



# **Trans lives survey 2021:**

**Enduring the UK's  
hostile environment**

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**Content warning:** this report contains references to transphobia, racism and ableism.

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# Executive summary

This report presents the findings from the TransActual Community Voice Survey. This survey of British trans people conducted by TransActual, a trans-led organisation empowering and advocating for trans people across the UK, was conducted in 2021 to learn more about the scale and impact of the issues trans people face in the UK.

This survey received nearly 700 responses from people who trusted us with details of their lived experiences, and examines how trans people experience homelessness, employment and medical discrimination, and social stigma. These findings represent a disturbing but unsurprising picture of a community struggling to thrive in hard conditions, and due to generally poor and inappropriate collection of official data on trans people, this survey report is a huge step forward in our understanding and evidencing of intersectional anti-trans discrimination in the UK.

This report also discusses potential explanations of the data, and makes recommendations for government, healthcare providers, employers, and other relevant stakeholders for how they can address the inequalities faced by trans people in the UK.

## Key findings

### Everyday Transphobia – housing, employment, family and public transport.

- **40%** of respondents reported having **experienced transphobia when seeking housing.**
- **27%** of all respondents reported that they have **experienced homelessness** at some point in their lives, rising to 35% for both BPOC and disabled respondents.
- **63%** of respondents reported experiencing **transphobia while seeking employment**, rising to 73% of BPOC respondents.
- **85%** of trans people who responded have experienced **transphobia from family members**, with 26% experiencing it ‘frequently’ and 13% ‘every time’.
- **85%** of trans women reported being subjected to **transphobic street harassment** from strangers, with 71% of trans men and 73% of non-binary people saying the same.
- **80% of non-binary people** reported having **experienced transphobia from colleagues** compared to 73% of trans men and 73% of trans women saying the same.
- **69% of Black people and people of colour (BPOC)** respondents reported experiencing **transphobia from their line manager** at work, and reported consistently higher rates of experiencing transphobia from colleagues (88% compared to 73% of non-BPOC), friends (81% compared to 69% of non-BPOC) and family (95% compared to 84% of non-BPOC).
- **67%** of trans women, 63% of non-binary people, and 60% of trans men have **experienced transphobia on public transport**. This rises for BPOC for whom 75% reported experiencing the same.
- **57%** of those for whom the question was relevant told us they have **experienced transphobia when playing sport**.
- **72%** reported experiencing **transphobia when trying to access goods or services**.

## Media transphobia

- **99% of trans people** surveyed have experienced **transphobia on social media**, and 97% reported witnessing transphobia in digital and print media.
- **93%** of participants reported that **media transphobia had impacted their experiences of transphobia from strangers on the street.**
- **85%** said that **transphobic rhetoric in the media has impacted how people in their family treat them, 81%** said this was true of their **colleagues, and 70%** for friends.
- **Over 70%** of the individuals surveyed felt that **media transphobia impacted their mental health** to some extent, with nearly two thirds reporting that it impacted them ‘moderately’ or ‘very much’.

## Legal recognition

- While **57%** of respondents **want a Gender Recognition Certificate (GRC)**, **only 7%** reported **having one**. The 57% who would want a GRC includes non-binary respondents, for whom there is no provision within UK law to access legal recognition of their gender.
- **78% of non-binary people** reported that they **do not have identification documents** (eg driving license, passport) that match their gender. 37% of trans men and 38% trans women also reported not having any gender-affirming ID.
- **65% of non-binary** respondents expressed a **desire to access non-binary affirmative ID**.

## Healthcare

- **14%** reported that they were **refused GP care on account of being trans** on at least one occasion.
- When accessing **general healthcare services, 70%** of respondents reported being **impacted by transphobia**.

- **45%** said their **GP did not have a good understanding of their needs** as a trans person, rising to 55% for non-binary respondents. 23% of respondents said this has impacted them ‘very much’.
- **57%** of trans people reported **avoiding going to the doctor when unwell**.
- **29%** of respondents reported having been **refused care** from gender or sex-specific NHS services they needed, **because they are trans**.
- **98%** of respondents described the **transition-related healthcare** available on the NHS as **not completely adequate**, with 47% responding that it is “not at all” adequate. A greater proportion of disabled trans people reported inadequacy of service.
- Trans women and non-binary people were more likely to report inadequacy of NHS transition healthcare provision. Text responses mentioned factors such as **lack of provision of several common components of transition-related treatment**, and that NHS pathways remaining binary in nature **excludes many non-binary people from accessing any treatment**.
- **53%** of **Black people and people of colour (BPOC)** reported **experiencing racism** while accessing trans-specific healthcare services.
- **BPOC respondents** also **experienced transphobia** from trans-specific healthcare providers **at more than double the rate of white respondents (13% compared to 6%)**.
- **60%** of **disabled respondents** reported experiencing **ableism when accessing trans-specific healthcare**.
- **90%** of trans people reported experiencing **delays when seeking transition-related healthcare**, rising to 94% for trans men and 96% for non-binary people.
- **53%** of **non-binary people** report **never having attempted to access transition-related healthcare** on the NHS, compared to 29% of the respondents overall.
- Trans **people with disabilities** are more likely to experience **delays**, with **93%** having done so **compared to 85%** of non-disabled people.
- **40%** of respondents **felt that lack of access to NHS transition-related healthcare has impacted them ‘very much’**, with just 70 respondents saying it had not impacted them at all.

These results, discussed in full in the rest of this report, highlight consistently high levels of transphobic discrimination across healthcare, housing, employment, in their social and family lives, in the media, and on the street. The impacts of each of these individually are startling enough, creating barriers to living, working, travelling, and being healthy while trans in the UK, which would be unthinkable if they were experienced more widely.

The cumulative impact of these barriers is not within the scope of this survey, but the sheer scale of transphobia in all of these different domains and the consistently more hostile response that Black trans people, trans People of Colour and disabled trans people face may help provide an understanding of the levels of structural and interpersonal violence and injustice in the way in which they limit the ability of trans people to live our lives in peace.



# Recommendations

This report makes it clear that **there is much to be done to address the inequalities and discrimination faced by trans people in the UK**. If this work is done properly, it will also address issues relating to racism and ableism, which for many trans people are inseparable from their experiences of transphobia.

## We call on the UK government to:

1. **Make it mandatory for employers to report on the pay gaps for each protected characteristic** of the Equality Act (2010), including gender reassignment, race and ethnicity, and disability.
2. **Make funding available** to ensure that all employers can provide their **staff with training on trans inclusion**.
3. **Reform the Gender Recognition Act** to a simple model of self-determination which offers recognition to non-binary people and trans people under the age of 18.
4. **Ensure that all non-binary people can access identification documents** which reflect their gender.
5. **Acknowledge the healthcare inequalities** faced by trans people, Black people, People of Colour, and disabled people; **and take meaningful and immediate steps to address them**.
6. **Improve the provision of safe and affordable** housing that can be accessed without fear of discrimination.

## We encourage all employers to:

1. **Make it clear that transphobia is not welcome** in your organisation and take meaningful steps to address it when it occurs.
2. **Provide all of your staff**, particularly those responsible for hiring and recruitment, **with high quality trans inclusion training** that takes trans people's intersectional identities into account.
3. To go beyond the minimum legal requirements for pay gap reporting and **report on the pay gaps for each protected characteristic** of the Equality Act (2010), including gender reassignment, race and ethnicity, and disability.
4. Commit to **working with trans groups and LGBTQ+ groups** to make your workplace and community a safe place for trans people to thrive in.
5. **Ensure that all of your policies are trans inclusive.**

## We ask the NHS to:

1. Take immediate steps to **investigate and address the transphobia, racism and ableism** within NHS structures and services.
2. Work with trans people from across the community to **reform the Gender Dysphoria Clinic system** by moving towards a system that is fit for purpose.
3. Work with trans people from across the community to **review transition-related care pathways and the range of treatment options available.**
4. **Act proactively to reduce surgical waiting times by** increasing capacity and by taking interim steps (such as funding overseas treatment) to reduce waiting lists in the meantime.
5. **Provide appropriate and timely mental health support** for those impacted by delays to transition-related care.

## We ask the Gender Dysphoria Clinics, as well as any other trans-specific healthcare providers, to:

1. Take immediate steps to **investigate and address the transphobia** (including discrimination which specifically impacts non-binary people), **racism and ableism highlighted by this report.**
2. **Provide all of your staff with high quality trans inclusion, race equity and disability equity training.**
3. **Work with non-binary people, disabled trans people, and Black trans people and trans People of Colour to improve your understanding and knowledge of their needs.**
4. **Provide trans patients' GP surgeries with high quality information on best practice trans inclusion, particularly in relation to cancer screening, contraception and peri-natal care.**

## We suggest that GP surgeries, healthcare providers and social care providers:

1. Take immediate steps to **investigate and address the transphobia** (including discrimination which specifically impacts non-binary people), **racism and ableism highlighted by this report.**
2. **Provide all of your staff with high quality trans inclusion, race equity and disability equity training.**
3. **Demonstrate to your patients or service users that you are a trans inclusive service.**
4. **Ensure that your patients or service users know how to complain if they experience discrimination within your service.**

## We ask everyone to:

1. **Listen** to trans people and believe us when we tell you about our experiences.
2. **Advocate** for and support trans people in every area of our lives, but don't speak over us.
3. **Speak out** against transphobia, racism, ableism and other forms of discrimination whenever you see it.
4. **Write to your MP** and send them a copy of this report.
5. Find out what you can do to **support trans people**. Visit [www.transactual.org.uk/change-actions](http://www.transactual.org.uk/change-actions) for inspiration.

## And finally, our request to the UK media is simple:

Address your transphobia and take responsibility for the detrimental impact that your actions continue to have on trans people's lives.

For more information on TransActual and the work we do with and for the UK's trans communities, visit [www.transactual.org.uk](http://www.transactual.org.uk)

# Introduction

TransActual is an advocacy, education and empowerment organisation run by trans people for trans people in the UK. We work towards a world where trans people can live our lives safely, with dignity and with access to appropriate healthcare and recognition.

When we surveyed UK-based trans people in 2020 we wanted to know what concerned them most about being trans in the UK. What became apparent, however, was the need to know more about the scale and impact of the issues they told us about. That's why we conducted the TransActual Community Voice Survey 2021, from which we gained the data to write this report. We thank all the participants, of whom there were nearly 700, for trusting us enough to share their experiences.

Whilst we would love to reveal that trans people in the UK are living our lives free from discrimination of all kinds, this could not be further from the truth. Transphobia impacts all aspects of daily life for trans people, from relationships with our friends and families, to healthcare, and even listening to the radio. This report is essential reading for anyone working in healthcare or in the media, as well as for policy makers and employers, and we hope that it provides food for thought - your actions (and inactions) have a profound impact on us.

The data on the experiences of Black trans People and trans People of Colour, as well as disabled trans people, does not make for happy reading. For these trans people, experiences of racism and ableism cannot be separated from experiences of transphobia. It is horrifying that much of this discrimination comes at the hands of the very people that are supposed to care for us.

Whilst some of our findings are shocking, as an organisation working in the trans community, there was little that surprised us. This report is just the start of the conversation, there is much to be done to ensure that **all** trans people can live safe, healthy and dignified lives.

# Methodology

Between January and February 2021, we carried out an online survey of trans adults in the UK. As a trans advocacy organisation, we often hear accounts of individual trans people's lives. However, we wanted our work, and the work of others, to be informed by data that reflects the everyday reality of trans people's lives. This research supplements and builds upon research that has been previously conducted, including that from organisations such as Stonewall, Galop, LGBT Foundation and Scottish Trans Alliance. We were also conscious that Black trans people and trans People of Colour have been underrepresented in previous research and wanted to take steps to rectify that.

Recruitment took part via social media as well as through trans community groups. There were 702 responses to the survey, however 5 responses were ineligible. Four individuals were under 18, and one reported identifying as a hippo. This report relates to the 697 eligible respondents.

We are disappointed to report that a small number of responses showed a pattern which suggested a possible attempt to undermine the survey results. Indeed, we were aware that some individuals known for their transphobic views had shared the link to the survey on social media. Aside from the person who reported identifying as a hippo, we chose not to discount these responses. However, where individuals claimed to be Black people or People of Colour (BPOC) as well as claiming to be white, we recoded the data so that they were not included as BPOC in any subsequent cross-analysis.

