise any questions or feedback or to withdraw participation from the study.

Sample

The huge diversity across our survey population of 4,008 trans people demonstrates the wide variety in backgrounds and identities held by trans people. This includes a range of ages, gender and religious identities, ethnicities, and experiences.

AGE

Participants ranged from 18 to 81 years old, with an average age of 29.

GENDER

Participants reflected the wide range of gender identities that fall under the trans umbrella, with 30% (1205) trans men or men with a trans history (heretofore, simply referred to as trans men), 27% (1084) trans women or women with a trans history (heretofore referred to as trans women), 18% (721) transmasculine non-binary, 17% (667) non-binary, 6% (258) transfeminine non-binary, and 1% (53) unsure or questioning.

We have separated non-binary respondents into three groups to recognise the diverse range of experiences and genders under the trans and non-binary umbrellas. Throughout this report we will therefore be referring to non-binary, transmasculine non-binary, and transfeminine non-binary respondents as three distinct groups.

COUNTRY OF RESIDENCE

The majority of survey respondents (83%, 3273) were residing in England at the time of completion, with 10% (396) in Scotland, 6% (229) in Wales, and 1% (46) in Northern Ireland. Given current census estimates of trans populations in Wales, England, and Scotland (no such estimate exists in Northern Ireland), it is likely that this represents an overrepresentation of trans people from Scotland and Wales.^{40,41}

40. Scotland's Census. (2024, 27th July). Scotland's Census 2022 – Sexual orientation and trans status or history. <https://www.scotlandscensus.gov.uk/2022-reports/scotland-s-census-2022-sexual-orientation-and-trans-status-or-history/>

41. Office for National Statistics. (2023, 6th January). Gender identity, England and Wales: Census 2021. <https://www.ons.gov.uk/peoplepopulationandcommunity/culturalidentity/genderidentity/bulletins/genderidentityenglandandwales/census2021>

ETHNICITY

Approximately nine in ten respondents (90%, 3442) identified as white. Because there is no comparative data for trans people in the UK, we cannot be entirely sure of how representative this is. However, with those identifying as white making up 82% of the population of England and Wales,⁴² 87% of the Scottish population,⁴³ and 97% of the population in Northern Ireland,⁴⁴ this likely represents an overrepresentation of white respondents and an underrepresentation of people of other ethnic heritages.

Respondents were also asked if they identified as a Person of Colour, with 6% (240) indicating that they do. Because of the low numbers within specific ethnic groups, for the purposes of this study comparisons have been made between those who do not identify as a Person of Colour and those that do. We recognise that treating People of Colour as a single group may hide the wide variation across different ethnic groups and hope that future research will be able to draw on larger samples of trans People of Colour for a better understanding of these trends.

RELIGION

Most respondents (51%, 2007) indicated that they have no religion and 17% (653) told us that they were agnostic. The next most common religious categories were Pagan (9%, 340), spiritual (8%, 297), Christian (6%, 242), and other (5%). This is markedly different from the broader UK population, with the most recent 2021 census in England and Wales finding that 46% of people identified as Christian and 12% as having no religion.

Respondents also represented a wide range of other religious groups, including Jewish (1%, 50), Humanist (1%, 36), Buddhist (1%, 28), Muslim (1%, 25), and other religious groups (5%, 181).

DISABILITY AND AUTISM

Most respondents indicated that they are disabled (62%, 2493). People of Colour (68%, 163) and trans intersex people (71%, 70) were more likely to be disabled.

Two in three respondents (67%, 2661) stated that they are autistic. A high proportion of our disabled respondents may define themselves as disabled because of being autistic, but it may be that many have other and/or multiple disabilities. Research has repeatedly found that trans people are more likely to be autistic than cisgender people.⁴⁵ Ultimately, it doesn't matter why.

INTERSEX RESPONDENTS

Intersex is an umbrella term to describe people with a sex variation or variations, such that they do not fit into the conventions of "male" or "female" sex. Sex is not a rigid binary but a continuum, with wide variation in external anatomy, internal anatomy, hormones, chromosomes and genes. Binarism is entrenched in our healthcare system, but also more broadly in societal expectations about "male" and "female" bodies.⁴⁶ In our survey 94% (3760) stated that they are not intersex, with 2% (98) stating that they are and 3% (137) that they would prefer not to say. This is similar to estimates that up to 1.7% of the population is intersex, though data does not exist on the proportion of trans people who are intersex.

Whilst some intersex people are trans, not all are. However, all of the intersex respondents in this report were trans and identified with the label of 'trans'. Therefore, in this report, when we refer to intersex people we are referring to trans intersex people and not to those intersex people who are not trans.

42. Office for National Statistics (2024, 21st May). Population of England and Wales. <https://www.ethnicity-facts-figures.service.gov.uk/uk-population-by-ethnicity/national-and-regional-populations/population-of-england-and-wales/latest/>

43. Scotland's Census. (2024, 21st May). Scotland's Census 2022 – Ethnic group, national identity, language and religion. <https://www.scotlandscensus.gov.uk/2022-reports/scotland-s-census-2022-ethnic-group-national-identity-language-and-religion/>

44. Central Statistics Office. (2025, 2nd July). Ireland and Northern Ireland – A Joint Census Publication 2021–2022. <https://www.cso.ie/en/releasesandpublications/ep/p-cpini/irelandandnorthernireland-ajointcensuspublication2021-2022/ethnicityplaceofbirthlanguageandreligion/>

45. Warrier, V. et al. (2020, 7th August). Elevated rates of autism, other neurodevelopmental and psychiatric diagnoses, and autistic traits in transgender and gender-diverse individuals. *Nature communications* 11, 3959. <https://doi.org/10.1038/s41467-020-17794-1>

46. United Nations of Human Rights. (2024, 20th November). Intersex people: OHCHR and the human rights of LGBTI people. <https://www.ohchr.org/en/sexual-orientation-and-gender-identity/intersex-people>

HOUSEHOLD INCOME

Respondents had a range of household incomes, ranging from households earning less than £15,000 (25%, 796) to those earning £150,000 or more (2%, 50). The majority of respondents indicated that their household income is less than £30,000 (57%, 1836), meaning that most respondents have a household income that is less than the UK median of £36,700.⁴⁷ Those experiencing multiple forms of marginalisation were particularly likely to report lower household incomes, with 63% (1247) of disabled people, 63% (64) of trans intersex respondents, and 61% (111) of People of Colour earning less than £30,000 a year.

HOUSING INSECURITY

Nearly one in four respondents (23%, 919) reported having experienced housing insecurity, having slept rough, sofa surfed, or both. Of our respondents, 5% (208) have slept rough. While comparative figures do not exist for the wider UK population, research suggests that approximately 6% of people may have experienced homelessness, with just over 1% having ever slept rough.⁴⁸ Thus, our findings strongly suggest that trans people are more likely to experience homelessness and are more likely to have slept rough.

Nearly one in four respondents reported having slept rough, sofa surfed, or both.

Limitations

Due to our sampling strategy, which used a combination of convenience and purposive strategies for participation in a voluntary survey, it is unlikely that our sample is proportionately representative of all trans people across the UK. In addition, the lack of comparative statistics on the UK's trans population (e.g., percentage that are intersex and/or are of specific ethnic heritages) makes it difficult to assess the degree to which this sample is representative and where we may have skews.

The differences in sizes across different groups within our sample (due to their being a small percentage of the wider population and/or because of their being underrepresented in our survey) also create challenges with generalising findings beyond our sample population. For instance, those from Northern Ireland comprise just under 3% of the UK population and, within our survey, were just 1% of respondents.⁴⁹ This creates challenges when comparing those from England (83%, 3273) to those from Northern Ireland (1%, 46).

For these reasons, it is important to be cautious when interpreting our findings and generalising out to the entire trans population across the UK. That said, to the best of our knowledge, this is the largest sample of trans people included in a UK-based research project to date. We therefore believe that it is important to consider trends identified within this research and use them as the basis for future research, particularly the high prevalence of housing insecurity identified within the sample population and the likelihood of respondents being in a low household income bracket.

47. Office for National Statistics. (2025, 2nd May). Average household income, UK Financial Year Ending 2024. <https://www.ons.gov.uk/peoplepopulationandcommunity/personalandhouseholdfinances/incomeandwealth/bulletins/householddisposableincomeandinequality/financialyearending2024>

48. White et al. (2021). Mortality among rough sleepers, squatters, residents of homeless shelters or hotels and sofa-surfers: a pooled analysis of UK birth cohorts. *International Journal of Epidemiology* 2021, 1–8. <https://doi.org/10.1093/ije/dyab253>

49. Office for National Statistics. (2024, 26th March). Population estimates for the UK, England, Wales, Scotland, and Northern Ireland: mid-2022. <https://www.ons.gov.uk/peoplepopulationandcommunity/populationandmigration/populationestimates/bulletins/annualmidyearpopulationestimates/mid2022>

3.

Access to ID
(and the
consequences
of not holding
gender
congruent ID)

Introduction

People need ID to access a wide range of services and components of modern life, ranging from registering with schools, employers, and medical practices to accessing age-restricted places (e.g., pubs or nightclubs) or buying age-restricted items. Having gender congruent ID can, for many trans people, improve their sense of safety. However, the process of changing gender on an ID can be extremely time-intensive and costly.

While most respondents indicated a desire to change their ID to reflect their gender identity, few had done so without issue. Most respondents reported still not having ID that reflected their gender, with People of Colour and disabled respondents being even less likely to hold gender congruent ID.

With just 4% (142) of respondents stating that they have no desire to change any of their IDs, fewer than one in seven of the remaining 96% (3,866) had done so without issue. Respondents were more likely to not hold gender congruent ID than to do so, with 40% (1,593) stating they held at least one form of ID that reflected their gender and just 9% (353) having a GRC.

Certain groups were even less likely to hold gender congruent ID and/or a GRC, particularly those experiencing multiple forms of marginalisation. Just over one in three People of Colour reported having an ID that reflected their gender identity (34%, 81), with just 5% (11) having a GRC. Non-disabled respondents were nearly twice as likely to hold a GRC (13%, 174) than disabled respondents (7%, 169), while also being more likely to hold gender congruent ID (48% or 630 non-disabled people, compared to 36% or 899 disabled people).

