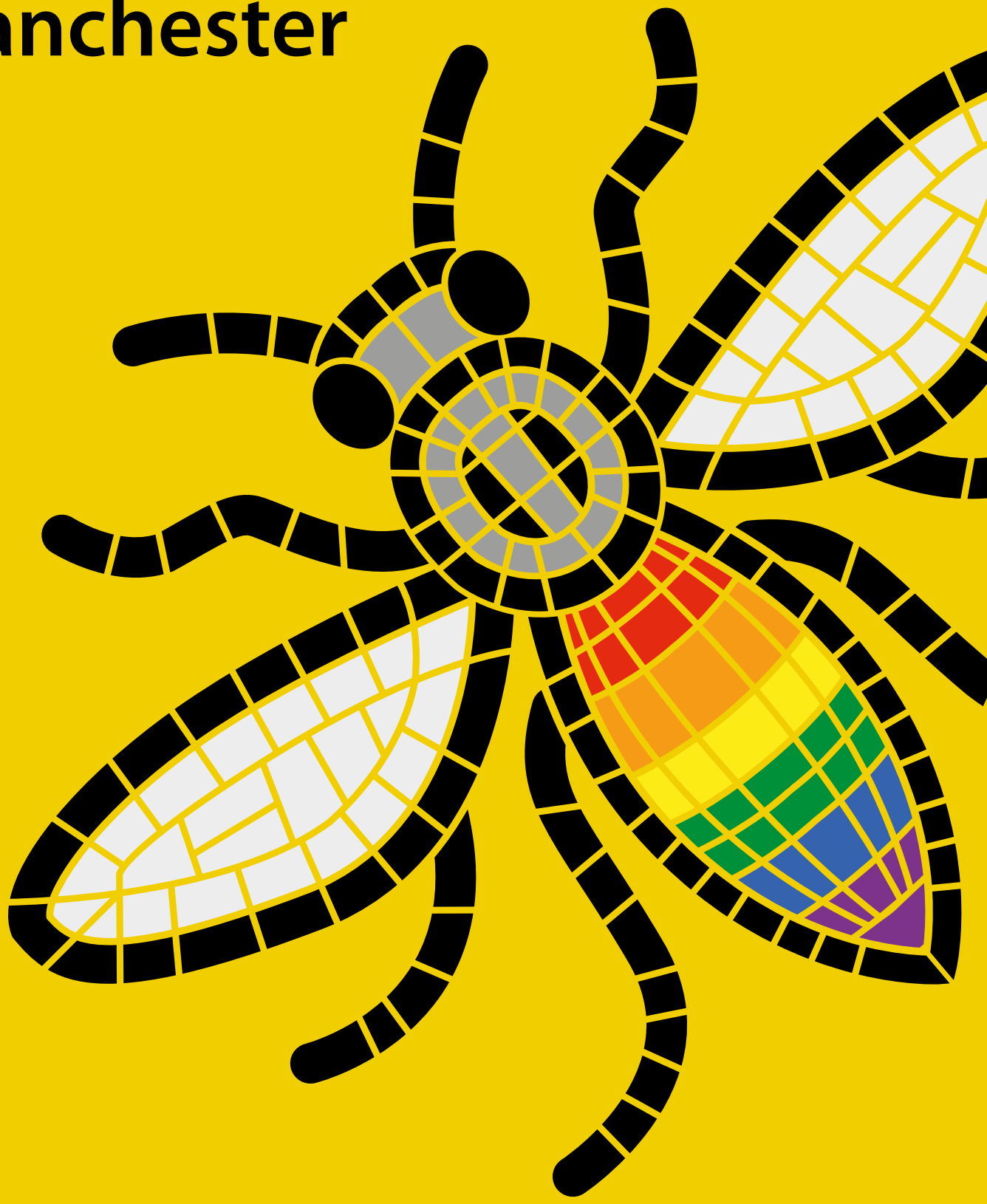
Research Study into the Trans Population of Manchester