## Scope

The aim of the study was to arrive at insights about the trans experience in the UK, with particular attention to inequalities related to healthcare and intersectional identities. Owing to the exploratory nature of the survey, hypothesis-testing was not in the design of the study.

Our insights are based mainly on comparison of numbers and percentages of responses to the survey questions, and breakdowns of the responses by gender identity, ethnicity, disability and neurodiversity status, etc. This revealed key themes and statistics that broadly describe the experience of being a trans person in the UK, whether at home, at work, when accessing healthcare, or when in our local communities. Much of this data will not come as a surprise to trans people or to those working to advocate for trans people, rather it provides a solid evidence base to demonstrate that individual anecdotes are not isolated experiences. The voices of hundreds are harder to dismiss than a handful of examples, and we hope that policy makers, medical professionals, and those working in the media take this information in and act on the recommendations in this report.

## Demographics

### Age

678 participants reported their age. Participants were aged between 18 to 74 years, with a median age of 33 years. The sample group is relatively young, with 64% of participants aged 34 or under. 34% were aged between 18 and 24 years, and 30% were between 25 and 34 years old.

### Disability and Neurodiversity

318 people, who made up 46% of all participants, self-identified as having a disability according to the Equality Act definition we provided. 364 people, who constitute 52% of participants, self-identified as neurodiverse.

### Ethnicity

A majority of (N = 559; 60%) participants identified as white, with 48 people (7%) identifying as mixed race, 18 people (2.6%) identifying as Black, and 13 people (2%) stating that they have South Asian heritage.

The survey also asked in a separate question if the participant identified as Black. However, of those who identify as Black, up to 12 individuals also stated they were of non-mixed white ethnicity. As discussed earlier in this report, those individuals were recoded as non-BPOC for the purposes of cross-analysis. Some individuals who stated they do not identify as Black also identified as Black in the ethnicity question. These individuals were not recoded.

92 trans BPOC contributed to the survey, accounting for 13% of all survey participants. On the surface, this is roughly in line with the estimated UK population of BPOC. However, it is important to note people of Asian heritage were under-represented within our participant group. Different people of different ethnicities do, of course, have different life experiences and different experiences of discrimination. If we had a larger, more representative data set, we would have conducted cross-analyses based on ethnicity groups rather than treating all people of non-white ethnicity as a monolith. However, due to the limitations placed upon us by the sample size, we have used the broad categorisations of BPOC and non-BPOC in our data analysis and within this report.

## Gender

Of the 697 responders, the vast majority (N = 578 ; 83%) stated that they identified as trans. This included trans men, trans women and non-binary people, but excluded those that preferred their own term and those that did not disclose their gender. Of these trans people, non-binary people (N = 236; 34%) outnumbered other trans identities, followed by trans women (N = 196; 28%) and trans men (N = 146; 21%). Some individuals preferred not to disclose their gender (N = 10; 1.4%), and some preferred to use their own term to refer their gender (N = 67; 10%). It is important to note that non-binary is an umbrella term encompassing a range of gender identities outside the binary of 'man' or 'woman'. Some non-binary people may access various kinds of gender affirming healthcare in a manner similar to trans men and trans women, others may take a different approach to medical transition, and others will not seek to medically transition at all.



Additionally, a minority of participants, 33 women (5%) and 9 men (1.3%) who reported identifying as a person with a trans history. A higher proportion of BPOC respondents than non-BPOC respondents were non-binary (53% compared to 34% of non-BPOC). When considering the cultural context of gender identities, it is important to understand that the binary system of gender (i.e. male and female) is a colonial export. Under British colonial rule, huge swathes of history and tradition were erased from societies around the world. Where once trans and gender diverse people were celebrated, now they are persecuted.<sup>1</sup>

“Non-binary is a western word that I found that describes me. But I’ve always wondered what word from my own culture would describe me. I’ve only ever been called derogatory slurs in my own culture and there isn’t much... So my identity doesn’t conflict so much as I want to know who I am, not just through a white Western European gaze. And some people interpret my gender as an ‘end of days’ warning sign so they think this is a conflict, but I really don’t think that’s the case.”

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<sup>1</sup> Karijo, A. (2021) Stop imposing your imperialist Western transphobia on my people. Open Democracy. <https://www.opendemocracy.net/en/5050/stop-imposing-your-imperialist-western-transphobia-my-people/>

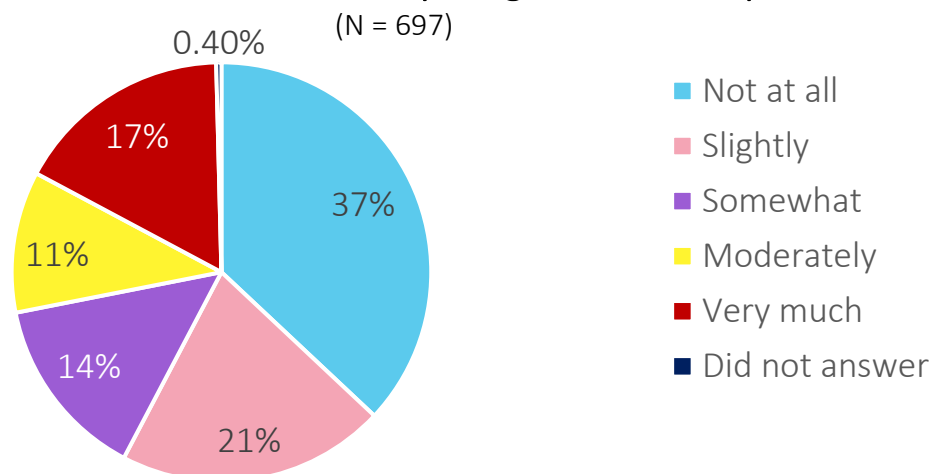
# Life at work, home and in our communities

## Impact of cultural and religious identities

When asked about the impact of their religious and cultural upbringing on their gender identity, a majority of respondents (37%) said 'not at all'. 17% of participants reported that it affected them 'very much'.

Most participants (57%) reported having no religion, and 12% of respondents identified as Christian (all denominations). A small minority of respondents identified as Hindu, Jewish, and as Muslim. 13% of individuals preferred to use their own term. Among these individuals, at least 10 people identified as agnostic, and more than 20 people identified as pagan.

To what extent, if at all, do you feel your cultural upbringing, including ethnic background or religious affiliation, conflicts with your gender identity?



“I always thought growing up that being queer or trans was specifically a white people thing...My dad always spoke about gayness in a negative light and related it back to slavery from white people. Also going through the GIC they are completely clueless of the cultural barriers trans POC face...that makes it harder to transition.”

“Being from a traveller background it's different. I experience racism but people tell me I don't...I also experience transphobia and stigma from within my community.”

“My working class background & growing up in poverty made transition feel a privilege I couldn't access both financially & in terms of deservedness, that it was a self-indulgence, a burden on my family, society & the state, not a genuine medical need.”

“I am from a conservative background but since coming out as queer and then trans my family has become more liberal.”

“I feel the popular modern interpretation of gender in my cultural communities conflict with my identity, but my own interpretation of what my cultures say about gender do not conflict with my identity.”

## Employment and Income

42% of respondents were employed full-time, 24% were students, 19% were neither employed nor in education, and 13% were employed part time.

Based on the available data, no notable differences in employment status were seen between gender groups. More people were employed or in education than those that reported being unemployed. More trans men were in education than those in employment. In all other genders, being employed full-time was most common.

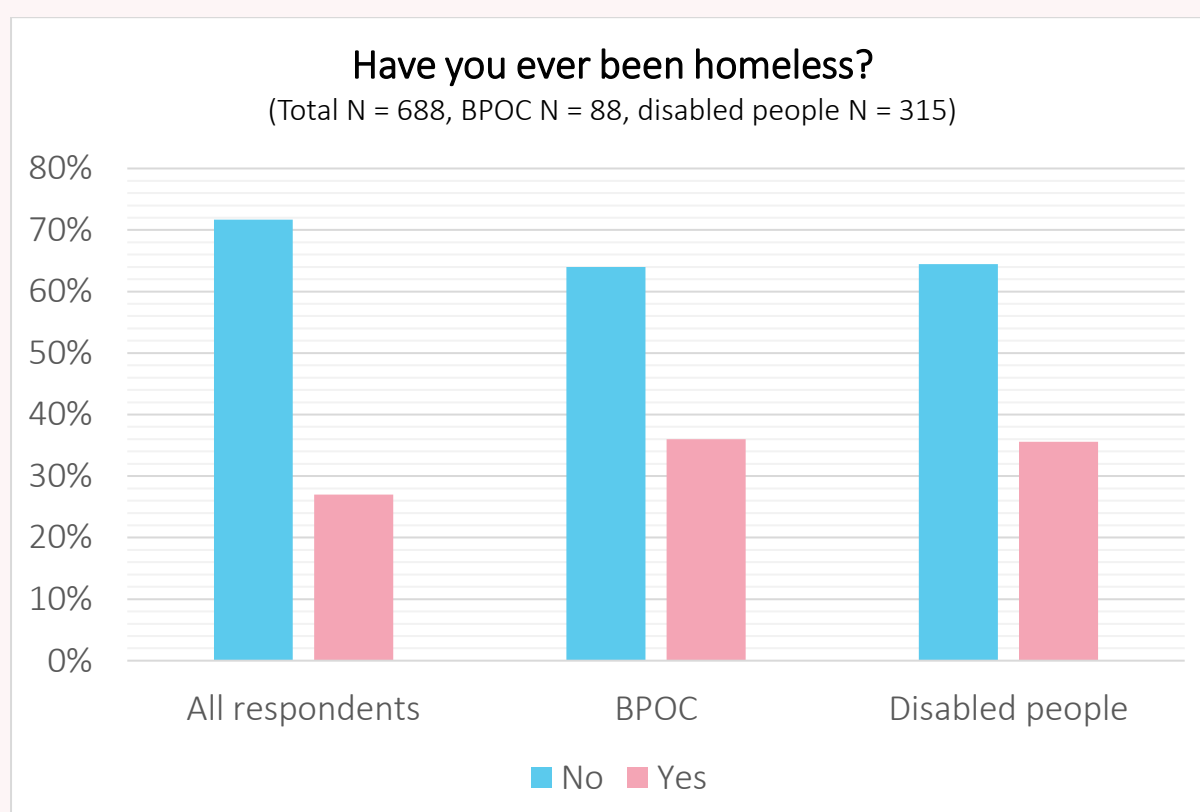
26% of people had an annual income under £15,000, 12% reported an annual income between £15,000 to £19,000, and 15% reported earning £30,000 to £39,999 a year. The analysis does not allow for discerning the effect of being a BPOC on employment and income. This is considered in the discussion section. However, among BPOC, the largest proportion (30%) of people reported earning under £15,000 annually. While this income category was also most common (26%) in the non-BPOC group, the second highest salary category was £40,000 or above, represented by 25% of non-BPOC. This effect was not observed in BPOC group, highlighting an income disparity between BPOC and non-BPOC.

We also compared the employment status and income of disabled people with non-disabled people. 56% of non-disabled people were in full time employment compared to only 27% of disabled people. 27% of disabled people reported being unemployed, whereas only 12% of non-disabled people were unemployed. Markedly, within disabled people, the proportion of people that were unemployed was equal to those that were employed full-time. What is not clear, however, is what proportion of those people were unemployed because they are unable to work and what proportion were unemployed as a consequence of ableist and/or transphobic discrimination. This would merit further research. The most common income category reported by disabled participants was under £15,000 per annum. This accounted for 39% of disabled people and is likely to be linked to higher levels of unemployment. There is a clear income disparity between disabled people and non-disabled people.

## Homelessness

27% of all respondents reported that they have experienced homelessness at some point in their lives.

A larger proportion of BPOC experienced homelessness than non-BPOC (36% compared to 26%). Similarly, 36% of disabled people had experienced homelessness, compared to 21% of non-disabled people. A greater proportion of trans men (30%) reported having experienced homelessness. This figure was lower for trans women (28%) and non-binary people (23%).