Across the four nations, those in Wales were the most likely to hold gender congruent ID (45%, 102) or a GRC (12%, 27), while those in Northern Ireland were the least likely to hold gender congruent ID (28%, 13) and respondents in Scotland the least likely to have a GRC (7%, 294).

Across different gender identities, trans women were the most likely to have gender congruent ID (59%, 635) and/or a GRC (17%, 180), followed by trans men (49% or 594 people and 11% or 128 people, respectively). Non-binary people were the least likely, with 14% (95) having gender congruent ID and 2% (13) a GRC.

Barriers to obtaining gender congruent ID

Only 13% (502) of respondents reported having successfully changed the gender on their ID without issue. Respondents were, instead, much more likely to report a range of existing barriers to getting ID (see Figure 3-1 on the next page). The most commonly mentioned barriers included:

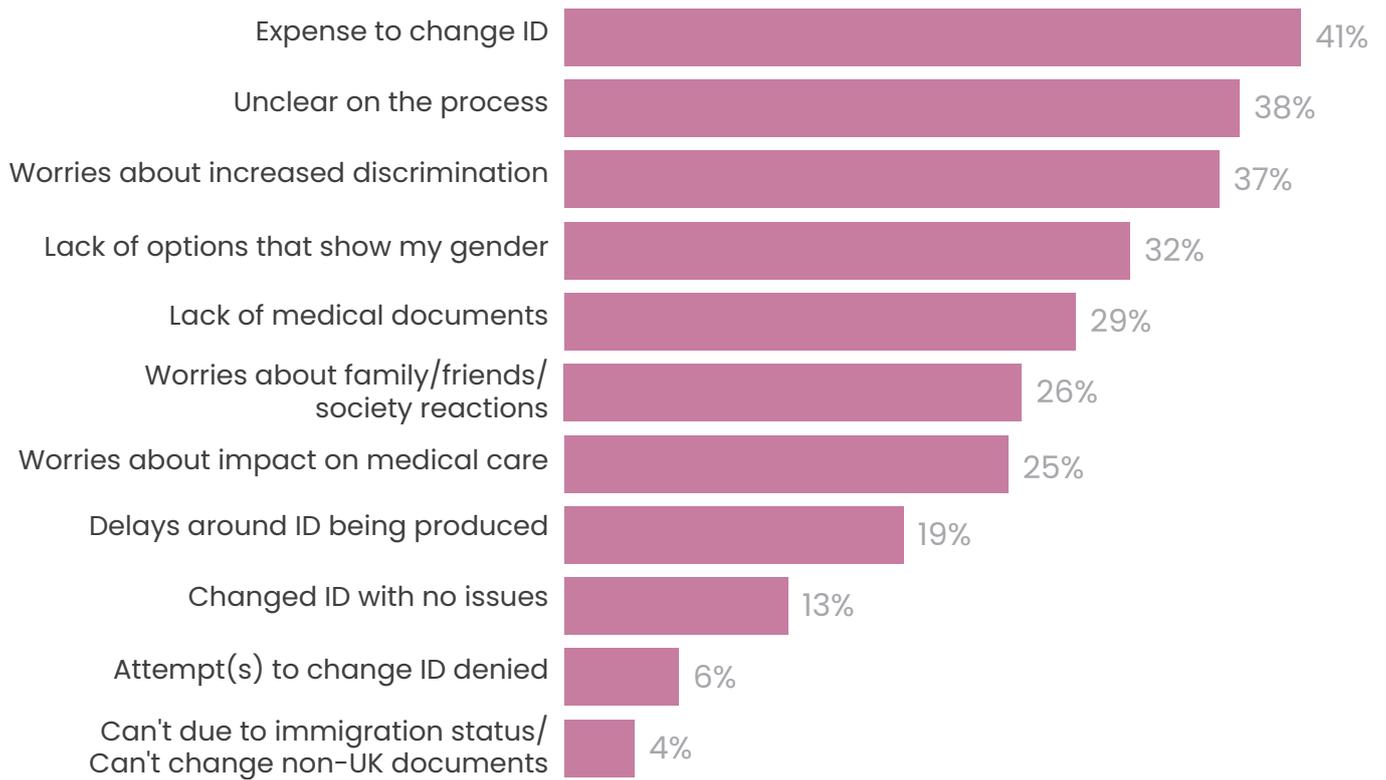
- Expenses connected to changing ID (41%, 1655);
- Being unclear on how the process of changing ID works (38%, 1517);
- Worries about increased discrimination (37%, 1471);
- The lack of options to reflect one's gender, including a lack of a gender-neutral option (32%, 1271);
- Not having the necessary medical documents (29%, 1149);
- Concerns about the reactions of family, friends, and/or society (26%, 1028);
- Concerns about the impact on medical care (25%, 998); and
- Delays around ID being produced (19%, 762).

Across the four nations, certain barriers were more likely to be reported in some areas than others. For instance, respondents in Northern Ireland were most likely to report barriers related to expenses (46%, 21), not having the right medical documents (35%, 16), and delays around ID being produced (26%, 12). Meanwhile, respondents from Scotland were more likely to report barriers related to the lack of options that reflect their gender identity (39%, 154).

Trans women and trans men were the most likely gender groups to report having obtained ID without any issues (24% or 259 trans women and 15% or 182 trans men), while non-binary respondents were the least likely (2%, 11). Non-binary people were, instead, the most likely to report the lack of gender options as a barrier to changing ID (79%, 529), followed by transmasculine non-binary respondents (64%, 462), and transfeminine non-binary respondents (58%, 150).

Disabled respondents were more likely to report all barriers, while being less likely to report having successfully changed ID without issue (9%, 228). For instance, 46% (1140) reported concerns about expenses related to changing ID, while 29% (720) indicated concerns about the impact on medical care.

FIGURE 3-1. REPORTED BARRIERS TO OBTAINING ID



Consequences of not having gender congruent ID

Respondents who had either not changed their ID or had experienced issues with doing so reported a range of ways that not having gender congruent ID impacted their lives. More than three in four (80%, 2596) stated that having the wrong gender marker on their ID had worsened their mental health or increased their gender dysphoria (see Figure 3-2 on the next page), including 51% (1656) who had experienced this over the past year (see Figure 3-3 on the next page). Avoiding situations where ID may have to be used was also a commonly reported issue, affecting 70% (2243) of respondents, including 47% (1520) over the past year.

Other consequences were less commonly reported but represent areas that can have significant impacts on people's lives. These include issues with employment (42%, 1325), medical care (41%, 1283), travelling (38%, 1196), and purchasing age restricted items (31%, 992). This includes more than one in four respondents reporting issues with medical care (27%, 854) and/or employment (27%, 838) over the previous twelve months. More than one in five experienced issues with travelling (23%, 716) and/or purchasing age restricted items (21%, 671).

Certain groups were more likely to report consequences for struggling to obtain ID. Disabled respondents were more likely to report consequences across all categories, particularly for issues with employment (46%, 940), medical care (45%, 925), and housing (24%, 485). People of Colour were also more likely to report consequences in most (but not all) areas, particularly in terms of issues with employment (51%, 95), travelling (45%, 86), opening bank accounts (34%, 65), and housing (28%, 54).

Despite being more likely to have gender-affirming ID and/or a GRC, trans intersex respondents were more likely to report issues stemming from not having appropriate ID. This includes being over 50% more likely to have issues opening a bank account (54%, 43) or with medical care (64%, 50) than endosex respondents (27% or 803 and 40% or 1167, respectively).

It is clear that not having gender congruent ID can have wide-ranging implications on trans people's daily lives and ability to access essential goods and services. Most respondents (56%, 1305) stated that they felt more unsafe because their ID does not reflect their gender identity, including 29% (657) who strongly agreed with this statement. This was particularly true for trans men (78%, 458) and trans intersex (73%, 35) respondents.

Respondents were also likely to report that not holding gender congruent ID led to increased discrimination (43%, 953). Most trans intersex (60%, 29) respondents, trans men (56%, 319), and trans women (53%, 220) agreed with this statement, as did half People of Colour (50%, 71).

56% of respondents felt more unsafe because their ID does not reflect their gender identity.