MANCHESTER CITY COUNCIL

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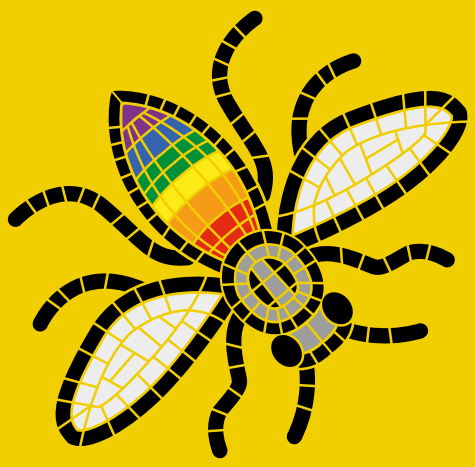

Contents

Acknowledgements

- LGBT Foundation
- Professor Stephen Whittle OBE, FAcSS, DLaws hc, PhD, MA, LLB, BA
- Claudia Carvell
- Daniel Edmonson
- Action for Trans Health
- Proud Trust
- Greater Manchester Police
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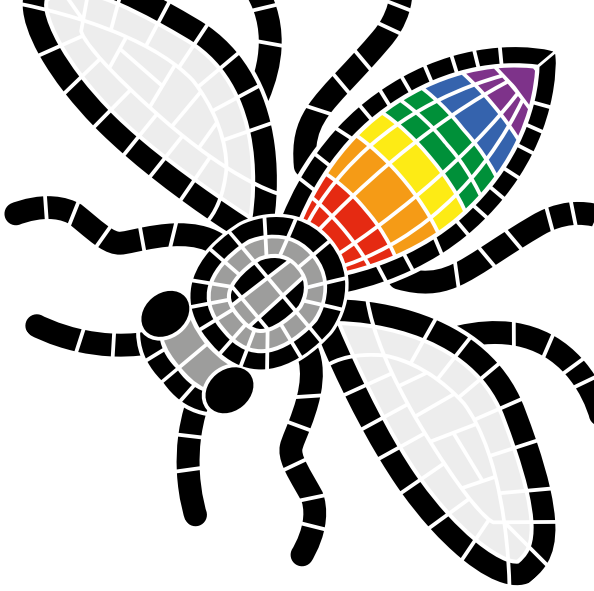
Introduction



Our Manchester: The Manchester Strategy outlines the vision for Manchester to be in the top flight of world class cities by 2025. Equity is one of the Strategy's core themes and tackling inequalities in outcomes and opportunities will be critical if the Manchester Strategy is to become a reality. This includes focusing on the particular needs of Manchester's trans*[1] population, along with people who are disadvantaged or discriminated against because of any other characteristics.

It has been a long-standing commitment of the Council to identify and support the major service priorities of the trans community. Working in partnership with Greater Manchester Police, public sector and LGB/Trans-specific organisations, the Council has been at the forefront of promoting safety, inclusion and opportunities for trans people in the city.

Recognising the lack of local and national research into trans communities, the Council embarked on a series of consultations and engagement activities with local trans people and their organisations in order to improve its own data and to explore the prevailing issues and opportunities experienced by Manchester's trans population.

Through the early engagement and consultations, a number of thematic areas began to emerge which appeared to make the most significant impact upon trans peoples' lives. These are: Young People and Education, Health, Housing, and Domestic Violence. Keen to understand in more detail the experiences and barriers for Manchester's trans community within these areas, the Council commissioned LGBT Foundation to conduct this research, focusing specifically on these themes.

As the findings make clear, there continues to be a need for the Council and its partners to work together to combat the inequalities experienced by the city's trans population, and to ensure consistent service delivery in order to improve their experiences. Taking forward the recommendations within this report, Manchester City Council reaffirms its pledge to lead the way in ensuring that trans people across Greater Manchester can experience the same safety, wellbeing and opportunities as every other citizen.