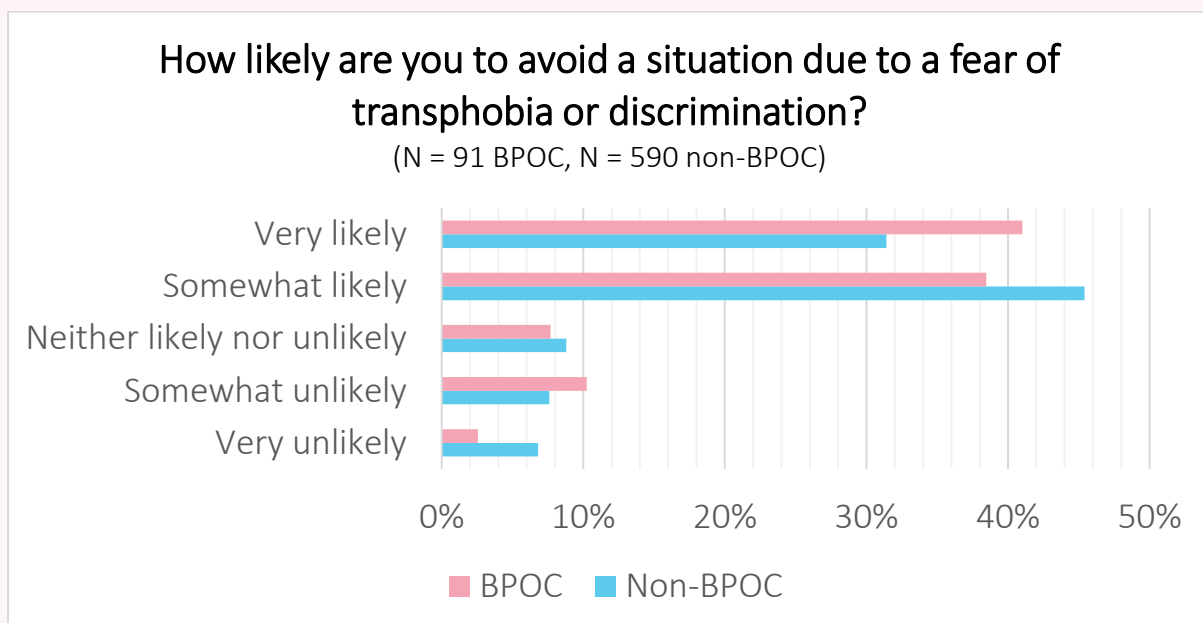


# Everyday transphobia

There is no single, simple manifestation of transphobia. It is complex and can include a range of behaviours and arguments ranging from verbal and physical abuse in the street to press misinformation. The consequence of transphobia is that trans people struggle to live safely, openly and comfortably in society.<sup>2</sup>

**65% of people told us that they are ‘very likely’ or ‘somewhat likely’ to avoid a situation for fear of experiencing transphobia or discrimination.** Non-binary people and trans men were most likely to avoid situations due to fear of transphobia or discrimination (74% of non-binary people responded ‘very likely’ or ‘somewhat likely’ compared to 73% of trans men and 63% of trans women).

**A greater proportion of BPOC reported being ‘very likely’ or ‘somewhat likely’ to avoid such situations, than non-BPOC (79% compared to 77%).** Similarly, a lower proportion of BPOC reported that this avoidance is ‘very unlikely’ for them (3% compared to 7% of non-BPOC).

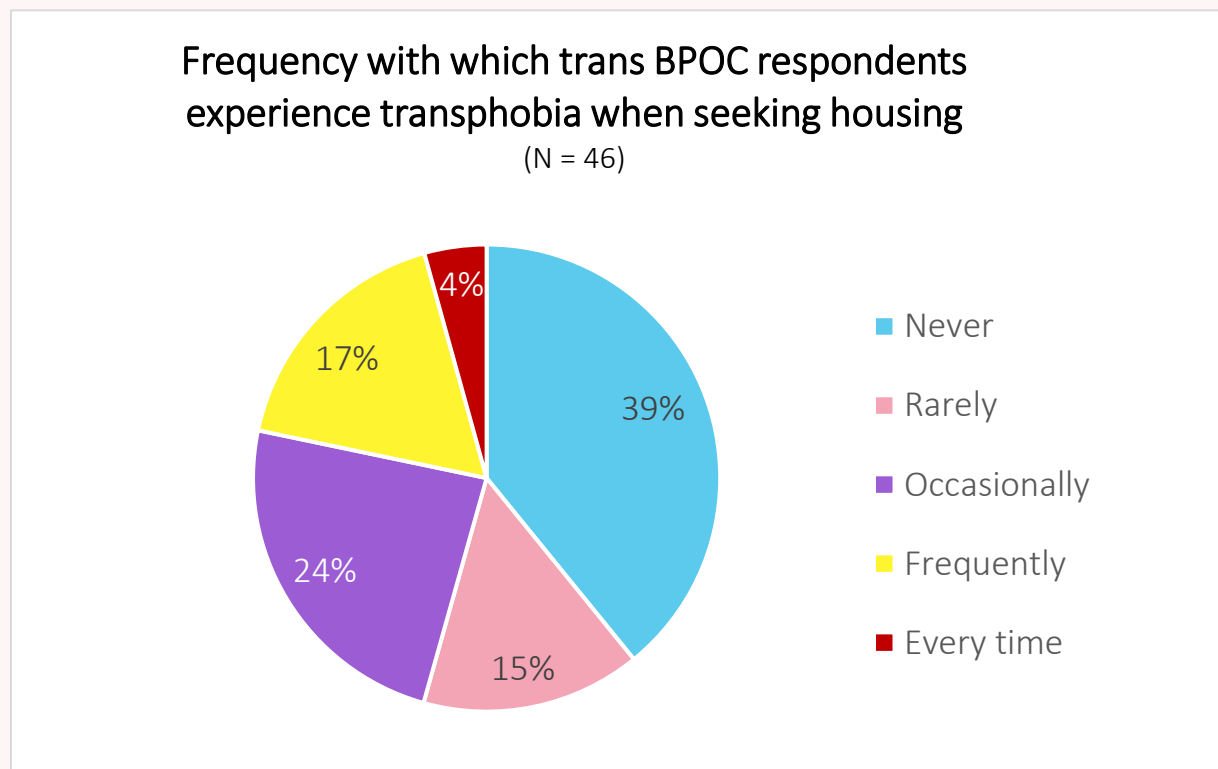


<sup>2</sup> You can read a full definition of transphobia at [www.transactual.org.uk/transphobia](http://www.transactual.org.uk/transphobia)

We further explored people’s experiences of transphobia by asking about different situations such as looking for somewhere to live, seeking employment, accessing goods and services, playing sport, travelling on public transportation and when using the internet. When we adjusted the data to responses of people for whom a situation was not relevant, between 40% and 50% of individuals had experienced some degree of transphobia in the contexts we asked them about. This figure rose to over 75% for online transphobia. The impact of multiple forms of discrimination, as our data shows, cannot and must not be underestimated.

## Housing

Overall, 40% of respondents reported having experienced transphobia when seeking housing. There was little variation in terms of gender. However, trans BPOC were clearly more disadvantaged than non-BPOC, as a greater proportion reported having experienced transphobia while trying to access housing (61% compared to 36%). About half of the disabled people we surveyed also reported this experience (compared to 28% of non-disabled people). This data is largely in line with our data on trans people’s experiences of homelessness, as discussed earlier in this report.



## Experience of transphobia while seeking housing

Frequency	Disabled trans people (N = 181)
Never	50%
Rarely	13%
Occasionally	20%
Frequently	13%
Every time	4%

## Employment

63% of participants reported experiencing transphobia while seeking employment. There was little apparent variation based on gender. However, race and disability did have an impact. Indeed, 73% of BPOC responding to our question had experienced transphobia when seeking work, with 14% of reporting experiencing it 'every time'. In comparison, 61% of non-BPOC had experienced transphobia when looking for work, with 5% experiencing it 'every time'. Following a similar pattern, 69% of disabled people for whom the question was relevant had experienced transphobia whilst seeking employment, with 10% experiencing it 'every time'.

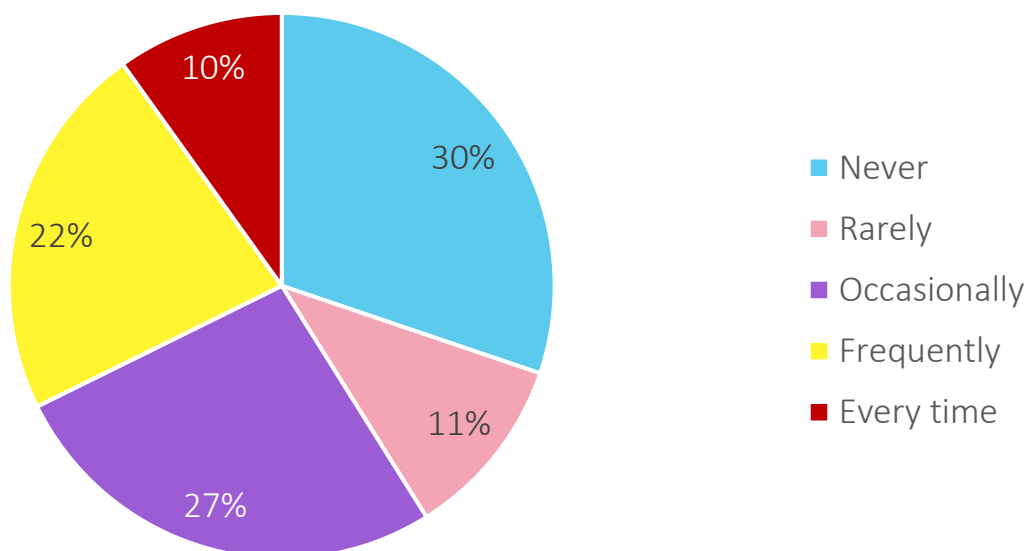
**73% of BPOC had experienced transphobia when seeking work, with 14% reporting experiencing it 'every time'.**

## Experience of transphobia while seeking employment

Frequency	Trans BPOC (N = 56)
Never	27%
Rarely	7%
Occasionally	29%
Frequently	23%
Every time	14%



Frequency with which disabled trans respondents experience transphobia when seeking employment  
(N = 192)



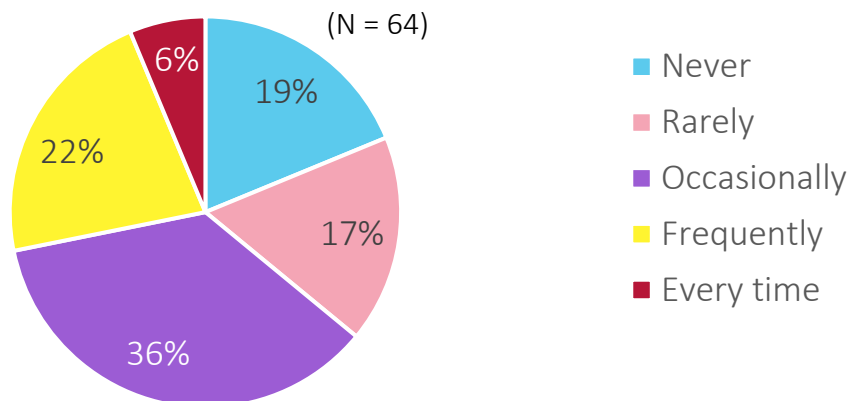
## Access to goods and services

Of our survey respondents, 72% reported experiencing transphobia when trying to access goods or services. In line with our other findings around the experiences of trans BPOC, more BPOC had experienced transphobic discrimination in this context (81% compared to 72% of non-BPOC). Notably, 6% of BPOC reported experiencing transphobia ‘every time’ they seek to access goods and services (compared to 1% of non-BPOC).