FIGURE 3-2. REPORTED CONSEQUENCES OF STRUGGLE TO OBTAIN ID

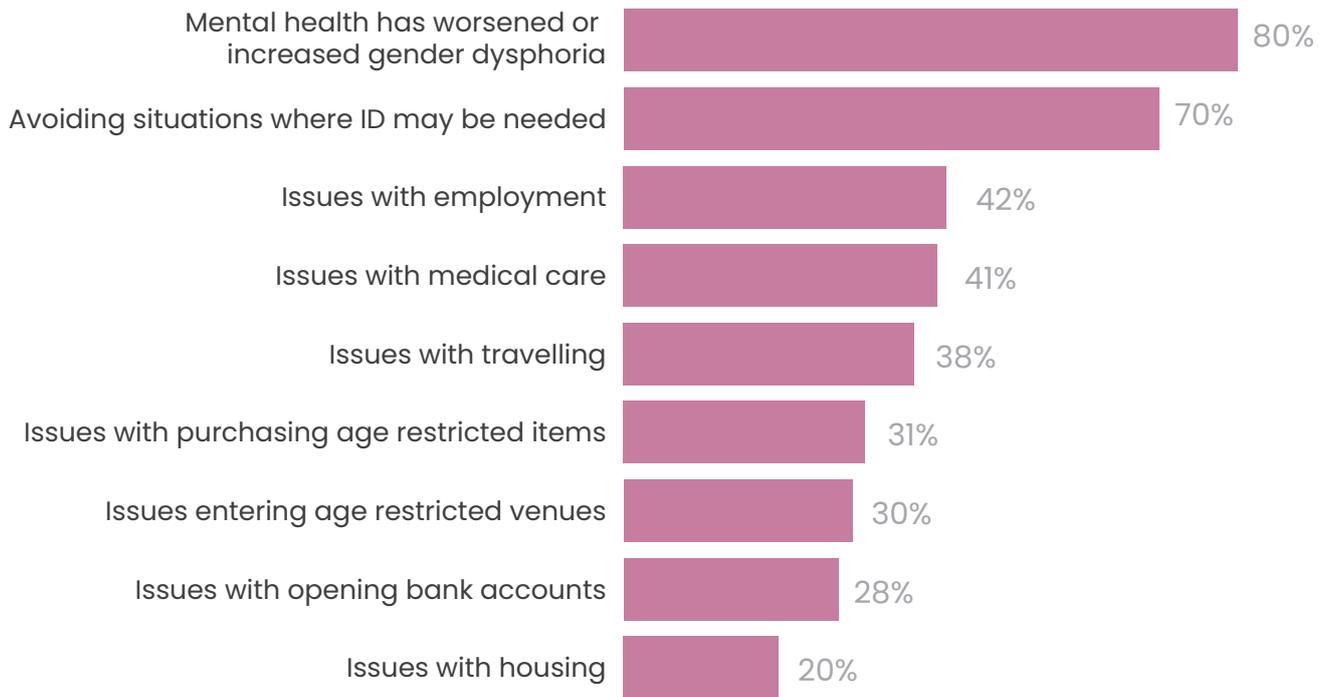
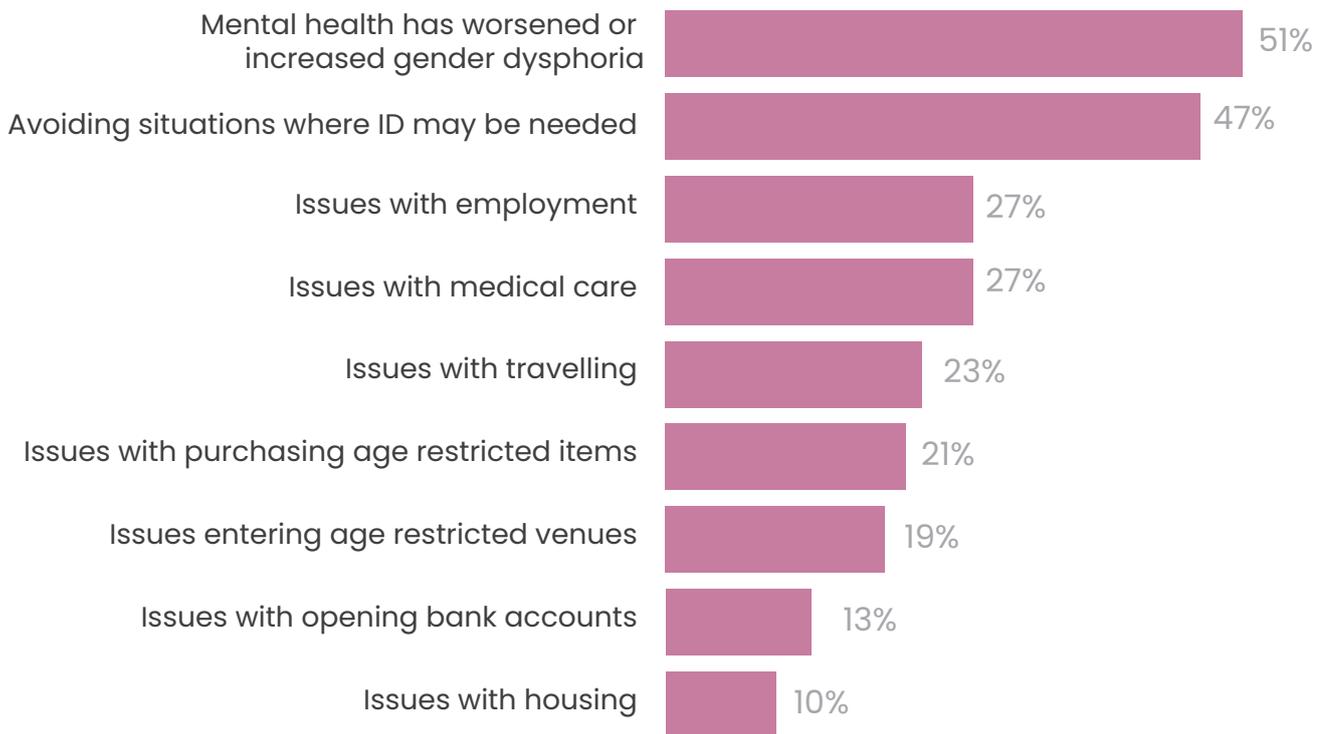


FIGURE 3-3. REPORTED CONSEQUENCES OF STRUGGLE OBTAINING ID OVER THE PAST YEAR



Other options for gender on ID

Many respondents felt limited by current gender options, with more than three in four (79%, 529) non-binary people reporting the lack of options reflecting their gender as a barrier to obtaining gender-affirming ID. There are a range of options that could be used to ensure ID more accurately reflects trans people's identities.

One option is to enable people to have a gender-neutral ID marker (such as an 'X'). Across all respondents, just over one in three (34%, 1350) stated that they would like to have a gender-neutral ID. Those who are non-binary (75%, 501), transfeminine non-binary (73%, 189), or transmasculine non-binary (71%, 514) were particularly likely to support this option.

Another potential option for addressing issues with difficulties accessing gender congruent ID is to simply not list gender on a person's ID. Respondents were slightly more likely to support this type of ID (40%, 1387) than a gender-neutral option. Certain groups may be more likely to welcome having no gender listed on their ID. People of Colour were more likely to state that they would like to have ID without any gender listed on it (48%, 102), as were non-binary (49%, 319), transmasculine non-binary (57%, 386), transfeminine non-binary (47%, 114), and trans intersex (51%, 44) respondents.

40% of respondents would like access to ID that doesn't list their gender.

Conclusion

This research has demonstrated that, while widely desired across trans people in the UK, accessing gender congruent ID can be incredibly challenging. Not holding appropriate ID can cause a range of issues related to safety and discrimination, issues that are most common for those facing other forms of societal oppression, including People of Colour, disabled, and trans intersex people.

However, it is also clear that there is a wide variety in experience and need around ID. For some, making it easier to switch gender on ID may be the best solution, while others' needs may be better met by the addition of a third non-binary option or the ability to not include a gender at all. Further research is clearly needed to investigate which option(s) may be best to meet the needs of all trans people.

With so few respondents reporting having successfully obtained appropriate ID without issue and exponentially more reporting a wide range of existing barriers, it is clear that the current system is not working for the overwhelming majority of trans people.

4. Experiences and the impact of transphobia

Introduction

Transphobia can be an incredibly complex form of discrimination that often intersects with other forms of marginalisation. In the UK, the changing rhetoric around trans identities has allowed transphobic language, messaging, and policies to be normalised and masked as 'debates'. What has been almost entirely absent from these 'debates' has been the experiences of trans people.

This research aimed to provide us with updated information on trans people's experiences of discrimination. We found that trans people were not only likely to experience transphobia, but that most had experienced multiple types of transphobia over the past year (during 2024).

In total, 97% (3907) of respondents reported experiencing transphobia, with 84% (3382) having experienced at least one form of transphobia over the past year. These numbers make it clear that transphobia is far too normal in the UK and has become an expected part of trans people's lives and experiences. The overwhelming majority of respondents also reported having experienced transphobia from multiple sources (94%, 3748), with nearly three in four (71%, 288) stating that they had experienced more than one type of transphobia just in the past year.

97% of respondents reported experiencing transphobia, with 84% having experienced at least one form of transphobia over the past year.

It is important to reiterate that the data in this report comes from responses to a survey that was open from December 2024 until January 2025. If we were to repeat the survey today, we expect that the figures would be even more concerning.

Experiences of transphobia

Respondents were likely to report having experienced transphobia in a range of settings (see Figure 4-1 on the next page), with more than four in five respondents saying that they had experienced transphobia online (82%, 3139) and/or from family (80%, 3083). Respondents were also likely to report having experienced transphobia from strangers on the street (71%, 2698), while using public transport (52%, 1977), when accessing goods or services (50%, 1872), from colleagues (49%, 1842), and/or from friends (48%, 1821).

Most respondents not only reported having experienced transphobia at some point in their lives, but having experienced transphobia over the previous year. Nearly two in three respondents (63%, 2426) reported experiencing transphobia online in the previous twelve months, and more than half (54%, 2093) from family.

Trans intersex respondents were some of the most likely to report experiencing transphobia, with a higher proportion reporting these experiences than across the general sample in all contexts. This was particularly true for transphobia from strangers (84%, 7) and colleagues (66%, 61), as well as when accessing public transport (70%, 64) or in employment (64%, 59).

People of Colour were also more likely to report transphobic experiences in nearly all settings, including from colleagues (60%, 134) and friends (58%, 130), as well as in employment (51%, 116) and sports (43%, 91). Transfeminine non-binary people were, on the other hand, particularly likely to report experiencing transphobia from strangers (80%, 192) and when using public transport (60%, 144).

While most respondents reported experiencing transphobia in a range of different situations and from different sources, even more reported having seen or heard transphobia. In all seven areas asked about, at least three in four respondents reported seeing or hearing transphobia, with the most common sources being social media (>99%, 3937) and politicians (99%, 3925). These were followed by digital print media (96%, 3743), film or TV (94%, 3651), print media (93%, 3556), radio (75%, 2804), and books (76%, 2858).

99% of respondents had seen or heard politicians express transphobic sentiments, with 87% seeing or hearing it in the past year alone.

In all areas, most respondents had seen or heard transphobia not just in their lifetimes, but over the previous twelve months. Politicians and social media were again the most common sources (87%, 3452 and 87%, 3442 respectively). More than three in four respondents had also seen or heard transphobia from digital print media (84%, 3280), print media (80%, 3053), and film or TV (76%, 2923), while more than half did so from radio (60%, 2232) and books (56%, 2101).