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

Foreword

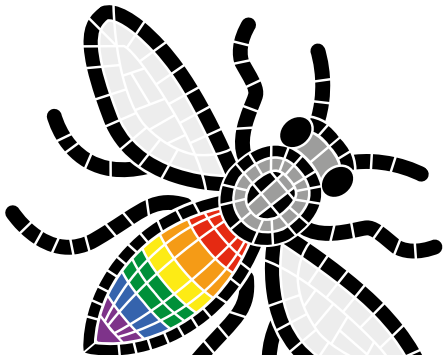
by Professor Stephen Whittle OBE, FAcSS, DLaws hc, PhD, MA, LLB, BA

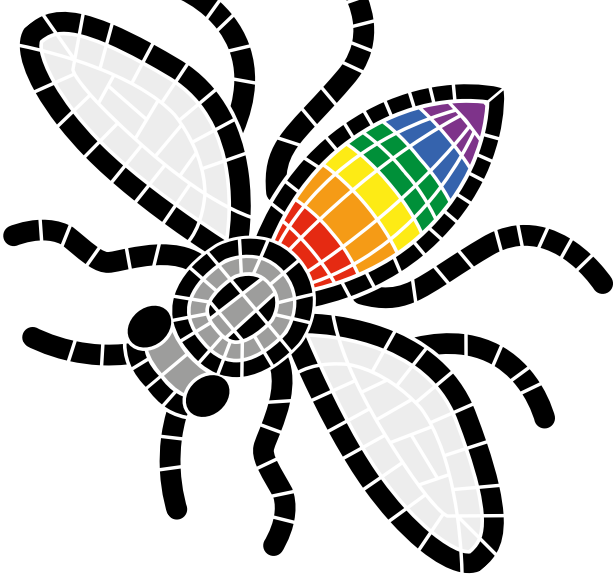
History shows that Manchester has been a place for the congregation of lesbian, gay, bisexual and gender variant people for at least 150 years. In 1964, Allan Horsfall and Colin Harvey had started the North Western Homosexual Law Reform Committee to campaign for the decriminalisation of sex between gay men. After the 1967 Sexual Offences Act was passed, which allowed gay men over the age of 21 to have sex so long as it was in private (not a hotel room, or the bedroom of a house where other people were downstairs), the NWHLRC decided there was a real need for social support. After all, what is the point of making gay sex legal if gay men and women were still so ashamed of themselves that they would never get to meet anyone with whom to have a relationship? So, in 1971, the NWHLRC changed its name to the Campaign for Homosexual Equality (CHE) and started two support groups; one each for women and men. By opening up those social spaces, the CHE was determined to change the atmosphere for gay people from one of seedy meetings of men in public toilets (cottages) to group 'therapy' in the basement of the city's Quaker Friends' Meeting House. This was crucial to the development of a sense of entitlement, not just to the right to love and be loved, but also to equality. A lot of us trans folk, still unaware that how we felt was an issue of gender identity not sexual orientation, made our first contacts with Manchester LGBT community and met our first lovers at those meetings.

Trans folk were to become central to the development of the city's LGBT support systems. The early 'Gay Discos' based at Manchester Metropolitan University's Aytoun Street building, Manchester's Gay Switchboard, and the consortium of LGBT groups that met regularly at the Student Union building of Manchester University, wherein what was very personal to us became very political. Notably for trans people, in late 1974, Manchester was where the UK's first local support group for 'transvestites and transsexuals' was started called the Manchester TV/TS group. When I think back of those times I remember such excitement; it is a book waiting to be written, but I suspect nobody would believe it was non-fiction.

The role of trans activists in Manchester has not, however, been limited by the city boundaries. Press for Change, the UK-wide grassroots Trans Rights group founded in 1992, had many of its activists and early political actions in the city. It was in Manchester at a Labour Party conference in 1997 that we literally first set out our stall - amongst all of the others. We had two square metres in which to put forward the case for the legal recognition of trans people's rights to equality in the workplace, as service users, and as individuals with partners and children to whom they were, at that time, legal strangers.