### Experiences of transphobia while seeking access to goods and services

Frequency	Trans man (N = 125)	Trans woman (N = 174)	Non-binary person (N = 183)
Never	30%	23%	31%
Rarely	18%	26%	23%
Occasionally	35%	33%	34%
Frequently	13%	16%	11%
Every time	3%	1%	2%

### Frequency with which trans BPOC respondents experience transphobia when seeking to access goods and services



## Sports

The ability to participate in sport is something that many people take for granted. However, 57% of those respondents for whom the question was relevant (N = 296) reported experiencing transphobia when playing sport. This experience was more common for trans women, with 77% having experienced it (compared to 70% of trans men and 69% of non-binary people). **Again, BPOC were more likely to report frequent experiences of transphobia while playing sports. 14% reported experiencing transphobia ‘every time’, and a further 20% reported experiencing it ‘frequently’ (compared to 5% of non-BPOC experiencing it ‘every time’, and 12% experiencing it ‘frequently’).**

### Experiences of transphobia in sport

Frequency	Trans Men (N = 73)	Trans Women (N = 85)	Non-binary people (N = 112)	Non-BPOC (N = 253)	BPOC (N = 36)	Non-disabled people (N = 151)	Disabled people (N = 137)
Never	30%	23%	31%	45%	31%	48%	36%
Rarely	18%	26%	23%	16%	8%	19%	11%
Occasionally	35%	33%	34%	22%	28%	17%	30%
Frequently	13%	16%	11%	12%	20%	9%	18%
Every time	3%	1%	2%	5%	14%	8%	5%

## Public transport

For those who travel by public transport, 67% of trans women, 63% of non-binary people, and 60% of trans men have experienced transphobia whilst doing so. Again, this figure was higher for BPOC with 75% reporting having experienced transphobia on public transport, with 7% of BPOC experiencing it ‘every time’ (compared to 62% and 1% of non-BPOC). **70% disabled people reported having had these experiences on public transport.**

## Transphobic interactions

To explore the sources of transphobia in their lives, participants were asked about their experiences of transphobia from strangers on the street, from colleagues, line managers at work, and from friends, family and carers. We adjusted the data to analyse the responses of people for whom each context was relevant. People reported experiencing transphobia across all of these areas of their life.

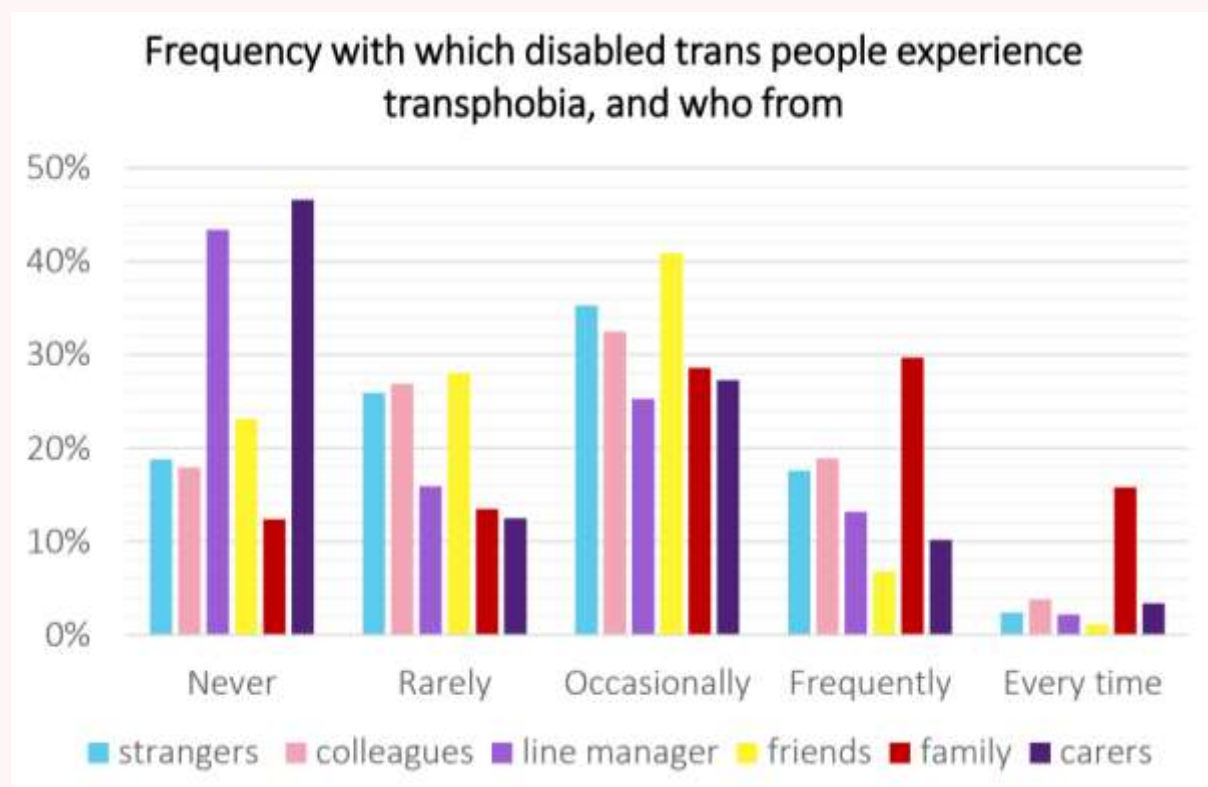
- 85% of trans people have experienced transphobia from family members.
- 13% of trans people reported transphobia from family members ‘every time’.
- A further 26% of trans people told us they experience transphobia from family members ‘frequently’.

Gender had a notable impact on people’s experiences in different contexts. Trans women seem to be subjected to transphobia by strangers more than other groups.

- 85% of trans women reported being subjected to transphobia from **strangers on the street** (compared to 71% of trans men and 73% of non-binary people).
- Non-binary people may be subject to transphobia from colleagues to a greater extent than other groups. **80% of non-binary people reported having experienced transphobia from colleagues** (compared to 73% of trans men and 73% of trans women).

Ethnicity also has an impact. A greater proportion of BPOC reported having experienced transphobia from colleagues than non-BPOC (88% compared to 73%). **69% of BPOC told us they had experienced transphobia from their line manager.** A higher proportion of BPOC also reported experiencing transphobia from their friends (81% compared to 69% of non-BPOC) and family (95% compared to 84% of non-BPOC). Transphobic discrimination also came from carers, with 56% of BPOC reporting experiences of transphobia in this context (compared to 29% of non-BPOC).

Disabled participants were more likely to report experiences transphobia in all of the contexts we explored. **The most concerning finding is that more than half (53%) of disabled trans people for whom our question was relevant reported experiencing transphobia from their carers.**

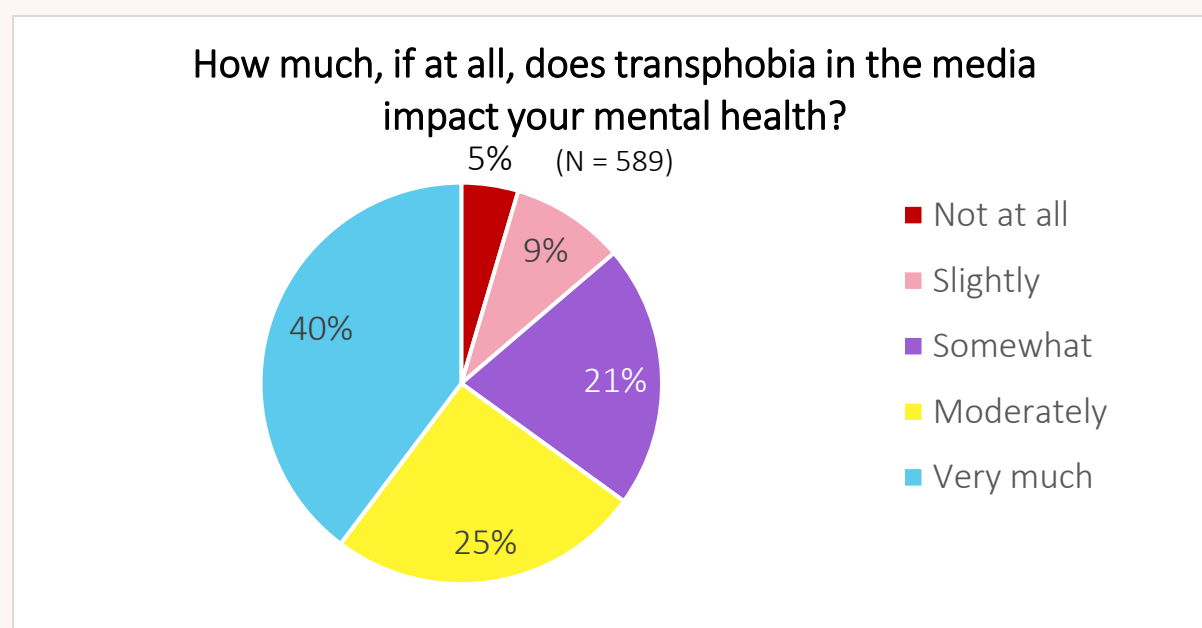


# Media transphobia

We explored trans people's experiences of transphobia in relation to social media, radio, print media, and digital print media. **Almost every respondent (99%) for whom the question was relevant reported that they had experienced transphobia on social media.** The majority had also witnessed transphobic content in digital media (97%), print media (97%) and on the radio (85%). At this point it is relevant to note that we are aware that a number of transphobic individuals completed the survey with the intention to derail it. Had we discounted them from the data analysis, these figures would have been higher.

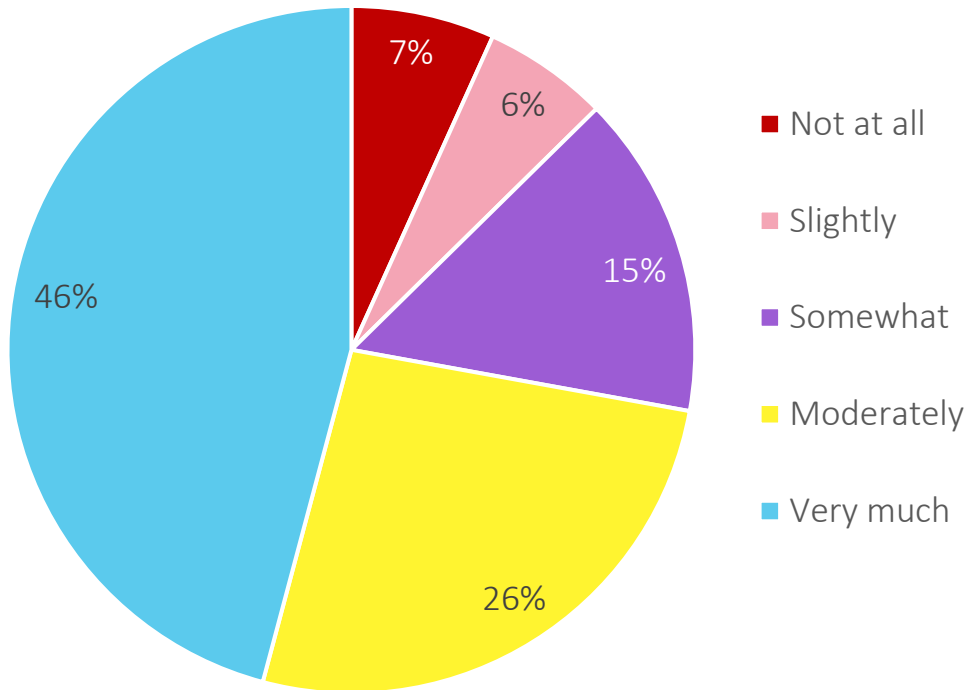
**The impact of media transphobia must not be underestimated, nor should it be ignored.**

Over 70% of the individuals surveyed felt that media transphobia impacted their **mental health** to some extent, with half reporting that it impacted them 'moderately' or 'very much'. Despite this, just 29% of participants reported having made official complaints about transphobia in the media.



### To what extent does media transphobia impact the way strangers on the street treat you?

(N = 578)



**93% of participants felt that that media transphobia had impacted their experiences of transphobia from strangers on the street.** Transphobic rhetoric in the media also impacted trans people’s experiences at work and at home. 85% felt that it has impacted the way their family treat them, 70% felt that it has made friends treat them differently, and 81% reported it impacting their colleagues’ treatment of them.