FIGURE 4-1. REPORTED EXPERIENCES OF SEEING OR HEARING TRANSPHOBIA

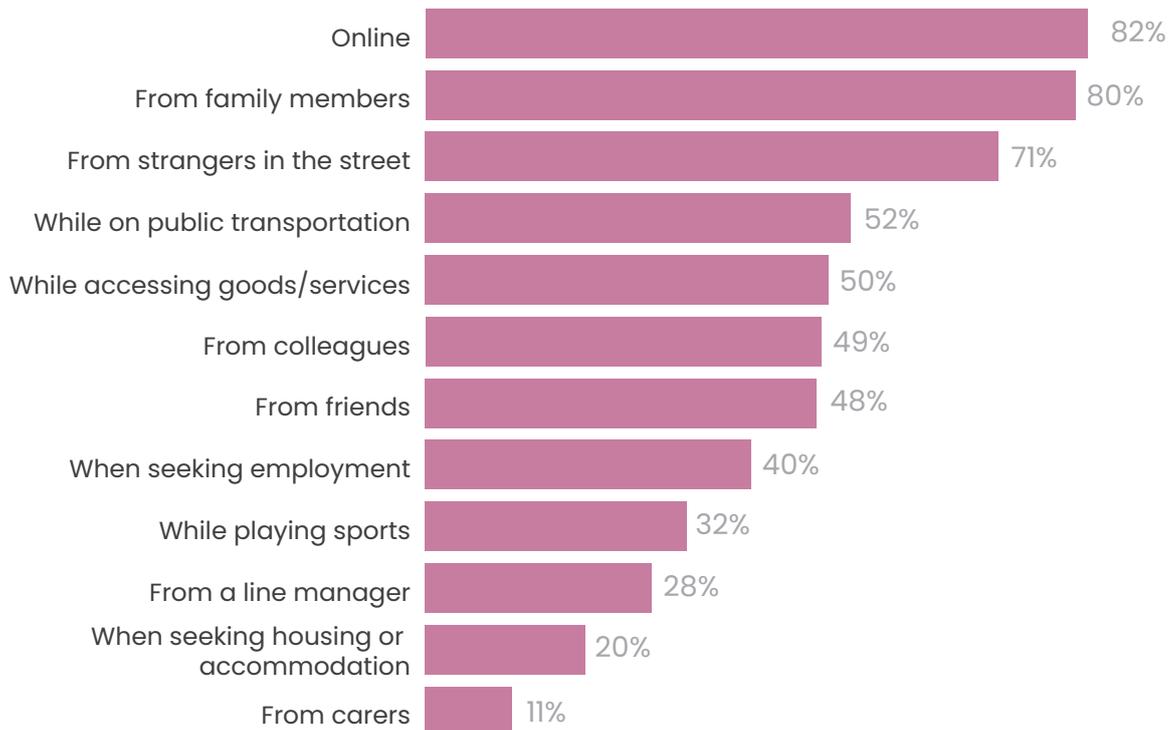


FIGURE 4-2. REPORTED EXPERIENCES OF SEEING OR HEARING TRANSPHOBIA



FIGURE 4-3. REPORTED EXPERIENCES OF SEEING OR HEARING TRANSPHOBIA OVER THE PREVIOUS 12 MONTHS



FIGURE 4-4. IMPACT OF TRANSPHOBIA IN THE MEDIA ON MENTAL HEALTH



FIGURE 4-5. PERCEIVED IMPACT OF MEDIA TRANSPHOBIA ON TREATMENT BY STRANGERS



FIGURE 4-6. PERCEIVED IMPACT OF MEDIA TRANSPHOBIA ON TREATMENT BY FAMILY

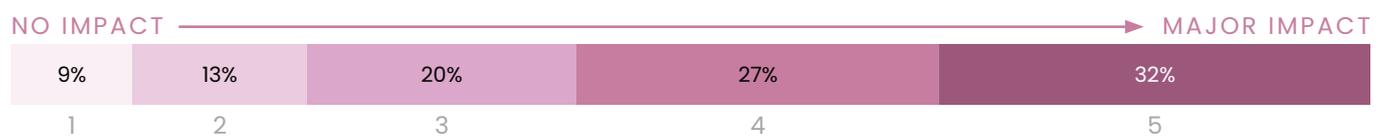


FIGURE 4-7. PERCEIVED IMPACT OF MEDIA TRANSPHOBIA ON TREATMENT BY COLLEAGUES

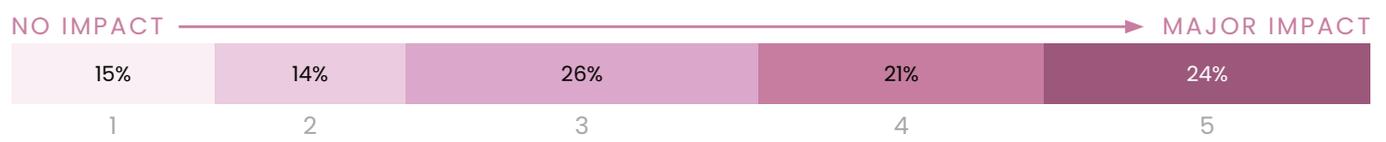
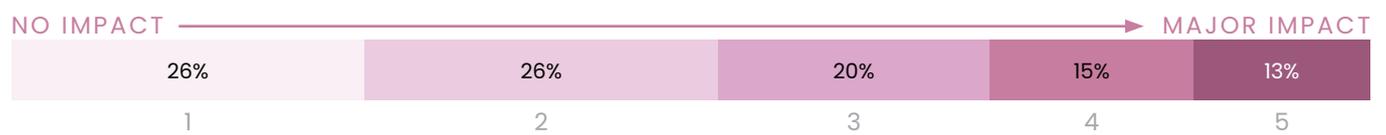


FIGURE 4-8. PERCEIVED IMPACT OF MEDIA TRANSPHOBIA ON TREATMENT BY FRIENDS



Please note that the figures have been rounded to the nearest whole number and, in some cases, may not add up to 100 per cent.

Impacts of transphobia

Our findings demonstrate the wide range of ways transphobia can impact trans people's daily lives. Nearly every respondent (99%, 3933) reported that transphobia in the media had impacted their mental health, including 45% (1792) who reported that this content had a major impact (see Figure 4-4 on the previous page).

More than nine in ten respondents also reported believing that transphobia in the media had impacted how strangers (96%, 3758) and/or family members (91%, 3373) treated them (see Figures 4-5 and 4-6, below). Impacts on how colleagues (85%, 3173) and friends (74%, 2899) treat respondents were also common (see Figures 4-7 and 4-8 on the previous page).

Our research also revealed close links between experiences of transphobia and the perception that media transphobia had negatively impacted people around them. For instance, 98% (1898) of respondents who reported experiencing transphobia from family over the past year also reported believing that media had impacted how family members treated them. While 32% (1186) of all respondents reported this impact as major, it was the case for 44% (841) of those who'd reported these experiences.

People of Colour were also more likely to report that media transphobia had a major impact on how family members (43%, 91), colleagues (36%, 81), and friends (19%, 234) treated them. The same was true for trans intersex respondents, with 38% (35) reporting a major impact on the behaviour of family members, 33% (31) on colleagues, and 24% (23) on friends.

Conclusion

Our findings demonstrate that trans people all over the UK, from all types of backgrounds and identity groups, will have experienced more than one type of transphobia over the past year. Since we conducted this survey, there has been a notable deterioration in the sociopolitical landscape for trans people in the UK (and elsewhere). If things don't change for the better, and soon, things will only continue to worsen. This will impact every aspect of trans people's lives, including socioeconomic wellbeing and mental and physical health.

It is clear that transphobia hits certain groups hardest, particularly those who experience multiple forms of marginalisation, including trans People of Colour, trans intersex people, and disabled people. The Equality Act (2010) is meant to protect people from discrimination, but it isn't doing. It is not acceptable that trans people are routinely facing widespread discrimination in a range of contexts and it is clear that drastic action is urgently needed.

99% of respondents reported that transphobia in the media had impacted their mental health.

5. Access to healthcare

Introduction

Since the founding of the NHS (and Health and Social Care NI) in 1948, the UK has committed to providing healthcare that is almost entirely free at the point of use. 75 years later, we are seeing the NHS struggle more than perhaps at any other point in history.^{50,51} The impact of the failure to deliver essential care in a timely manner is being felt differently across the huge diversity of people in this country.

However, as often happens when systems are letting people down, current challenges in the NHS are hitting those experiencing any type of marginalisation or disadvantage the hardest. For trans people, who may require care related to their medical transition in addition to other types of care, accessing appropriate and timely healthcare can be incredibly important and yet incredibly difficult. Our previous research has demonstrated the profound impact that horrendous waiting times can have on people seeking gender-affirming care, including people being forced to use food banks because they cannot otherwise afford the cost of accessing GAHT privately.⁵²

This research expands on these findings, exploring not just trans people's access to gender-affirming care, but to care in general. Our findings present a stark picture, with most respondents reporting experiencing transphobia or poor care from primary care staff, having low levels of confidence in staff, and commonly avoiding contact with healthcare services when they need them. Most respondents also reported having experienced at least one other type of discrimination from medical practitioners, demonstrating the importance of addressing transphobia as an intersectional issue.

Experiences of transphobia from primary care staff

As discussed in the previous chapter, experiences of transphobia are far too common amongst the UK's trans population. Unfortunately, for most trans people in the UK, these experiences have extended to healthcare settings. Accessing medical care can be incredibly sensitive and challenging, but when faced with the prospect of experiencing discrimination or poor treatment because of one's trans identity, this can become incredibly difficult.

Just over half of respondents (52%, 1714) indicated that they had experienced discrimination from at least one primary healthcare worker. The most common sources of discrimination were GPs (33%, 1175), followed by receptionists (23%, 818), nurses (15%, 548), and pharmacists (12%, 429).

Trans intersex respondents were the most likely to report experiencing discrimination from primary care staff (see Figure 5–25 on the next page), with 81% (79) stating that they had experienced discrimination from at least one primary healthcare worker. They were more than 50% more likely to report discrimination from a GP (52%, 51) or nurse (28%, 27), while being twice as likely to report discrimination from a pharmacist (24%, 24).

People of Colour were also more likely to report having experienced discrimination from one or more primary healthcare workers (64%, 153), particularly from a GP (38%, 90). Those who identified as Gypsy, Roma, or Traveller (GRT) reported experiencing some of the highest levels of transphobia. This included 45% (14) stating that they had experienced discrimination from a GP and 39% (12) from a receptionist.

Disabled respondents were also more likely to indicate having experienced transphobia (57%, 1259), reporting somewhat higher instances of discrimination across all types of primary care staff members. For instance, 37% (826) of disabled respondents reported discrimination from a GP and 27% (607) from a receptionist.

50. British Medical Association. (2025, 9th October). NHS backlog data analysis. <https://www.bma.org.uk/advice-and-support/nhs-delivery-and-workforce/pressures/nhs-backlog-data-analysis>

51. UK Parliament. (2025, 14th October). NHS key statistics: England. <https://commonslibrary.parliament.uk/research-briefings/cbp-7281/>

52. Grassian, T. (2022). Transition Access Survey. TransActual. <https://transactual.org.uk/transition-access-22/>

Within this commonly-reported experience of transphobia from primary care practitioners, respondents reported experiencing a wide range of types of transphobia and poor care (see Figure 5-3 below). Of those who reported discrimination from a GP, 97% (975) reported having had GPs who lacked knowledge around trans issues. The next most commonly reported issue with GPs was misgendering (89%, 879).