Twenty years on from that monumental moment in the battle for trans people's rights, trans people and people with a non-binary gender identity





have now become very much part of the cultural and community spaces we live in, particularly in the Western hemisphere. And yet we know so little about the day-to-day concerns of trans people's lives. Research is very thin on the ground, partly because we have been, in the past, such a tiny minority group. Even researchers in the big-pharmacy companies which provide medical hormone therapies for trans people take the view that "the hormone therapies work, nobody has complained in the 50 years since hormone treatment was started, and so why would we 'waste' a lot of our limited budget simply to discover what we already know". But they are wrong. There is a lot still not known. For example, it is only now that we are seeing the first groups of trans people who have been taking cross-sex hormones for more than 40 years. We, as the patient group, our GP's, and our consultant endocrinologists know nothing at all about the impact and effects on the body of providing long term cross-sex hormone therapies, because nobody has ever done the research.

This project has recognised that Manchester is not just a hub, but also a home and the workplace for many people who are trans or who have a non-binary gender identity. A lot of data has been collected from the many trans people who very kindly took part in this study. This report provides a comprehensive review of the data collected, which in itself should provide researchers and policy makers a lot to think about over the coming few years. It is clear from the data that for many trans people life is still not easy, with prejudice and discrimination eroding their sense of safety and well-being, in a city where we should be truly proud of what the local trans community has achieved. This prejudice and discrimination simply should not happen here.

UK law provides trans people with an entitlement to go about their daily lives, work, and social activities in safety, with access to the full range of opportunities available to others. In fact it is more than just that. Trans people should feel welcomed as full, contributing, members of the community they live in, including here in Manchester. Trans people are citizens of the city, and yes, we have a right to privacy - but we also have a right to be out as ourselves no matter how we identify our gender, regardless of what roles or duties we are undertaking. The only way we can work towards creating the city and region which is a real home - a haven - is by ensuring we listen and work with the trans community to create real change in their lives. This research is a step towards showing us how that can be achieved. Manchester can be proud of having taken the first steps in providing a comprehensive review of the lives of one of its smaller communities.

Executive Summary

As part of its ongoing commitment to improving the lives of Manchester's trans citizens, Manchester City Council commissioned LGBT Foundation to conduct a research study into the city's trans population. Approximately 5,000 Manchester residents identify as trans,[2] and national research shows that trans people experience significant inequalities compared both to the wider population and to lesbian, gay and bisexual communities. However, there was limited prior knowledge of how this affects trans people living in Manchester.

Manchester City Council prides itself on the diversity of the city's population and on its continuing commitment to improving the lives of its LGBT communities. The Council recognises that the needs of Manchester's trans population, in particular, are very distinct and that there is a wide range of unique issues and challenges which impact upon how they live their day-to-day lives.

The research aimed to explore the needs, aspirations, priorities and challenges affecting the city's trans population, with a specific focus on four key topics informed by the Council's previous engagement with trans people and organisations: young people and education; health; housing; and domestic abuse. A mixed methods study was conducted, including a desk based review, online questionnaires, focus groups and telephone interviews with a sample covering trans people, trans organisations and public sector service providers.

The study's findings suggest that trans people in Manchester are experiencing particular inequalities in relation to bullying in education, housing and homelessness, poor mental health and general wellbeing and experiencing domestic abuse:

Young people and education

- There is an urgent need for trans inclusivity in places of education, particularly schools. When asked how well they thought their educational institution supported its pupils with trans issues, most survey respondents rated this negatively.
- A significant proportion of respondents had experienced transphobic bullying or discrimination, but this was not always dealt with effectively by teachers or other staff and young people often did not feel confident to challenge it themselves.
- The quality of support for trans young people outside education, particularly in healthcare, is an area of concern. Poor healthcare experiences were seen to have impacted negatively on educational attainment and attendance.

Housing

- The majority of respondents lived in rented accommodation or accommodation owned by someone else. Experience of transphobic hate crime in their residential area was relatively high. The research underlined the importance of all housing and accommodation services visibly demonstrating trans inclusion, backed up by full training for staff in equality and diversity issues and trans awareness.
- Homelessness, particularly related to gender identity and/or trans status was relatively high among the questionnaire sample (25% had experienced this). A concerning majority of these respondents had not accessed any services, yet many identified that access to services such as mental health and homelessness services would have helped them during periods of homelessness. Again, this underscores the need for such services to be visibly trans inclusive, in order to help break down barriers to access for trans people.