# Recognition

## Gender Recognition Certificates

A Gender Recognition Certificate (GRC) is needed for trans people to change their birth certificate and their sex marker with HMRC. Trans people also need a GRC if they want their marriage or civil partnership certificate to reflect their true identity. Having a GRC also means that trans people will have the correct sex recorded on their death certificate, preventing them from being misgendered after death.<sup>3</sup> Many private pension providers and some insurance providers require trans people to have obtained a GRC before they will change the sex on a trans person's records. Trans people in the UK do not need a GRC to change their name or gender marker their medical records<sup>4</sup> or on identity documents (such as passports or driving licences).<sup>5</sup> The Equality Act (2010) applies to trans people whether they have a GRC or not.<sup>6</sup>

Only trans men and trans women over the age of 18 are able to seek legal gender recognition in the UK. There is no legal recognition offered to trans children and young people. Non-binary people in the UK are unable to obtain legal recognition of the fact that they are non-binary.

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<sup>3</sup> Gender Recognition Act 2004, c. 10-13 available at <https://www.legislation.gov.uk/ukpga/2004/7/crossheading/consequences-of-issue-of-gender-recognition-certificate-etc>

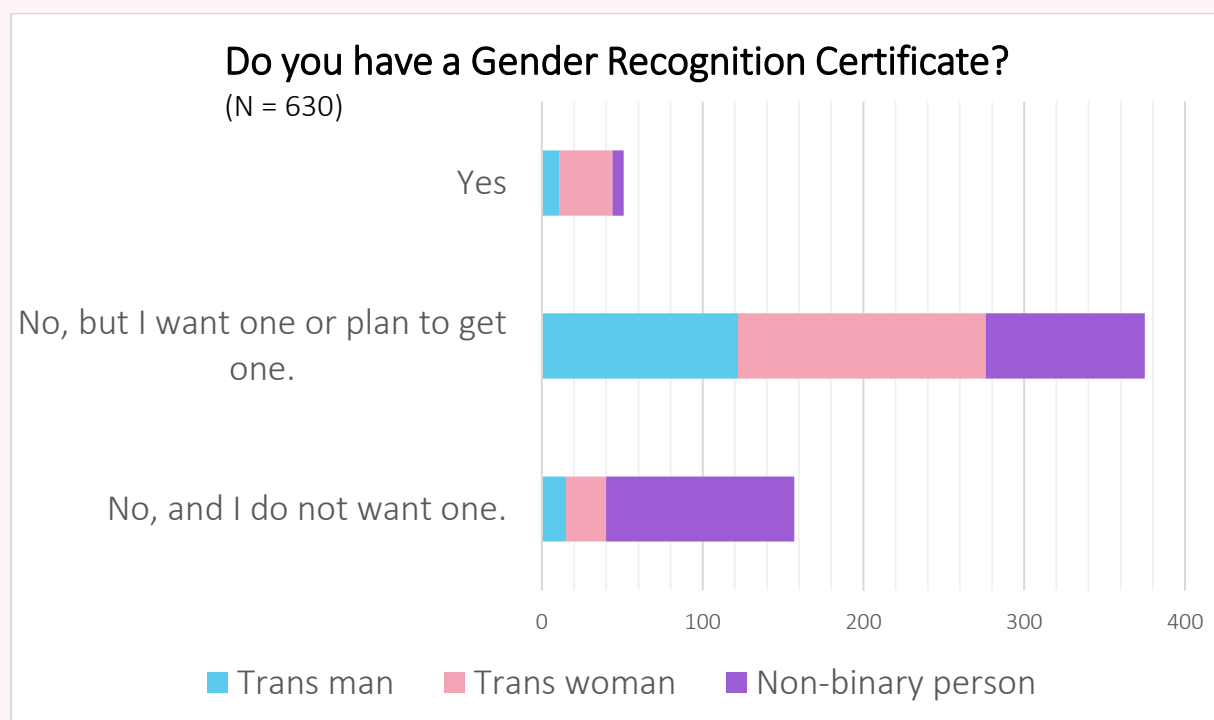
<sup>4</sup> General Medical Council. Trans Healthcare. Accessed on 25/9/21 <https://www.gmc-uk.org/ethical-guidance/ethical-hub/trans-healthcare#confidentiality-and-equality>

<sup>5</sup> HM Passport Office (2013) Applying for a passport - information for transgender and transsexual customers. <https://www.gov.uk/government/publications/applying-for-a-passport-information-for-transgender-and-transsexual-customers>

<sup>6</sup> Equality Act 2010, c. 7 available at <https://www.legislation.gov.uk/ukpga/2010/15/section/7>

Only 7% of trans people in the survey reported having a GRC. However, 57% of them reported wanting a GRC but not having one. A further 26% felt that they did not want a GRC. Trans men were more likely to want, but not have, a GRC.

39% of non-binary respondents reported that they want a GRC but did not currently have one. **There is currently no provision within UK law to allow non-binary people to access legal recognition of their gender.** It is worth noting that if we were to ask non-binary people ‘Would you apply for a gender recognition certificate if you were able to obtain one that reflected your gender accurately?’, the figures may have been different.



“I have a GRC so I don't have to be legally associated with my birth name or gender assigned at birth and can have official ID in my new name. As a non-binary person, it does not accurately reflect my gender, and I resent having to sign a statement promising to always live as male, but it is more comfortable and advantageous to me to be assumed male than assumed female.”



“I can’t have a piece of paper that my family could find, and I don’t even know if you can get one as a non-binary person anyway. It’s not a priority for me – I know who I am, even if I have to live stealth.”

“Having an accurate passport has allowed me to work, apply for housing and even move to Japan for one year without my gender being called into question.”

When these responses were analysed for BPOC and non-BPOC, it showed that a greater proportion of BPOC did not want a GRC. However, further analysis of the data revealed that of those BPOC that didn’t want a GRC, 88% did not have a binary gender identity and would thus be ineligible for recognition under the current UK system.

## Identity documents

If a trans person has access to gender-congruent identification documents (ID), it means that they have identification documents which reflect their gender accurately. For a trans man, this would mean having documents that state he is male. For a non-binary person, this could be in the form of documents that do not state their gender or documents that include an X marker.

55% of respondents reported that did not have gender-congruent ID. **Break-down by gender identity revealed that 78% of non-binary people did not have ID that they felt was congruent with their gender.** This unsurprising, given the lack of legal recognition for non-binary people in the UK. **However, 65% of non-binary respondents did express a desire to access non-binary affirmative ID.** This figure may be lower than expected because the phrase ‘gender-congruent ID’ is

suggestive of gendered ID, whereas many non-binary people advocate for the removal of gender markers from ID documents.<sup>7</sup>

**More surprisingly, 37% of trans men and 38% trans women reported not having any gender-affirming ID.** A greater proportion of BPOC (71%) reported not having a gender-congruent ID, which is not unexpected given that a higher proportion of BPOC respondents to our survey were non-binary (53% compared to 34% of non-BPOC). Further analysis of the data showed that non-binary people or people who do not use the term ‘man’ or ‘woman’ to describe themselves accounted for 71% of the BPOC respondents without gender affirming ID.

“Every time I show my ID it's a lie. My ID does not portray accurate information. Showing my ID gives me dysphoria, and it also reveals my gender assigned at birth, which I consider private information.”

“Having a passport with my correct name and gender (/sex...) on has made it a lot easier to get places like banks, doctors, uni to change my gender on their records (though this shouldn't legally be necessary) as well as made me feel more comfortable and affirmed.”

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<sup>7</sup> Quinan, C. L. and Hunt, M. (2021) Non-binary gender markers: Mobility, migration, and media reception in Europe and beyond, *European Journal of Women's Studies*. doi: 10.1177/13505068211024891.

# Trans-specific healthcare

## Access to transition-related care

When respondents were asked to report the earliest age when they first received transition-related healthcare, the largest portion of them (35%) reported never having received NHS transition-related care. Furthermore, 29% of people reported not having attempted to access transition-related care from the NHS. 53% of non-binary respondents reported not having attempted to access transition-related care.

**Of those seeking transition-related NHS care, 90% of individuals reported experiencing delays.** 94% of trans men, 83% of trans women and 96% of non-binary people who had attempted to access healthcare reported having experienced these delays. At the time of conducting the survey, there was no NHS provision for phalloplasty or metoidioplasty for trans men and non-binary people assigned female at birth.<sup>8</sup> This may account for the higher proportion of trans men and non-binary people experiencing delays.

Disability also seems to impact delays in transition-related healthcare. 93% of disabled people who have attempted to access transition-related healthcare have experienced delays compared to 85% non-disabled people.

On the surface, it may be considered surprising that any respondents that sought NHS transition-related healthcare did not experience delays in accessing it, given the known capacity issues within the Gender Dysphoria Clinic (GDC) system. **In the past 5 years, waiting times having increased from a minimum of 6 months to a minimum of 3 years for a first appointment with a GDC in England.** It may be the case that those individuals who hadn't experienced delays accessing

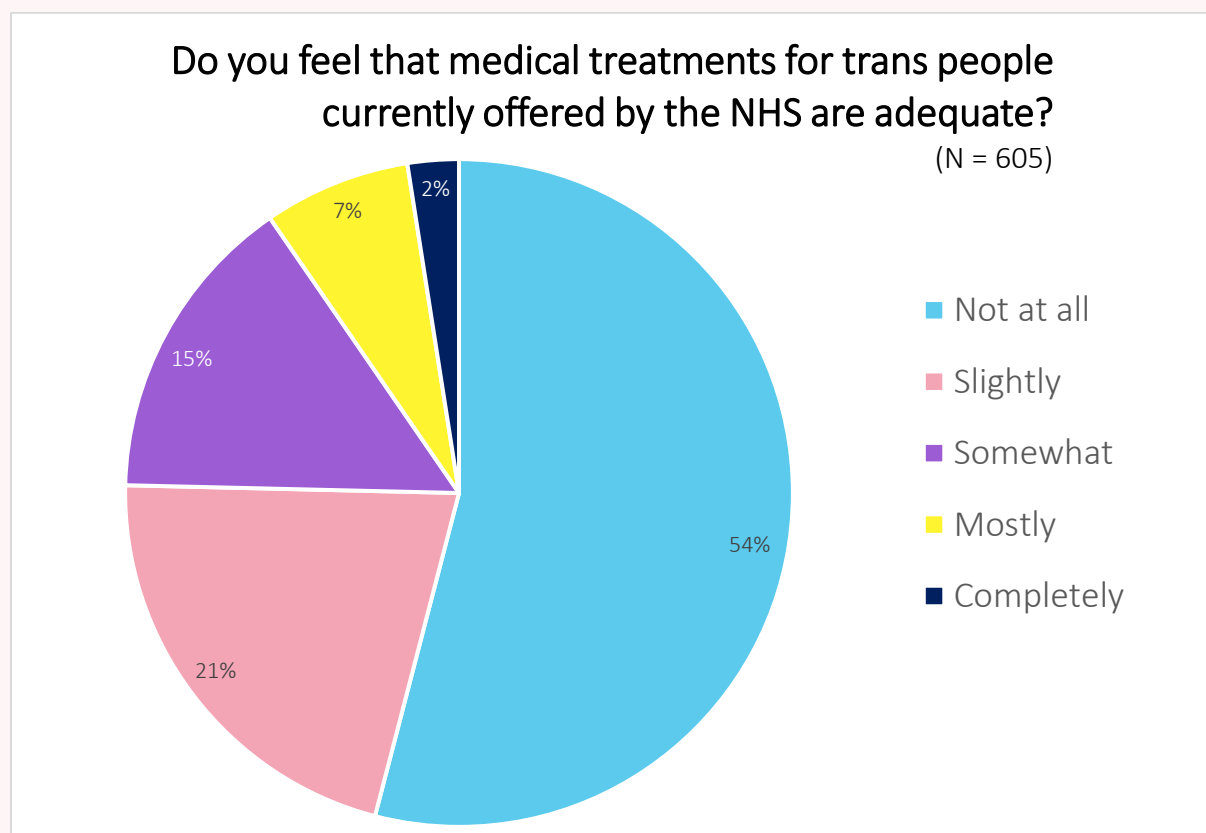
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<sup>8</sup> TransActual (2021) What's happening with NHS phalloplasty and metoidioplasty? Accessed 25/9/21 <https://www.transactual.org.uk/nhs-phallo-meta>

treatment transitioned some time ago. It would have been useful to have asked participants when they had first tried to access transition-related healthcare, however in the absence of such data, further research is needed to test this theory.