Most of those who had experienced discrimination from a GP reported challenges with accessing care because of their trans identity. This included having mental health (70%, 676) or other unrelated issues (66%, 639) attributed to their trans identity, as well as having GPs refuse to provide care because they were trans (60%, 572). Respondents also reported GPs refusing to schedule appropriate care (26%, 249), such as a cervical screening or prostate exam or, conversely, being offered inappropriate care (26%, 249), such as an invitation to attend a cervical screening being sent to someone without a vagina.

Respondents were also likely to report issues accessing care related to their trans identity. This included 59% (571) who had a GP refuse to provide a bridging prescription,⁵³ 53% (451) who had a GP refuse to refer them to a GIC, 46% (443) who were refused monitoring blood tests necessary for safe ongoing GAHT administration, 32% (303) who were refused hormone or blocker injections, 28% (259) who had GPs refuse referrals for individual funding requests for transition-related healthcare (e.g., gamete storage), and 14% (127) who had GPs stop a prescription for GAHT. Nearly half of those who reported discrimination from a GP (49%, 462) reported that their GP had been judgemental their around the use of private or DIY hormones.

Most aspects of transition related care are nationally funded by the NHS. However, some aspects are not - their funding needs approval from the local ICB or health board. These may include: fertility preservation, hysterectomy for people not pursuing masculinising genital surgery, and orchidectomy for people not wishing to have a vulvoplasty and/or vaginoplasty.

Of those who reported discrimination from a GP, 97% reported having had GPs who lacked knowledge around trans issues and 60% had been refused care because of being trans.

FIGURE 5-1. REPORTED DISCRIMINATION FROM PRIMARY CARE STAFF

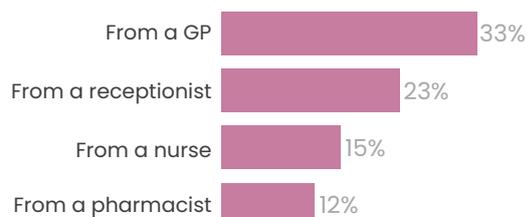
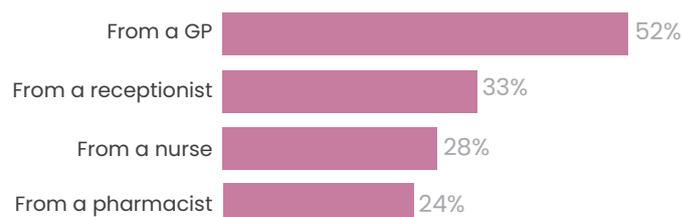


FIGURE 5-2. REPORTED DISCRIMINATION FROM PRIMARY CARE STAFF BY INTERSEX TRANS RESPONDENTS



53. Bridging prescriptions are where GPs provide a prescription for GAHT until a patient can access a private clinic or NHS GIC. It is a strategy that can dramatically reduce waiting times for patients to access GAHT. See, for instance, <https://transactual.org.uk/transition-access-22/>

FIGURE 5-3. REPORTED TRANSPHOBIA AND POOR CARE FROM A GP ACROSS RESPONDENTS WHO EXPERIENCED DISCRIMINATION FROM A GP

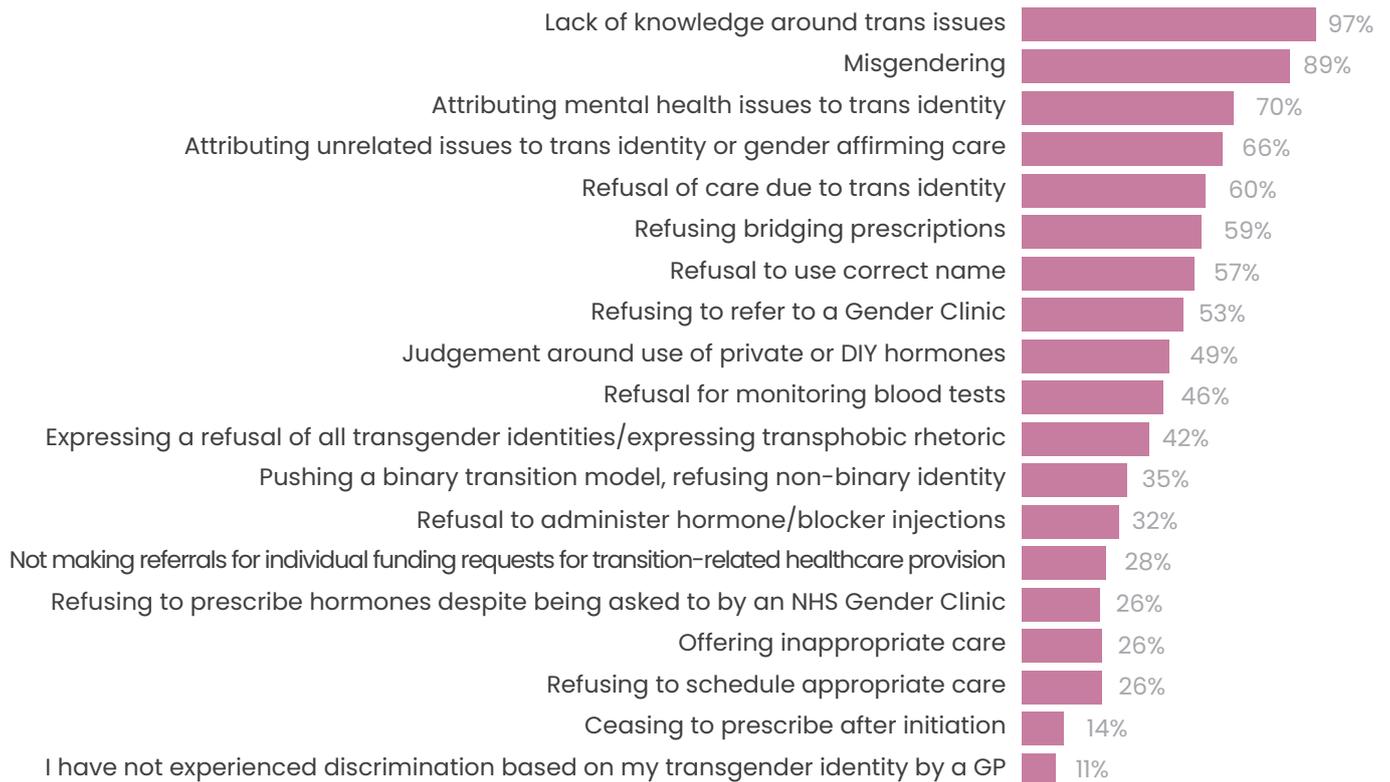
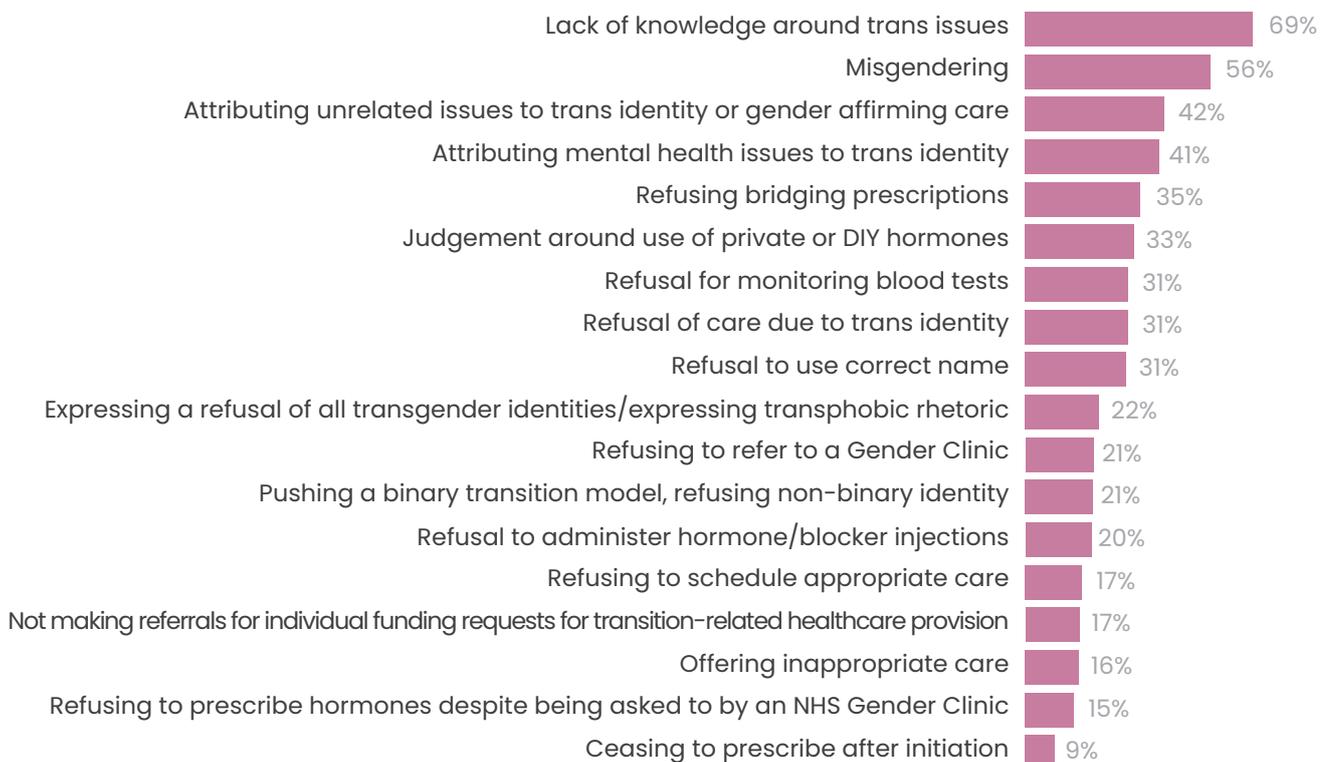


FIGURE 5-4. REPORTED TRANSPHOBIA AND POOR CARE FROM A GP ACROSS RESPONDENTS WHO EXPERIENCED DISCRIMINATION FROM A GP OVER THE PREVIOUS 12 MONTHS



Trans People of Colour were particularly likely to have issues accessing care related to being trans and with GPs expressing anti-trans sentiments. For instance, 54% (38) had GPs refuse to provide monitoring blood tests, 40% (29) were refused hormone or blocker injections, 34% (24) were unable to schedule appropriate care, and 32% (23) were offered inappropriate care. Most also reported having had GPs be judgmental about private or DIY hormones (56%, 39), and express transphobic rhetoric and/or a refusal of all trans identities (52%, 37). Nearly half (48%, 34) had experienced GPs pushing a binary gender model.