2 Manchester's estimated trans population is based on an Office for National Statistics mid-2014 population estimate for Manchester and research from GIRES (2011) indicating that 1% of the population does not identify with the gender they were assigned at birth (See http://www.manchester.gov.uk/info/200088/statistics_and_census/438/public_intelligence/3 and http://www.gires.org.uk/Prevalence2011.pdf).

Health

- There were low levels of self-reported good health, high prevalence of mental health issues, relatively high levels of substance use and low attendance at sexual health testing services among the survey sample. Focus group discussion indicated that many participants did not feel in control of their own health and wellbeing.
- Participants in the focus group had relatively low expectations that healthcare services would meet their needs as a trans person, to the extent that an experience that did not involve abuse or harassment could be seen as a positive experience. Experience of discrimination, transphobia or unfair treatment when accessing health services in Manchester was relatively common and few felt that they could do something to challenge it or make a complaint.
- Very few people had made plans for their care in times of serious illness or old age, yet there were common concerns about not being able to access appropriate care that would be trans-friendly.

Domestic abuse

- The findings indicate that experience of domestic abuse is highly prevalent among the trans community, but that it often may not be recognised as abuse and therefore remain unreported and unaddressed.
- Respondents who had experienced domestic abuse were likely to have either accessed support from an informal source (such as a friend or relative), or to have not accessed any support. It was indicated that significant barriers exist for trans people accessing specialist support services for domestic abuse.

The findings suggest that many public sector services do consider trans people's needs but don't always make this information available to the public, or consistently monitor the access, experience and outcome of trans service users. We recommend that all providers of public services across Manchester monitor the gender identity and trans status of service users, to better understand access, experiences and outcomes for trans people, and to improve services accordingly. We also recommend that all providers of public services provide mandatory trans awareness training for all staff, including appropriate service provision and challenging transphobia. Further recommendations specific to each topic area are given on page 66.

Manchester City Council is keen to work with public sector services and other LGBT/trans-specific organisations in Manchester, to ensure that the findings from this research are used as a starting point to further explore how to best meet the needs of trans people in the city and begin to address the inequalities highlighted here.

Methodology

Manchester City Council commissioned LGBT Foundation to conduct research into the needs of the trans population of Manchester. The research was based on four key topics informed by the Council's previous engagement with trans people and their organisations: young people and education; health; housing; and domestic violence and abuse. As existing local data was limited, the study commenced with desk-based research of the current national evidence base, which was then used as a benchmark in relation to Manchester. The research comprised an online questionnaire and a series of four topic-specific focus groups for members of the trans community. These elements were complemented by interviews with relevant public sector organisations in Manchester, to determine their trans inclusion policies and practice.

The questionnaire was designed with input from LGBT Foundation's Trans Advisory Panel and the relevant directorates of Manchester City Council.[3] It was made available online from 24th November to 15th December 2015 and promoted across LGBT Foundation's communications channels (including e-bulletins and social media), through the Trans Advisory Panel's networks, and directly to trans groups and organisations across Manchester. The questionnaire was open to anyone who identified as trans and had a connection to Manchester (e.g. lived, worked, studied or regularly visited the city). Two screening questions were used to ensure that the sample met the criteria. As an incentive, respondents could choose to be entered into a prize draw to win £300 worth of shopping vouchers.

In total, 106 respondents met the criteria for the questionnaire and this data is presented in the research findings below. Please note that sample sizes differ per question, and this is stated in the tables or in brackets where there are no tables (as n=x). Where appropriate, totals of more than 99% have been rounded up to 100%. Some questions allowed respondents to choose more than one option, so a total percentage was not possible to calculate. This has been stated in the report where relevant.