## Adequacy of NHS services

Participants were asked if NHS transition-related healthcare is adequate. Almost all respondents (98%) told us that that it is not completely adequate. In fact, only 15 people responded that they thought NHS transition related care is adequate. Nearly half of respondents (47%) reported that NHS transition-related services are 'not at all' adequate, and 19% reported that they are only 'slightly' adequate. It is relevant to note that we are aware that some individuals participated in the survey with the intent to skew the data. With this in mind, it is possible that more than 98% of trans individuals think that NHS transition-related healthcare is not completely adequate.



Trans women and non-binary people were more likely to say that the NHS provision of transition-related healthcare was ‘not at all’ adequate. The direct involvement of factors like non-provision of procedures such as facial feminisation surgery, tracheal shave and hair transplant needs to be explored. These procedures, which are ‘feminising’ procedures often sought by trans women and some non-binary people, are not currently offered on the NHS.<sup>9</sup>

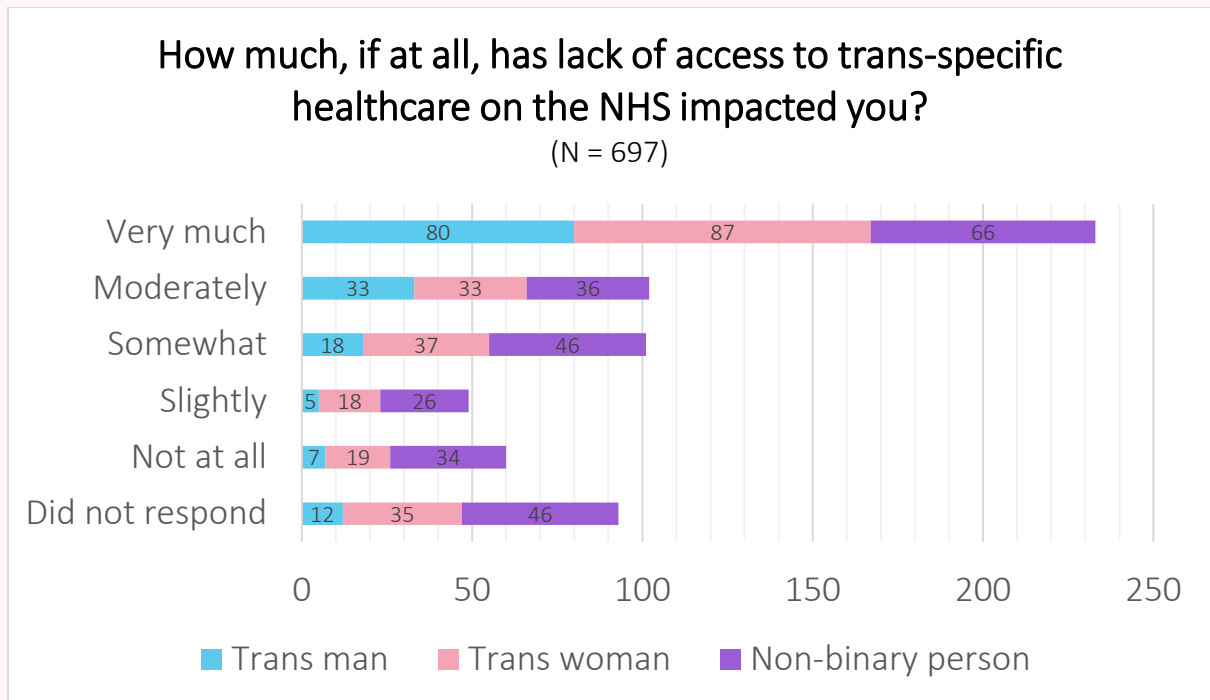
NHS care pathways remain binary in their nature, and non-binary people’s contributions to discussions around transition-related healthcare indicate that Gender Dysphoria Clinic (GDC) clinicians are less willing to meet the needs of non-binary people. **A greater proportion of disabled respondents reported that these services were ‘not at all’ adequate, compared to non-disabled respondents (52% compared to 42% of non-disabled respondents).**

33% of respondents reported having sought private healthcare to for trans-specific healthcare needs, with a further 19% intending to. Within the 33% that sought private healthcare, 46% were trans women, 43% were trans men, and 19% were non-binary people. BPOC and disabled people were less likely to have accessed private healthcare. This may be the result of employment inequalities rather than a lack of desire to access private healthcare, and would merit further research.

**Most respondents felt that lack of access to NHS transition-related healthcare has impacted them ‘very much’.** Trans men seem most impacted, with 52% telling us they feel this way.

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<sup>9</sup> NHS England (2019) Gender Identity Services for Adults (Surgical Interventions). <https://www.england.nhs.uk/wp-content/uploads/2019/12/nhs-england-service-specification-gender-identity-surgical-services.pdf>



We asked participants to tell us what additional transition-related treatments they would wish the NHS to provide. **The most common services that emerged were, in order of popularity, facial feminisation surgery, improved provision of hair removal, fertility treatment and gamete storage, breast augmentation, vocal surgery, hair transplant, tracheal shave and easier access to hysterectomy procedures.** Some people also mentioned masculinising body contouring and facial masculinising surgery. While these services are reported in the order of popularity, it is important to note that trans women outnumbered trans men in our sample size, and more sophisticated analyses might be required to arrive at a balanced picture. **Other popular themes that emerged emphasised an informed consent model, shorter waiting times, improving access to trans-specific counselling, more flexibility in medical transition, and provision of progesterone.**

## Discrimination from trans-specific services

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Participants were asked about their experiences of transphobia, discrimination on the basis of being non-binary (which is a form of transphobia), racism and ableism within trans-specific services. Reassuringly, the majority of respondents reported not having experienced discrimination when accessing these services. However, 7% of participants had experienced transphobia when accessing trans-specific services. **It is shocking to discover that any trans people at all have experienced transphobia from services that are supposed to cater specifically for them.**

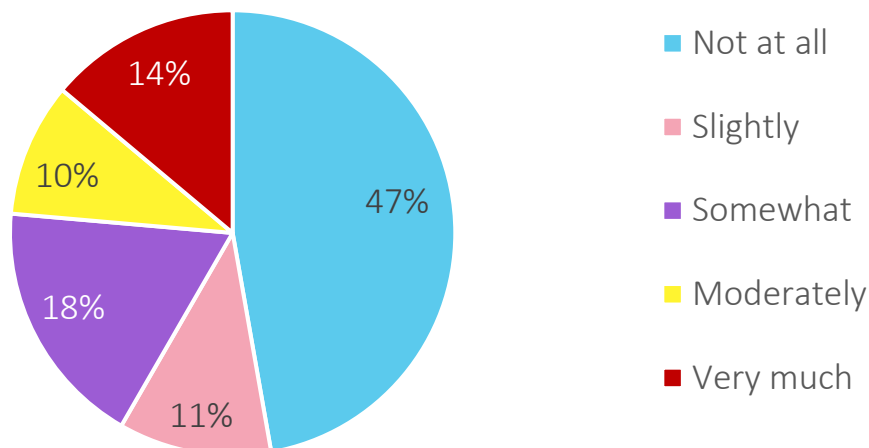
**Data revealed that a much higher proportion of BPOC experienced transphobia that impacted their access to treatment ‘very much’ than non-BPOC did (13% compared to 6%).** Similarly, a higher proportion of disabled people experienced transphobia that impacted their access to treatment ‘very much’ than non-disabled people did (9% compared to 6%). This is, sadly, in keeping with findings elsewhere in this report.

When asked about the discrimination and exclusion of non-binary individuals from trans-specific healthcare services, 21% of non-binary people felt that it had impacted them ‘very much’. However, 22% of non-binary people had not answered the question, possibly because they hadn’t accessed trans-specific healthcare. When we adjusted the data to exclude those who had not answered, **83% of non-binary respondents reported that discrimination against non-binary people had impacted them when accessing trans-specific services.**

When asked about **their experiences of racism from trans-specific healthcare providers, more than half of the BPOC** who responded to the question (53%) told us that it had impacted them. 11% of BPOC respondents to the question reported that it had impacted them ‘very much’, and 10% reported that it had impacted them ‘moderately’.

Responses from BPOC to the question 'How much, if at all, has racism from trans-specific healthcare providers impacted you?'

(N = 72)



Of the disabled individuals that answered the question, 60% reported having experienced ableism when accessing trans-specific healthcare. 12% of disabled respondents to the question reported that it had impacted them 'very much', and 14% reported that it had impacted them 'moderately'.

Discriminatory behaviour of this nature is a breach of the Equality Act (2010) and raises serious questions around the provision of transition-related care in the UK.



# Non trans-specific healthcare

## Services traditionally associated with specific genders

For the many reasons explored in this report, some trans people avoid accessing healthcare services. We asked participants about their experiences relating to care that is traditionally considered 'gender-related' or 'sex-related', for example cervical cancer screening or prostate checks. **More than a quarter of people (27%) reported that they 'always' or 'often' avoid GP visits for this type of care.** The data also showed that trans men and non-binary people were more likely to avoid this type of visit to the GP than trans women (17% and 16% compared to 6%). The reason for this may be anatomical. Anyone with a cervix over the age of 25 is advised to access screening for cervical cancer, whereas prostate cancer screening is not generally considered necessary until the age of 50. Furthermore, trans men and non-binary people with a uterus may also need to access care for conditions such as endometriosis. They may require access to services relating to pregnancy and contraception that would not be required by a trans woman or a non-binary person assigned male at birth.

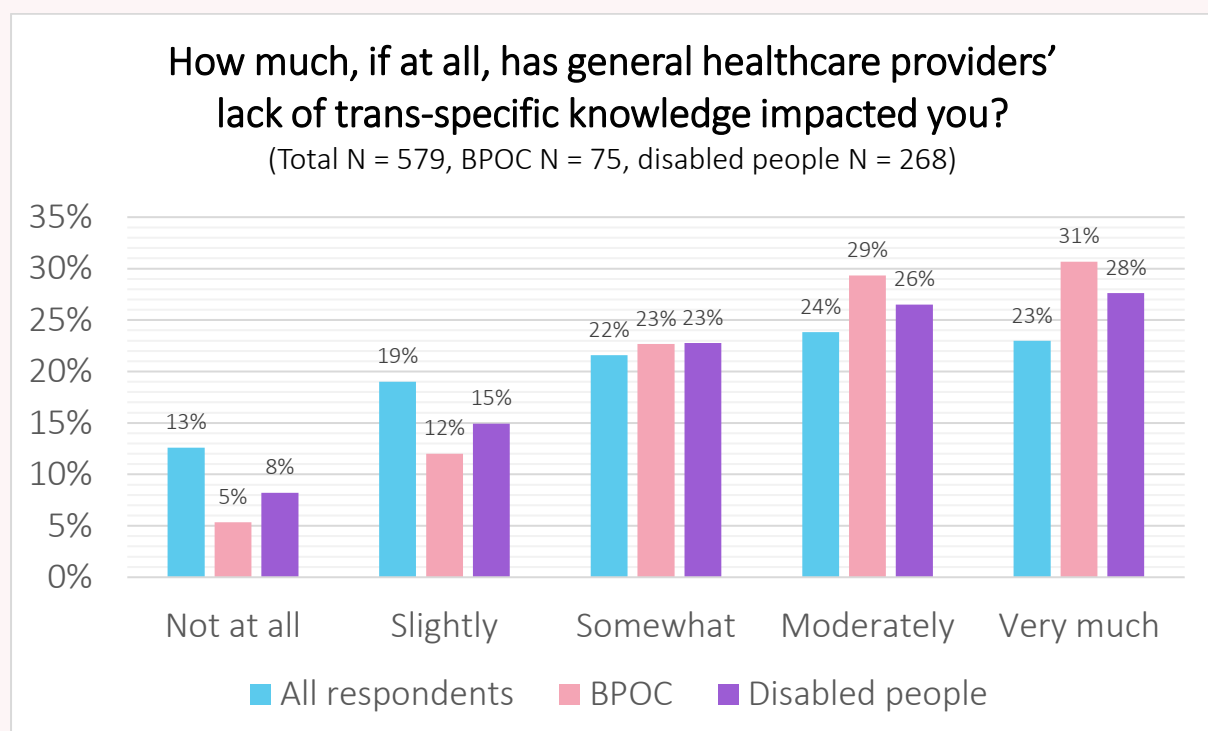
Of those that respondents that do attempt to access care considered 'gender-related' or 'sex-related', 29% reported having been refused care because they are trans.