Trans intersex people also reported high levels of transphobia and poor care from GPs. This included 100% (40) reporting having GPs who lacked knowledge about trans issues, 77% (30) having unrelated issues attributed to their trans identity, 53% (20) being offered inappropriate care, 53% (19) being refused appropriate care, 51% (20) having GPs refuse trans identities and/or express transphobic rhetoric, 50% (20) having GPs push a binary gender model, and 38% (15) having individual funding requests refused.

53% of trans intersex people have been offered inappropriate care by their GP.

Experiences of transphobia and poor care from GPs also varied between people of different genders. For instance, trans women (72%, 192) and transfeminine non-binary individuals (76%, 47) were the most likely to have been refused a bridging prescription, while trans men (78%, 260) and transmasculine non-binary people (68%, 125) were the most likely to have had unrelated issues attributed to their trans identity. Trans women (72%, 186) and transfeminine non-binary individuals (75%, 47) were also the most likely to have been refused care due to being trans.

Though less common than some other forms of transphobia, reported instances of GPs openly expressing anti-trans sentiments were still far too common. Nearly half (42%, 400) of those who experienced discrimination from a GP reported GPs having expressed transphobic rhetoric and/or refusing to acknowledge the legitimate existence of trans identities. Just over one in three (35%, 330) had GPs refuse to acknowledge the existence of non-binary identities, while pushing a binary transition model.

Many types of poor care and transphobia from GPs were reported from over the previous twelve months (see Figure 5-4 on the previous page) and nearly all types of transphobia/poor care were reported by more than one in ten respondents. More than one in three respondents reported experiencing transphobia or poor care in six areas. Over two thirds (69%, 396) of respondents who had ever experienced transphobia or poor care from a GP reported finding that their GP lacked knowledge around trans issues. Misgendering was also experienced by more than half (57%, 561) of these respondents.

Confidence in medical practitioners

With the high prevalence of transphobia and poor care, it is not surprising that confidence in medical practitioners was low (see Figure 5-5, below). Just 3% (118) of respondents said that they are confident that healthcare professionals can meet their needs all the time, compared to 8% (333) who said they are never confident.

Within respondents, there was a clear link between reporting experiencing discrimination or poor care from medical practitioners and having low levels of confidence (see Figure 5-6, below). Specifically, while 2% (35) of those who reported experiencing discrimination or poor care said they trusted medical practitioners all the time, the same was true of 5% (83) of those who had not. Similarly, 10% (231) of those who experienced discrimination or poor care stated that they never trust medical practitioners compared to 6% (102) who had not.

This is particularly important to consider, given that we found certain groups to be more likely to report having experienced discrimination or poor care from medical practitioners. There was a clear correlation between higher rates of reported medical discrimination and lower

confidence in practitioners. This includes People of Colour, who were particularly likely to report never being confident in medical practitioners' abilities to meet their needs (15%, 34), as well as trans intersex respondents (13%, 13), those from Northern Ireland (13%, 6), and transfeminine non-binary respondents (12%, 31).

FIGURE 5-5. CONFIDENCE IN HEALTHCARE PROFESSIONALS' ABILITIES TO MEET NEEDS

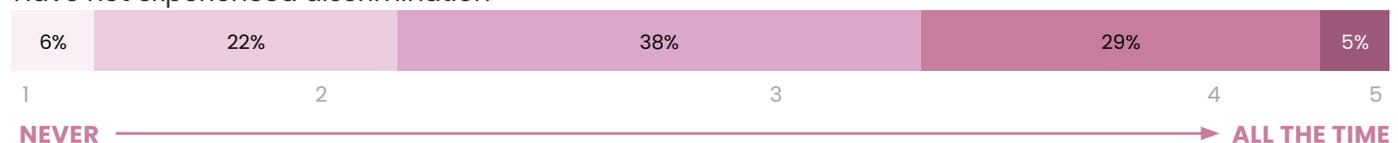


FIGURE 5-6. CONFIDENCE IN HEALTHCARE PROFESSIONALS' ABILITIES TO MEET NEEDS FOR THOSE WHO HAVE AND HAVE NOT EXPERIENCED DISCRIMINATION FROM HEALTHCARE PRACTITIONERS

Have experienced discrimination



Have not experienced discrimination



Accessing and avoiding healthcare

The combination of a high prevalence of experiences of transphobia and poor care amongst trans respondents, and subsequent low confidence in practitioners creates an environment where trans people are likely to avoid accessing healthcare, even when needed (see Figure 5-7, below). Most respondents (64%, 2456) reported having avoided going to the GP, even if unwell. More than a third had avoided accessing dental care (42%, 1571), sexual health clinics (42%, 1555), calling 111, or speaking to a pharmacist for non-emergency care (38%, 1426), and/or going to A&E when needing emergency care (37%, 1398).

64% of respondents reported having avoided going to the GP, even if unwell.

Issues with changing ID, medical records, or legal name can be one reason that trans individuals do not access healthcare. For instance, one in four (25%, 926) respondents had avoided going to the pharmacy or receiving prescriptions because they will be issued under the wrong name.

However, as has been discussed previously, not all issues with accessing healthcare are related to patients' avoidance. Respondents also reported being refused a wide range of types of care (see

section, "Experiences of transphobia from primary care staff"), including 572 who reported having been refused care due to their trans identity. Reported refusals of care were not just about transition-related care, with 799 people reporting having been refused healthcare not related to medical transition and 615 reporting having been unable to access appropriate care.

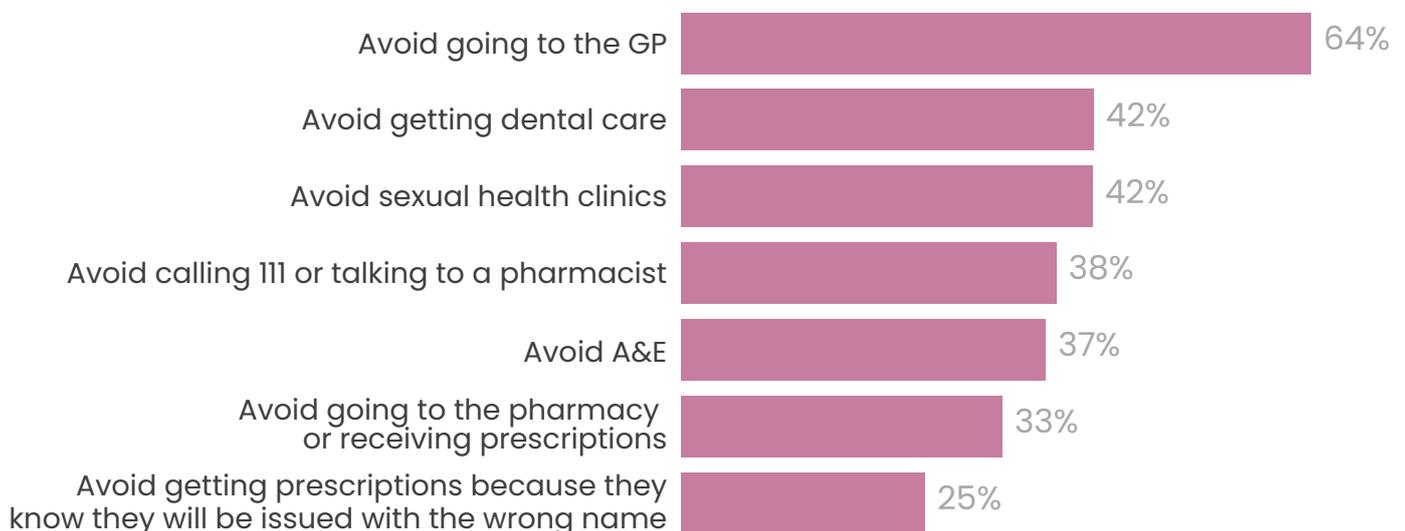
Four groups were more likely to report avoiding healthcare and being refused healthcare across all areas asked about, trans intersex people, disabled people, People of Colour, and trans men. The most notable differences between People of Colour and the overall average were in avoiding sexual health clinics (50%, 107), A&E (47%, 99) and getting prescriptions (35%, 74). People of Colour were also nearly 50% more likely to report having been refused healthcare that was not related to medical transition.

For trans intersex respondents, the most notable differences were in avoiding getting dental care (58%, 52), accessing sexual health clinics (57%, 48), and accessing A&E (49%, 44). GP refusals for healthcare not related to medical transition were also particularly high for trans intersex respondents, at 53% (45), as were reports of it taking longer to schedule appointments or access care due to their trans identities (69%, 59).

Disabled respondents were more likely to avoid sexual health clinics (48%, 1110), getting dental care (47%, 1094), A&E (44%, 1039), or accessing non-emergency care through 111 or a pharmacist (43%, 1015).