The focus groups were designed with input from LGBT Foundation's Trans Advisory Panel and the Equality Team at Manchester City Council. LGBT Foundation contracted The Proud Trust to deliver the session on young people and education, utilising the Trust's Afternoon T.E.A group for trans young people, and contracted Action for Trans Health to deliver the session on healthcare. LGBT Foundation delivered the two remaining sessions on housing and on domestic abuse. All four focus groups were promoted across LGBT Foundation's communications channels (including weekly e-bulletins, monthly trans bulletin and social media platforms), through the Trans Advisory Panel's networks and directly to trans groups and organisations across Manchester. The promotion made clear that the session on domestic abuse would focus on experiences of and barriers to accessing support services for this issue, rather than experiences of abuse. Again, the focus groups were open to anyone who identified as trans and had a connection to Manchester. Participants were asked to register their attendance via Eventbrite and were given a £15 shopping voucher as an incentive to participate, as well as refreshments during the session. Unfortunately there was low participation for the focus groups on housing and domestic abuse, so further qualitative research was conducted to complement this data collection.

To complement these elements of the research, we conducted telephone interviews with public sector organisations in Manchester to find out about their trans inclusion policies and practices. A contact list was drawn up and individuals were contacted to tell them about the research and to invite them to participate in an interview to be scheduled at their convenience. Participants were asked if they would like their organisation to be used as a case study in the final report.

Finally, a list of the trans-specific voluntary and community organisations in Manchester was compiled, including a short description and contact details for each group.

3 LGBT Foundation's Trans Advisory Panel is made up of representatives from a range of voluntary and charitable trans groups who offer services and support to the Greater Manchester trans community. More information on the panel's membership can be found here: http://lgbt.foundation/Trans-Advisory-Panel

Literature review

The study commenced with a desk-based research exercise which looked at the current national evidence base in relation to the four key themes, to provide a context to the local research results.

Researching the trans population presents problems when trying to ensure a representative sample is obtained; trans people are understood to be part of a relatively small and 'hard-to-reach' population (Hester, 2009). There are no definitive studies into the number of trans people across the UK. In 2009, the Gender Identity Research and Education Society (GIRES) estimated that 300,000 to 500,000 people in the UK had experienced some degree of gender variance. At this time approximately 10,000 had presented to health services seeking to medically transition, 80% of those were trans women (male to female) and 20% were trans men (female to male) (Reed et al., 2009). More recently, NHS Gender Identity Services (GIS) have reported that these numbers have since significantly increased and continue to rise year on year.

Although the available evidence base on trans people's needs is small, the research clearly shows that trans people face disproportionate discrimination and barriers throughout all aspects of life. Therefore, it is reasonable to expect potential anomalies in any data gathered on the trans population due to the understandable reservations an individual might have around declaring trans status or experiences thereof. Furthermore, little to no research reviewed as part of this study broke down data any further than those who identify as trans women or trans men, meaning there is a lack of data available on the sub-categories that fall under the trans umbrella (for example, non-binary, intersex, genderfluid, cross-dressers, transsexual and non-medical trans persons).

There has been notably more research published into the health needs of trans people than the other three themes, and although much of the research reviewed detailed barriers for trans people accessing general public services, specific research into the areas of education, housing and domestic violence services was limited.

Young people and education

Regarding trans young people in education, the research covers two key areas: transphobic bullying and the impact of such harassment on academic performance. Whittle et al. (2007) provided a detailed report on the many ways trans individuals may experience discrimination in their everyday lives. The findings are based on both qualitative and quantitative data, taken from a substantial database of 86,000 emails sent to Press for Change between 1999 and 2005; 16,000 messages to the Female-To-Male Support Network sent between 1999 and 2006; and a comprehensive online questionnaire. The study found that "some 64% of young trans men and 44% of young trans women will experience harassment or bullying at school, not just from their fellow pupils but also from school staff including teachers". Such figures are backed up by data collected from the Home Office (2011), which reported that "over 70 per cent of boys and girls who express gender variant behaviours are subject to bullying in schools".