## Experiences at the GP practice

Our data revealed a clear issue relating to GPs' understanding of trans-specific healthcare needs. **Overall, 45% of respondents said that their GP did not have a good understanding of their needs as a trans person. GPs' lack of understanding of non-binary people is of particular concern, with 55% of non-binary people telling us that their GP does not understand their needs.** 87% of those answering the question told us that their GP's lack of understanding had impacted them to some extent, with 23% reporting that it impacted them 'very much'.

BPOC reported being more severely impacted by their GP’s lack of understanding of trans-specific health needs, and 95% of BPOC reported being impacted to some extent. In fact, **31% of BPOC reported that their GP’s lack of understanding has ‘very much’ impacted them.**

Disabled people are also more severely impacted by their GP’s lack of understanding of trans-specific health needs. 92% of disabled people reported that this has impacted them, with 28% reporting that it has impacted them ‘very much’.



Due to feeling misunderstood by their GP, 57% of trans people reported avoiding going to the doctor when unwell, with 16% of trans people ‘often’ avoiding visiting their GP because of this.

It is disappointing to note that there have been incidences of GPs refusing to provide care or treatment to patients, on account of their trans status. 14% of respondents reported this happening at least once, and 6 individuals reported this happening ‘often’ or ‘always’.

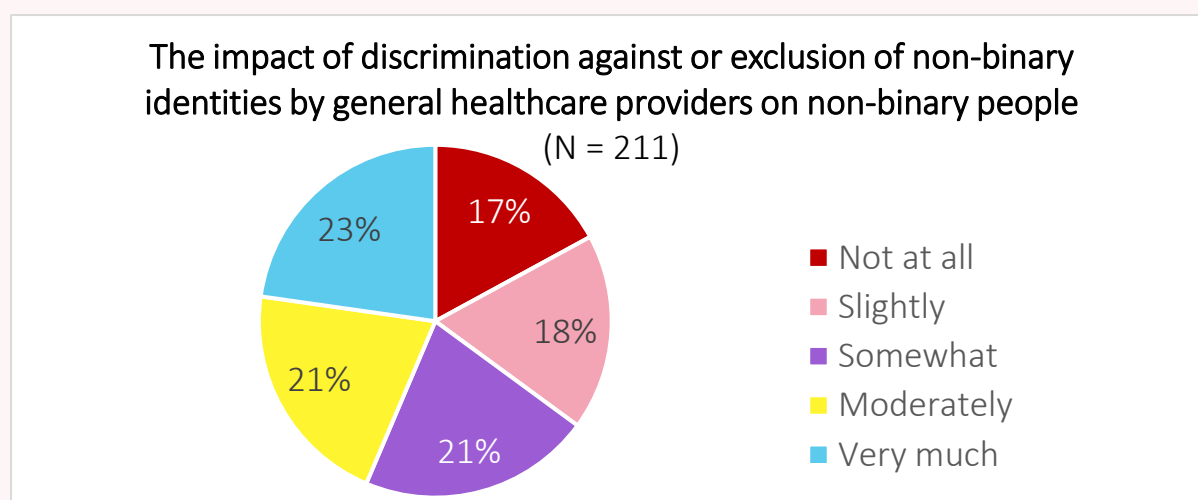
## Transphobic discrimination in healthcare

A sizable proportion of respondents to our survey felt impacted by various forms of discrimination from non trans-specific healthcare providers. Transphobia, and specifically discrimination on the basis of being non-binary, impacted a large proportion of our respondents. **Of those respondents to our question on transphobia when accessing general healthcare services, 70% reported being impacted by transphobia to some extent.** Non-binary people are most likely to be impacted by transphobia (75% compared to 71% of trans men and 63% of trans women).

There was a marked difference in the proportion of BPOC reporting that they were ‘very much’ impacted by transphobia compared to non-BPOC (19% compared to 9%). Given that a large proportion of our BPOC respondents were non-binary, more research is needed to confirm the nature of the discrimination.

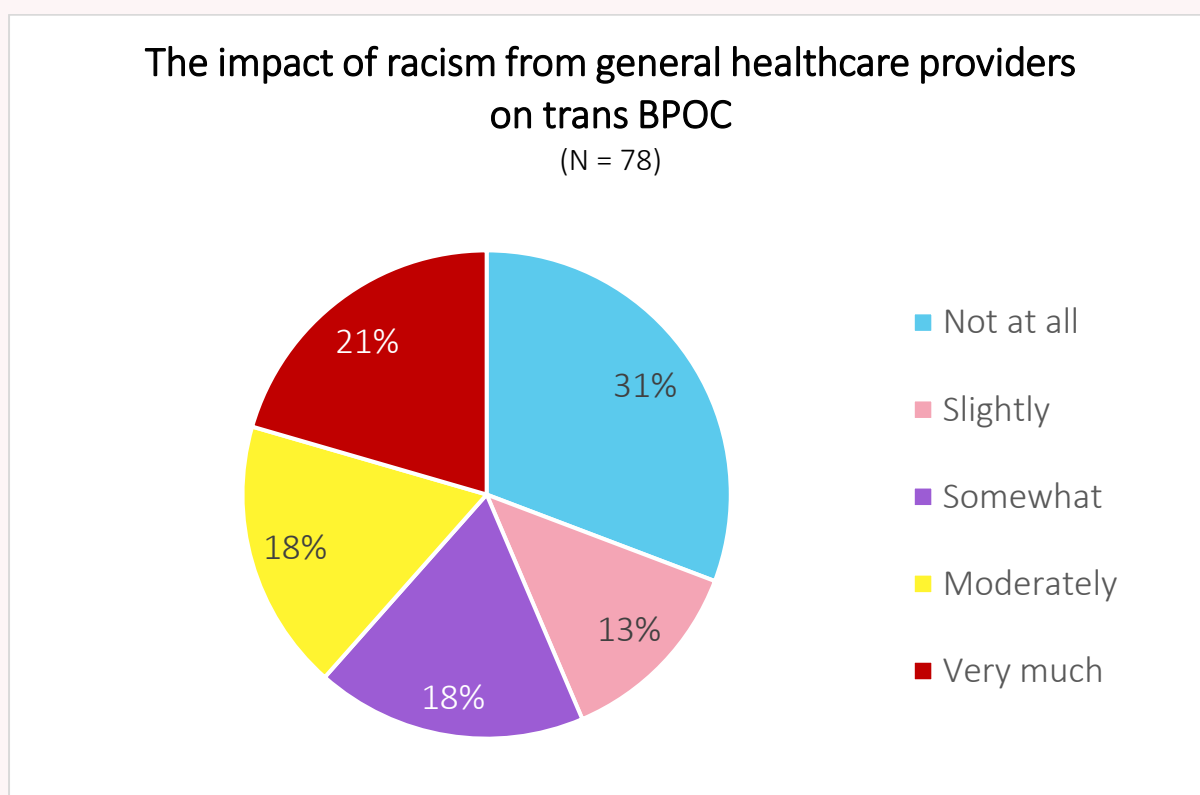
The impact of having multiple marginalised identities was also apparent in the responses of disabled people. **12% of disabled people reported that transphobia had ‘very much’ impacted their experiences of non trans-specific healthcare** in comparison to 10% of non-disabled people.

We also asked people about their experiences of non-binary related discrimination when accessing non trans-specific healthcare. Of the non-binary respondents to the question, **83% had been impacted by discrimination on the basis of being non-binary when accessing healthcare.**



## Racism in healthcare

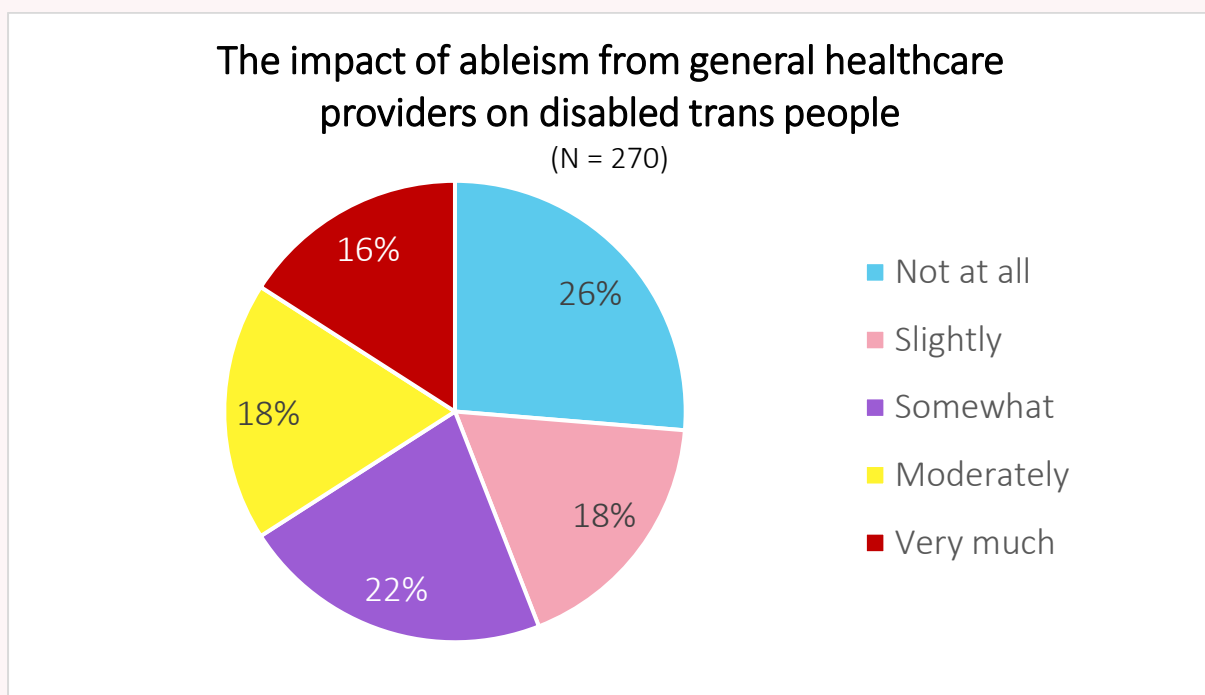
We asked people how much, if at all, racism from general healthcare providers had impacted them. **69% of the BPOC that responded told us that they had been impacted by racism from non trans-specific healthcare providers.** To fully understand the impact of this racism in combination with experiences of transphobia and ableism, further study is needed into the healthcare experiences of UK based trans BPOC.



69% of the Black people and People of Colour that responded told us that they had been impacted by racism from non trans-specific healthcare providers.

## Ableism in healthcare

Ableism also has an impact on disabled people seeking to interact with general healthcare providers. **74% of the disabled respondents to the question told us that they had been impacted by ableism when accessing non trans-specific healthcare.** In order to develop a fuller understanding of the impact of this ableism in combination with experiences of transphobia and racism, we recommend further study into the healthcare experiences of disabled trans people in the UK.



74% of disabled respondents told us that they had been impacted by ableism when accessing non trans-specific healthcare.

# Discussion

The survey covered a very broad range of themes. Due to the broad ranging nature of the study, our analysis primarily compared the percentages of demographic groups of trans people in their choice of answers to various questions in the survey. A majority of the questions were in the form of Likert-type scales of frequency.

## Design and methods

The survey included a wide range of themes, about several aspects of life, included qualitative and quantitative data, and was aimed at exploring what it means to be trans in the UK. The specific design and methods used, especially in the analysis of data have strengths but also several limitations which impact the kind of insights and conclusions that can be made from this study. It is important to acknowledge that the data will have been impacted by our recruitment methods. As we have discussed, the use of social media and trans community groups for participant recruitment skewed the data towards a younger demographic. In addition to this, trans individuals who do not regularly engage in trans community related activities may have been less likely to participate.