Trans men were also particularly likely to report avoiding sexual health clinics (55%, 630), A&E

FIGURE 5-7. REPORTED HEALTHCARE AVOIDANCE

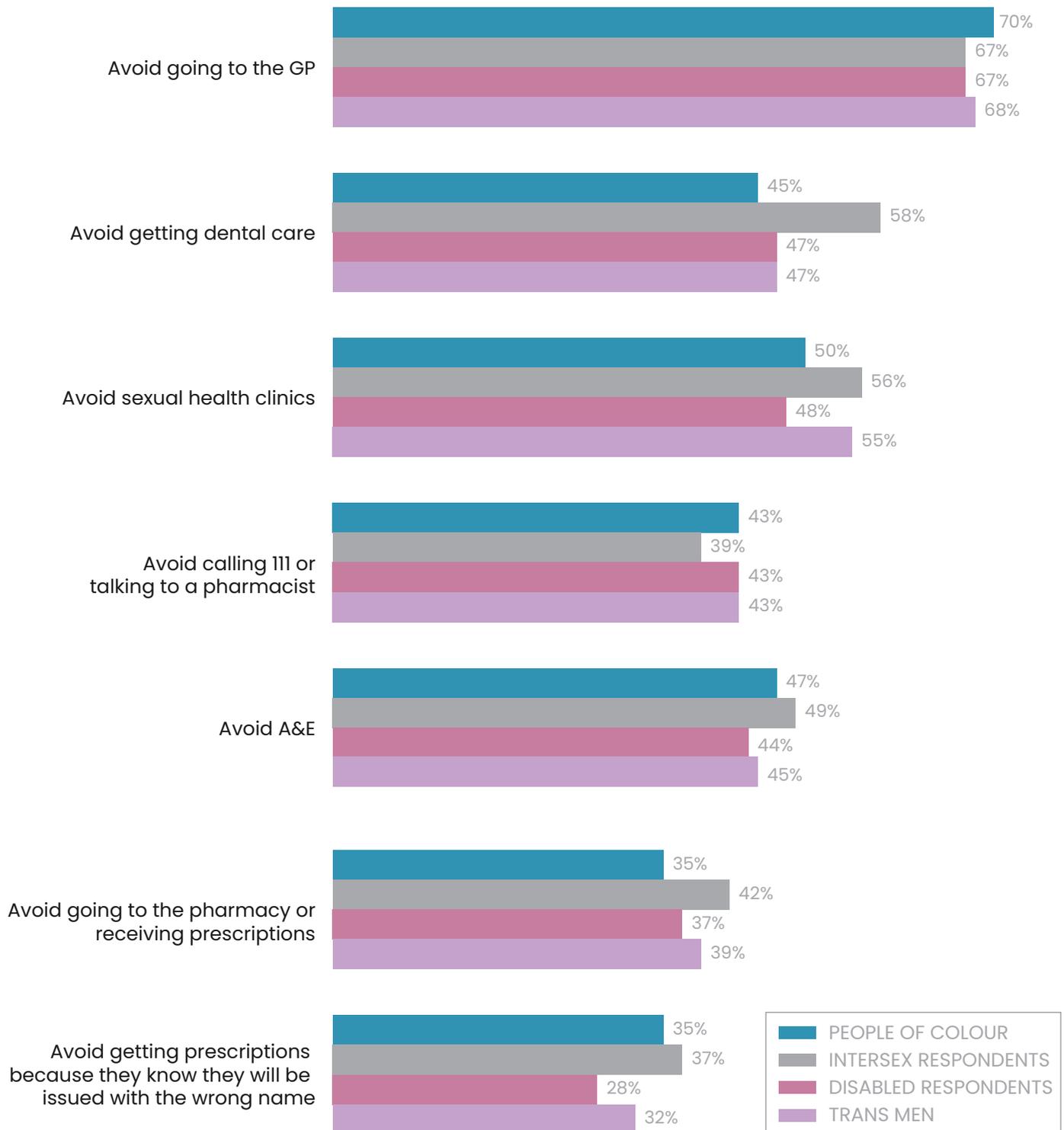


(45%, 517), going to the pharmacy (39%, 452), and getting prescriptions (32%, 363). They were also likely to state that it took longer to schedule appointments or access care due to having to explain their trans identity or situation (64%, 741).

Additionally, respondents from Northern Ireland demonstrated high levels of avoidance. For instance, 71% (32) reported avoiding going to the GP even if unwell, 47% (20) avoided A&E, and 37% (16) avoided getting prescriptions.

People of Colour were nearly 50% more likely to report having been refused healthcare that was not related to medical transition.

FIGURE 5-8. AVOIDANCE OF HEALTHCARE BY SPECIFIC GROUPS



Intersecting forms of discrimination

When looking at the experiences of trans people in medical settings, it is important to consider the intersections of trans identities with other aspects of people’s identities, backgrounds, and experiences. With those experiencing multiple forms of marginalisation reporting higher rates of transphobia in and out of medical settings, lower confidence in medical practitioners, and higher medical avoidance, it is clear that there are additional issues going on for these groups.

Across the entire response group, most (54%, 2166) reported having experienced another form of discrimination in a medical setting (see Figure 4-11, below). The most commonly reported sources of discriminatory treatment were ableism (28%, 1107), ageism due to being young (20%, 812), fatphobia or size-based discrimination (19%, 769), and/or sexism (19%, 775).

Trans intersex respondents were more likely to report all forms of discrimination, with more than three in four (77%, 75) reported experiencing at least one additional type of discrimination. This included just over half (53%, 52) reporting experiencing ableism, 43% (42) reporting experiencing fatphobia or size-based discrimination, and 27% (31) reporting experiencing ageism due to being young.

More than one in three People of Colour reported experiencing racism (36%, 86) and nearly half of disabled respondents reported experiencing ableism (43%, 1061).

FIGURE 4-9. EXPERIENCES OF RACISM IN A MEDICAL SETTING REPORTED BY PEOPLE OF COLOUR.

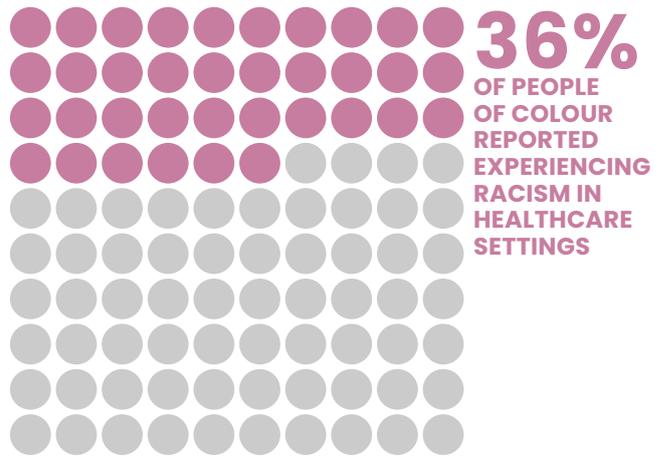


FIGURE 4-10. EXPERIENCES OF ABLEISM IN A MEDICAL SETTING REPORTED BY DISABLED PEOPLE.

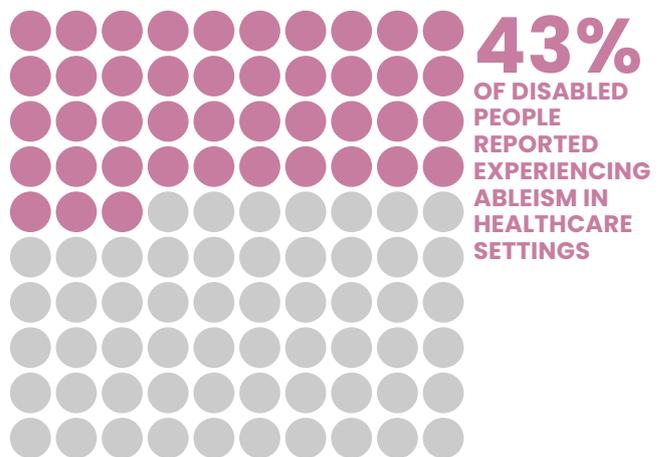
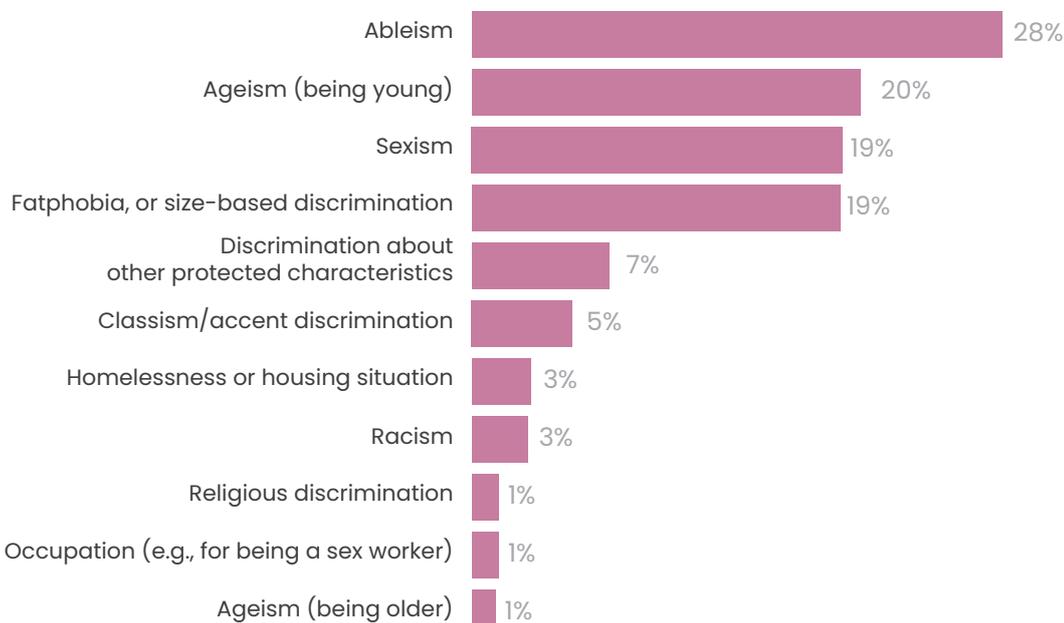


FIGURE 4-11. REPORTED EXPERIENCES OF OTHER FORMS OF DISCRIMINATION IN A MEDICAL SETTING



Conclusion

For more than 75 years, healthcare has been viewed as a basic human right for people living in the UK. Now, more than perhaps any time in recent history, that promise is under threat. Our research found that trans people are being routinely let down by services and are struggling to access appropriate care, regardless of whether it is related to their trans identity or not. Most will also have experienced other types of discrimination, including ableism, ageism, sexism, sizeism, and/or racism.

These findings paint a dire picture of healthcare for trans people in the UK. With it being so hard to access appropriate, timely care, it is not surprising that most trans people may subsequently be avoiding contact with healthcare services wherever possible. The impact of this cannot be overstated, as this presents a clear risk to people's ongoing health and their ability to identify issues that may need urgent treatment. Our healthcare system can and needs to do better for trans people.

6. Conclusions and Recommendations

When asked how hopeful they feel about the future compared to the start of 2023, 58% (2308) of respondents told us they are less hopeful. They were more than twice as likely to say that they were less hopeful than that they were more hopeful (23%, 925). Given the findings outlined within this report, these figures are not surprising. Considering events that have happened since this data was collected, it is likely these figures would be even worse if the research was repeated today.