The study observed that these are higher rates of bullying than those shown in many studies on the experiences of young lesbians and gay men at school. It was also suggested that these findings counter the commonly held belief that there is less tolerance of 'sissy' boys than tomboys, finding that females who become trans men later in life faced the most harassment and bullying at school (Whittle et al, 2007). The report put forward the idea that trans men ("natal females") experienced more harassment at school because "their gender difference may have been more visible because of a strong inability to conform to wearing stereotypical girl's school uniform, and further expressing discomfort at their developing female body" (Whittle et al. 2007). The report also links the increased levels of bullying experienced by 'natal females' to evidence suggesting that 'natal males' learn to hide their cross-gender behaviour or identity because of an awareness of the peer pressure for gender conformity, to the extent that such individuals may be more likely to increase the gender-conforming behaviour they exhibit in order to do so (Rudman & Kimberley in. Whittle et al. 2007)

Concerning the types of bullying experienced by trans people at school, Whittle et al. (2007) found that of the trans adults who participated in their survey, about 40% of them had experienced verbal abuse, 30% of them threatening behaviour, 25% physical abuse and 4% sexual abuse while at school. Furthermore, about 25% were found to have been bullied by their teachers.

Many respondents noted that their experiences of bullying had a profound impact on their academic performance, largely due to being absent or not completing their studies as a direct consequence of transphobic bullying in their school (Whittle et al. 2007). Indeed, the research shows a major difference in final educational achievement levels in the trans population compared to the UK average. Many trans people leave school after completing Level 2, but 34% obtain a degree or higher degree (later in life), compared to the UK national average of only 27% (Whittle et al. 2007). Because of this, the report described many trans people as "second chancers" who return to education as mature students and "… having learned that they can literally do anything, they take up the mantle and proceed to do particularly well" (Whittle et al. 2007).

In the Department for Education's guidance on Preventing and Tackling Bullying, "gender reassignment" is mentioned less frequently than other protected characteristics (Department of Education, 2014). This use of language is in itself limiting, in that many young people will not have undergone gender reassignment and/or may be expressing themselves in a non-binary way. Furthermore, schools have not been given statutory guidance and advice about how to deal with and eliminate transphobic bullying, so the problem remains largely unaddressed.

There is further evidence that for trans people, bullying does not necessarily end after they have left education. Home Office research on employment experiences (2011) indicates that nearly half of trans employees experience discrimination or harassment in their workplaces. 88% of respondents said that ignorance of trans issues was the biggest challenge they faced in employment and respondents reported that transitioning at work was one of the most significant triggers for discrimination.

The literature did not reveal any information regarding the provision of facilities and services that may help to support trans young people, such as the prevalence of gender-neutral bathrooms in schools or initiatives to tackle transphobic bullying in education. There is therefore room to investigate the positive steps that schools and other educational institutions can take in order to better help trans young people.

Housing

There is a considerable lack of literature which specifically deals with the housing needs of the trans community. Most relevant research concerning housing provision focuses on the LGBT community as a whole (Albert Kennedy Trust, 2015; Brown & Lim, 2008; Office for National Statistics, 2011), yet gives significantly more space to discussion of LGB people over trans people. It is therefore difficult to establish the extent to which this information applies to trans people in particular.

However, there is still some relevant data relating to trans people and housing provision. The key piece of research discussing trans' access to housing is Whittle et al. (2007), which was cited by a variety of sources. According to this report, "1 in 4 trans people live in private rented accommodation, which is double the figure for the UK general population. Private sector housing provision is often of poorer quality with less security of tenure". This same report also notes that "housing is a particular problem, because of the extensive aggression experienced by many people from neighbours and others in the area and the break-up of many families on discovering a member of the family is trans" (Whittle et al. 2007). Morton (2008) noted that 25.4% of respondents stated that they had previously had to move out of their home (often ending up homeless) due to transphobic reactions to coming out and 4.2% of respondents reported that they were currently homeless.

It is clear that trans people may face particular issues relating to housing provision in addition to those faced by the LGBT community as a whole. However, more research needs to be done in order to properly establish what these issues are, the extent to which they are experienced and how they may be addressed.

Health

As noted above, the majority of research conducted into trans people's needs and experiences covers health and access to healthcare. This is presented in five categories, below.