For quantitative data, the comparison of percentages gives us meaningful, but superficial insights about a wide range of themes covered in the survey. Using the existing data, more focused analysis using appropriate statistical methods to test hypotheses developed using insights from this study, is an essential next step. Such analyses are necessary to answer bigger questions such as: **“What is the effect of disability in the experience of transphobia, in disabled trans people?”**, “How does the frequency of transphobic experiences in work contexts link to employment and income status for people with different trans identities?”; “Is the experience, extent and context of transphobic discrimination different for non-binary people, compared to trans men and trans women?”, **“How does anti-trans discrimination in healthcare link to healthcare avoidance, or access to transition-related care?”**.

Qualitative data from the survey was not analysed in full. However, telling elements from the variety of text responses were picked out to make sense of the quantitative insights. A separate thematic analysis<sup>10</sup> would help capture the dominant themes that have been reported in a more structured fashion. Similarly, **focused analysis on answers about reasons for healthcare avoidance, or access to a GRC could help us to understand the barriers and facilitators that influence access to services, healthcare and equality.** For example, analysis could focus on topics like the experience of transphobia for trans men vs trans women vs. non-binary people and on key questions like “What kinds of treatments and procedures do trans people want access to from the NHS?”.

Still, this study has indeed provided valuable and interesting insights about the trans people’s experience of life in the UK, and how this experience can differ across genders, ethnicity, and disability status.

## Demographics

The sample was skewed towards a younger demographic. This was perhaps due to the use of social media as a major tool in recruitment. While the mean ages of trans men (28) and non-binary people (29) were similar, that of trans women were significantly older (41). This age difference could have accounted for some of the differences between the responses of trans women and other trans people, as a cohort effect.

Ethnicity is not always easily classified, despite often being considered to be. This is particularly illustrated by one participant that wrote about their complex family history when giving more information about their ethnicity. Furthermore, some participants who reported a Black ethnicity in one question, also denied identifying as Black in a subsequent question. About 12 individuals who identified as People of Colour (PoC) had also stated a white ethnicity in the preceding question. Similarly, some who did not identify as PoC had also stated that they were not white. This could indicate the complexity of ethnic identity in the UK

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<sup>10</sup> Virginia Braun & Victoria Clarke (2006) Using thematic analysis in psychology, *Qualitative Research in Psychology*, 3:2, 77-101, DOI: 10.1191/1478088706qp063oa

today. However, some of these responses could also be explained by accidental responses, or for some individuals, a malicious attempt to interfere with the data.

Interestingly, a greater proportion of BPOC respondents identified as non-binary. This could perhaps be understood using insights from a text answer, where a non-binary participant described their experience of the gender binary as a colonialist, European construct, and were in search of a word that described them independently without locating their gender by its relation to the predominant 'Western' gender binary.

Just under half of the participants identified as disabled, and more than half of the participants identified as neurodiverse. Neurodiversity was more common in trans men and non-binary people than in trans women.

## Employment and income

Generally, our sample of trans people were not affluent. The greater proportion of trans women in full-time employment is an interesting finding, however this could possibly be an effect of the trans women who responded typically being older than the trans men or non-binary people, with the mean age being higher by about 10 years. **Being a BPOC or a disabled person seemed to further disadvantage participants**, as fewer BPOC and disabled people reported being in full-time employment, and were overrepresented in lower income categories.

## Recognition and access to ID

While having gender-congruent ID and a GRC were desirable for most respondents, several individuals reported a variety of issues with its provision, and barriers to acquiring one. Most crucially, the current system does not recognise non-binary people, which several participants mentioned finding distressing. For this reason, **many non-binary people may not want to obtain a GRC because it is simply not available to them**. A higher number of BPOC did not wish to get a GRC, but this related to a greater proportion of the BPOC completing our survey being non-binary and therefore ineligible under the current system.



Interestingly, disabled people are also less likely to want a GRC. A **recurring theme** in text answers were the **challenges and discomfort involved in the application process**. Participants experienced difficulties linked to unnecessarily cumbersome paperwork and **the unpleasantness of having the validity of their identity judged by the Gender Recognition Panel**.

## Inadequacy of healthcare provision

The data clearly indicates that trans people experience discrimination in the healthcare system that restricts their access to general and trans-specific healthcare services, contributing to health inequalities that disadvantage trans people.

The data is particularly stark for trans Black people and People of Colour, as well as for disabled trans people who experience racism and ableism in addition to higher rates of transphobia when accessing healthcare.

While discrimination acts as a barrier, transition-related services available on the NHS are also experienced as inadequate. 90% of respondents report having experienced delays in accessing transition-related healthcare, with more trans men reporting these delays. This could be explained by the ongoing issues in the NHS regarding provision of lower surgery for trans men and non-binary people assigned at birth. Similarly, **a greater proportion of disabled people reported having experienced delays in transition-related healthcare**. One explanation could be that the needs of some people with disabilities are more complex, or perceived to be more complex, leading to delays. However, it could also be explained as an effect of ableism in healthcare.

When asked about adequacy of trans healthcare on the NHS, trans women and non-binary people were more likely to say it was not at all adequate. As supported by participant responses, this is perhaps linked to lack of provision for procedures like facial feminisation surgery, tracheal shave, progesterone and other treatments that trans women and some non-binary people often seek privately. This is further supported by the fact that a greater proportion of those opting for private healthcare were trans women. However, **trans men reported experiencing a greater impact as a consequence of insufficient access to transition-related healthcare.** Again, this could link to issues related to NHS lower surgery provision.

Non-binary people face more transphobia in accessing healthcare, particularly in the form of lack of non-binary awareness from healthcare professionals, and discrimination as a result. The binary nature of NHS transition-related care pathways does nothing to help this.

## Transphobia in everyday life

While participants generally reported being subjected to transphobia in their everyday lives, this seems to have been experienced at different frequencies by different groups, depending on context. **Trans people made it clear to us that they believe that media transphobia has had a direct and detrimental impact on their lives.** Trans men and non-binary people seem less likely than trans women to experience transphobia from strangers on the street. It could be argued that trans women may have experienced more transphobia than trans men because of misogyny or transmisogyny. However, in the workplace, as colleagues may be more likely to be aware of a non-binary colleague's trans status than strangers on the street, non-binary people are more likely to experience discrimination.

## Transphobia x Racism x Ableism

The grim reality of transphobia and its pervasive impact in the lives of trans people, was a general theme that emerged from all aspects of this survey. Furthermore, these results show that **not all transphobia is created equal**. Transphobia was experienced differently by people with different intersecting identities. **Crucially, the impact of racism and ableism was pronounced in almost all of areas of life for the trans people in question**. It was notable that BPOC and disabled people did not experience racism and ableism as separate forms of discrimination extraneous to transphobia but instead **these factors were compounded with transphobia**. The results suggest that being a BPOC and/or disabled may be linked to worse experiences of and a heightened impact of transphobia itself, compared to their non-disabled, non-BPOC counterparts. This is a hypothesis that would merit further study, particularly one with a bigger sample size of trans BPOC that could speak to the experiences of BPOC of different ethnicities.

We urge everyone to read and respond to the recommendations set out in the executive summary of this report.

Visit TransActual's website to learn more about:

- Additional actions you can take to help bring about change for trans people
- TransActual's work
- Trans inclusive healthcare
- Trans people's lived experiences
- Ways to support TransActual

# Glossary

**Ableism** – A form of discrimination against and prejudice towards disabled people. Ableism is based on a belief that typical abilities are superior, and that disabled people require ‘fixing’. It can be structural and institutional in nature.

**BPOC** – An acronym that stands for Black people and People of Colour. The term encompasses all Black and brown people, emphasising common experiences of systemic racism. It is necessary to differentiate between Black people and People of Colour since Black people are also discriminated against by other People of Colour, and vice versa. BPOC is used when talking about Black people and People of Colour in broad terms, but when talking about specific communities then it is important to name those communities individually. For example, if we were to write a report specifically about the experiences of British Asian people, it would be inappropriate to use the term BPOC.

**Colonialism** – The practice of one group of people establishing colonies on the land of other people, and imposing their religion, language, economic systems, and cultural practices on them. The British ‘rule’ of India was an example of colonisation.

**Disabled** – The Equality Act (2010) states that a person is disabled if they “have a physical or mental impairment that has a ‘substantial’ and ‘long-term’ negative effect on their ability to do normal daily activities.” The social model of disability model states that people are disabled by barriers in society, not by their impairment or difference. For this reason, not all people protected by the characteristic of ‘disability’ identify as disabled.

**Facial feminisation surgery** – An umbrella term to describe surgeries to create more ‘feminine’ facial features. This can include procedures such as brow shaving, rhinoplasty, and surgery to re-shape a person’s jawline.

**Gamete storage** – The process of freezing eggs, sperm, or embryos for future use.

**Gender binary** – The classification of gender into the categories of ‘male’ and ‘female’.

**Gender-congruent identity documents** – Identity documents in line with a person’s gender. For example, a trans man’s passport would be gender-congruent if it had the ‘M’ gender marker.

**Gender Dysphoria Clinic (GDC)** – Otherwise known as Gender Identity Clinics (GICs), GDCs are the clinics responsible for assessing, authorising, and overseeing a trans person’s medical transition.

**Gender Recognition Certificate (GRC)** – The legal document required for a trans person to change the sex marker on their birth certificate and with HMRC.

**Hair transplant** – A surgical procedure to move hair to an area that is thinning or bald.

**Informed consent model** – A model of transition-related care that takes the emphasis off ‘medicalisation’ and instead allows trans people to access medical transition without the requirement for a referral from a mental health specialist.

**Lower surgery** – A generic name given to gender affirming surgeries which reconstruct a trans person’s genitals.

**Metoidioplasty (otherwise known as meta)** – A type of surgery which uses a person’s existing genital tissue to create a penis.

**Neurodiversity** – The idea that all humans vary in our neurocognitive ability.

**Neurodivergent** – The term ‘neurodivergent’ is often used to refer to people who have a variation that is not considered typical by society – for example autism or ADHD.

**Non-binary** – An umbrella term for people whose gender identity doesn’t sit comfortably with ‘man’ or ‘woman’. Non-binary identities are varied and can include people who identify with some aspects of binary identities, while others reject them entirely.

**Non trans-specific healthcare** – Healthcare that is provided by a service or clinician that doesn’t specifically cater to trans people.

**Phalloplasty (otherwise known as phallo)** – A type of surgery used to create a penis. This is a multi-stage surgical process, typically consisting of at least 3 operations. It is most commonly sought by trans men and by some non-binary people assigned female at birth, but some cis (not trans) men might also access phalloplasty surgery if they have had a serious injury.

**Racism** – A belief that race is a fundamental determinant of human traits and capacities, and that racial differences produce an inherent superiority of a particular race. Racism can be reflected in people’s behaviour or attitudes, through the systemic oppression of a racial group, and through political or social systems.

**Tracheal shave** – A surgery to reduce the size of a person’s Adam’s apple.

**Trans man** – A term used to describe someone who is assigned female at birth but identifies and lives as a man.

**Trans woman** – A term used to describe someone who is assigned male at birth but identifies and lives as a woman.

**Transition** – The steps a trans person may take to live in the gender with which they identify. Each person’s transition will involve different things. For some this involves medical intervention, such as hormone therapy and surgeries, but not

all trans people want or are able to have this. Transitioning also might involve things such as telling friends and family, dressing differently, and changing official documents.

**Transphobia** – The core value underlying all transphobia is a rejection of trans identity and a refusal to acknowledge that it could possibly be real or valid. Transphobia has no single, simple manifestation. It is complex and can include a range of behaviours and arguments. The consequence of transphobia is that trans people struggle to live openly and comfortably in society. An ultimate outcome may be the erasure of trans people as a viable class of people. Visit [www.transactual.org.uk/transphobia](http://www.transactual.org.uk/transphobia) for an extended definition.

**Trans-specific healthcare** – A healthcare service provided specifically for trans people. For example, a Gender Dysphoria Clinic.

**Vocal surgery** – A type of surgery designed to raise the pitch of a person's voice.