Trans people living in the UK should not be experiencing commonplace transphobia, be having to live without ID that reflects their gender identity, or actively avoiding healthcare for fear of discriminatory treatment. The UK can and must do better for all trans people.

The findings of this research are deeply concerning and represent a community that has become only more marginalised and ostracised over the past year. These issues are even more prevalent across those also experiencing other types of marginalisation (including People of Colour, trans intersex people, and disabled people). Transphobia cannot be addressed without addressing its links with other types of marginalisation, including racism, sexism, and ableism.

The UK, once a model of inclusive trans policy across Europe, has quickly become a place where transphobic language and rhetoric are not only commonplace but viewed as part of accepted messaging and language in the media, politics, and a range of other settings across society.

Discrimination of any kind has no place in our society. It is not too late to change the UK's trajectory and to make this a welcoming home for our trans residents. But things need to change and they need to change now.

Recommendations for improving access to gender congruent ID

- 1. We call on public bodies and service providers that record people's names, titles and sex or gender markers to provide clearer information, implement simpler processes and waive application fees for trans people wishing to update their records.**

This report demonstrates that trans people, and particularly disabled trans people, find it hard to understand the processes involved in changing their ID and other documentation. This can lead to applications to change it being refused. Clearer information, specific to trans people and which takes people's access needs into account, is needed to support trans people to access appropriate ID. Waiving the fees associated with changing passports would help reduce the financial burden on trans people seeking to update their documents in line with their genders and would give more people the reassurance that having ID in the correct name and gender can bring.

- 2. We call on the Government to fund trans-specific organisations to offer trans people support to change their names, change or update their ID, and access legal gender recognition.**

A number of organisations offer this support, but too often these organisations are underfunded or entirely volunteer led. In order to meet the needs of the trans population, funding needs to be provided.

- 3. We call on the Government to proactively review systems of gender recognition and identity documentation to explore ways that trans and non-binary people can navigate everyday life safely, with dignity, privacy and equal access to services, including the removal of gender markers on ID altogether.**

There are contrasting views on the best approach to providing ID and gender recognition that is inclusive of non-binary people. Some people advocate for an x marker, whilst others advocate for the decertification of gender. More research is needed into the different options and their implications for the lived realities of trans people of all genders.

Recommendations to reduce the prevalence and impact of transphobia in the UK

- 1. We call on UK political parties to work with trans communities to create a practical, working definition of transphobia with transparent mechanisms to hold elected representatives accountable to this standard.**

Trans people's complaints about transphobia – be it from organisations, politicians, or other individuals – are too often dismissed. This is often because most people in the UK do not understand the more subtle forms that transphobia can take, for example the use of dog-whistle phrases such as “trans identified males” when referring to trans women.

Whilst there are a number of well established definitions of transphobia which recognise and highlight the more subtle forms it can take, none have been widely applied by public bodies and public services. The development of a working definition of transphobia, alongside an awareness campaign, would make it easier for individuals and organisations to be held to account for transphobic rhetoric and behaviour.

- 2. We call on the Government to introduce tougher regulation and sanctions for social media companies that allow transphobia to proliferate on their platforms.**

Whilst trans people continue to see or experience high levels of transphobia online, less is being done to protect them from it than in previous years. LinkedIn, Twitter, Facebook and Instagram have removed hate speech protections for trans individuals.⁵⁴ Government should place and enforce a legal requirement for social media companies to have, and act on, policies against transphobic rhetoric and harassment.

- 3. We call on the Government to establish an independent statutory inquiry into media transphobia to examine the impact of press coverage on transgender people's safety, wellbeing and rights and to introduce enforceable powers to ensure fair and non-discriminatory reporting.**

- 4. We call on the Government to create an independent press regulator with statutory authority to address press transphobia, uphold accurate and ethical reporting on transgender issues, and ensure effective remedies for individuals and communities harmed by discriminatory media practices.**

Our data very clearly shows that media transphobia negatively impacts trans people's mental health. If the Government is truly committed to the shift to a prevention approach to healthcare, as detailed in the NHS 10 Year Plan, action must be taken.

The UK press' sustained campaign of transphobic rhetoric has been incredibly harmful to trans people. A full inquiry is needed to uncover the extent of that harm, to hold those responsible for it accountable, and to create recommendations to stop the widespread media victimisation of minority groups.

As a self-regulatory, opt-in body, IPSO is not fit for purpose. The press are marking their own homework and complaints about transphobic reporting go unaddressed. There needs to be a truly independent press regulator with the statutory authority to hold the press accountable for discriminatory practices.

⁵⁴ Olson, J. (2025, 13th August). LinkedIn joins Meta and YouTube in abandoning policies designed to counter anti-trans hate. Tech Policy Press. Accessed 7th September 2025 from <https://www.techpolicy.press/linkedin-joins-meta-and-youtube-in-abandoning-policies-designed-to-counter-antitrans-hate>

- 5. We call on the Government to provide specific ring-fenced funding for by-and-for support services for trans victims/survivors of hate crime, including independent hate crime advocates to help victims/survivors navigate complex processes such as reporting to authorities and accessing appropriate support.**

This report clearly indicates that experiences of transphobia impact trans people's mental health. There is a paucity of appropriate mental health support for trans people in the UK. Galop provides excellent support for LGBTQ+ people who have experienced abuse, but they cannot support everyone. In line with the NHS shift to prevention, Government should fund supportive, trans-specific mental health services that are equipped to meet trans people's mental health needs.

- 6. We call on employers to collaborate with trans organisations to design and implement robust trans inclusion policies, including clear transitioning-at-work procedures and mandatory staff training to protect the rights and wellbeing of trans people at work.**

It is essential that employers make it clear that transphobia is not welcome in their organizations, and that they take meaningful steps to address it when it occurs. Employers should ensure their policies are trans inclusive, and provide all staff, particularly those responsible for hiring and recruitment, with high quality trans inclusion training that takes trans people's intersectional identities and experiences into account.

- 7. We call on the EHRC and Government to produce guidance that supports providers to include trans people in facilities and services in line with their gender.**

Both the EHRC and Government should be working to support trans people's inclusion in society. However, the draft Code of Practice which was submitted to Government by the EHRC in 2025 is illegal and unworkable. The Code must be sent back to the EHRC, who should then produce practical, workable guidance that ensures that everyone is able access facilities and services in dignity, free from invasive questioning and harassment.

Recommendations to improve healthcare access and services

- 1. We call on the Department for Health and Social Care and the NHS to work with trans organisations to develop an action plan that aims to reduce the health inequalities experienced by trans people.**

Public Patient Voice (PPV) will be vital in this work, and it is important that organisations ensure that they hear from trans people with a wide range of lived experiences, and particularly from those who experience more barriers to participating in PPV initiatives.

- 2. We call on the Department of Health and Social Care and the devolved Governments of the UK to fund, and make mandatory, high quality training for healthcare staff that is anti racist, intersex inclusive, inclusive of disabled people and explicitly trans affirmative.**

For the shift from treatment to prevention to truly be effective, health inequalities must be addressed at their root causes. The data from this research makes it clear that healthcare staff desperately need access to high quality training if they are to sufficiently meet the needs of trans people and work to reduce health inequalities. However, as our data also shows, healthcare professionals must also be trained to meet the needs of people from all marginalised groups.

- 3. We call on Universities, Royal Colleges, professional bodies for all healthcare workers and other training providers to embed trans inclusion within your curricula, professional skills frameworks, and core competencies.**

The data in this report demonstrates exactly why healthcare professionals need access to training in trans inclusive care. It is essential that any training provides professionals with an understanding of a wide range of trans people's lived experiences and healthcare needs, not just the needs of white, middle-class, non-disabled trans men and women. We believe that most healthcare professionals want to do the best for their patients, and their training providers and professional bodies need to equip them to do that.

- 4. We call on the GMC, Royal College of GPs, the Department of Health and Social Care, and the NHS to empower and encourage GPs to initiate and maintain hormone prescriptions for trans people, providing the funding and training needed to do so.**

Trans people cannot be expected to wait decades to access care they have already identified they need. [TransActual's 2022 Transition Access Survey](https://transactual.org.uk/transition-access-22)⁵⁵ found that half of trans people in the UK access private care, but many simply cannot afford to do this. There is a socioeconomic divide within the UK's trans community, where those who cannot stretch their finances enough to pay for private care (or to self-medicate) are left suffering. This is unacceptable in a country where medical care is supposed to be free at the point of access.

55. Grassian, T. (2022). Transition Access Survey 2022. TransActual. <https://transactual.org.uk/transition-access-22>

5. We call on the DHSC, Scottish Government and Northern Ireland Assembly to explore ending the centralised and medicalised system of gender clinics, moving towards a model of locally provisioned gender services operating on the basis of informed consent.

We believe that most trans people should be able to access GAHT, referrals for transition-related surgery and for specialist mental health support, hair removal and Speech and Language therapy via their GP. Gender specialists ought to be available for those who want or need access to them.

We recognise that there is still a lot of work to be done before that can become a reality in the UK. Systems and attitudes need to change before there is a total reform of the NHS gender clinic system. The Levy Report (2025) offers a series of recommendations, many of which could lead to an improvement in the gender clinic system.⁵⁶ This is important in the medium-term.

Some of the recommendations within the Levy Report will help England to move closer towards a localised, informed consent model of care, in particular those relating to GP training and to the commissioning of GPs with Extended Roles. The DHSC also needs to create a long-term plan that ensures that work to move to a radically different model of care can start and be sustained over a longer period of time, bringing about the overhaul of the system that is truly needed. This should run parallel to any medium-term plans aimed at improving the existing system.

6. We call on the Department of Health and Social Care to fund research into the healthcare experiences of trans people, with specific focus on those who are multiply marginalised.

This research should be conducted by trans people with lived experience of multiple marginalisation and will help in developing a more nuanced understanding of the healthcare experiences and needs of multiply marginalised trans people. This will help commissioners, healthcare providers and healthcare staff to work more effectively to reduce health inequalities for trans people, as well as others in the community.

56. Levy, D. (2025, December 18). *Operational and delivery review of NHS adult gender dysphoria clinics in England*. NHS England. <https://www.england.nhs.uk/publication/operational-and-delivery-review-of-nhs-adult-gender-dysphoria-clinics-in-england/>

TRANS LIVES 2025

Continuing to endure the UK's hostile environment

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