Sexual Health

No substantial data has yet been collected regarding the sexual health of trans people in the UK (Mitchell and Howarth, 2009). However, international data suggests that trans people (particularly trans women) have an increased risk of contracting HIV (Mitchell and Howarth, 2009). In the USA, trans people have been found to be four times more likely to be HIV positive than the national average (Grant et al. 2010), with 14.3% of trans young people being HIV positive - the highest rate of any youth group in America (Ryan and Rivers, 2003). These reports do not make suggestions as to why trans people seem to be particularly at risk.

Mental Health

The range of literature regarding the mental health of trans people is much more comprehensive. McNeil et al. (2012) report that 88% of trans people have experienced depression, 80% have experienced stress and 75% have experienced anxiety. Concerning suicide, studies suggest that around half of trans people have attempted suicide (McNeil et al. 2012). PACE (2014) reports that 48% of young trans people (aged 26 and under) have attempted suicide, with 30% saying that they had done so in the space of that year and 59% saying they had at least considered doing so at some point in their lives. Regarding self-harm, McNeil et al. (2012) found that 53% of trans people have self-harmed at some point in their lives, with 11% currently self-harming. These findings are backed up by those of Mayock et al. (2009), which reported that 44% of trans participants in their study had self-harmed at some point in their lives, and 11% had self-harmed in the twelve months prior to the research.

McNeil et al. (2012) also report that 1 in 3 trans people who accessed mental health services felt that their trans status was regarded as a symptom of mental illness. This finding could be linked to a wider issue regarding trans experiences of healthcare that goes beyond mental health provision. Whittle et al. (2008) found that between 15-23% of respondents felt that being trans affected the way that they accessed routine non-trans-related healthcare. This was supported by the narratives from the qualitative data collected in the research, which suggested that trans people avoided accessing routine healthcare because they anticipated prejudicial treatment from healthcare professionals.

Substance misuse and addiction

Compared to a number of other marginalised populations and the wider LGB community, there is considerably less literature which specifically explores substance use within the trans community. The Trans Mental Health Study (McNeil et al 2012) found that 62% of participants reported drug or alcohol dependency issues, with 24% of participants reporting they had used drugs in the last 12 months. Over 56% of participants reported smoking at some point during their lives.

Healthcare relating to Gender Identity and Gender Reassignment

There are currently no trans specific health services in Manchester, although support for some issues is available through local trans support groups and organisations such as LGBT Foundation and The Proud Trust. Trans people living in Manchester may be referred to one of the seven Gender Identity Clinics (GICs) in the UK, none of which are located in the North West. NHS England and UK Trans-Info (2015) have reported a crisis in GICs, with demand for the services hugely outstripping capacity. Some GICs report waiting periods up to 4 years for individuals see a specialist clinician following referral from their GP.

The Trans Mental Health Study (McNeil et al 2012) reported that of the participants who were on waiting lists for GICs, 58% felt that the wait had led to their mental health or emotional wellbeing worsening

during this time. Over half of those asked said they also experienced administrative errors, restrictive protocols, problematic attitudes, and unnecessary questions and/or tests. Nearly 30% of respondents reported a GP or healthcare professional having refused to discuss a trans-related health concern.

Social care

The Adult Social Care Outcomes Framework LGBT Companion Document found that trans people with experience of the care system identified a need for specific care services and better training for staff in mainstream services on trans issues. However, corresponding research with adult social care commissioners and providers found that monitoring of service user gender identity was not comprehensive or consistent and where this data was collected, few used it to understand or improve trans people's experience of services (National LGB&T Partnership 2015).

Older trans people are less likely to have made plans for care in times of serious illness or in old age compared to peers in the general population (Withall 2014). We know that relatively high proportions of older LGB people live alone compared to heterosexuals, are less likely to live with children or other family members, and are less likely to see their family regularly leading to a greater need of formal care and support (Stonewall 2011 and Ward 2010). Although there is no comparable research in relation to trans people, we would expect similar issues around experiences of isolation and need for formal support. As noted below, successive studies have shown that trans people often have poor experiences and expectations of health care which can be major barriers to maintaining contact with health care providers and seeking the health care they need in a timely manner (Cartwright et al 2012). One recent study even found that some trans respondents would rather end their own life than go into residential care (Withall 2014). The result of these barriers is a risk that the individual's care needs escalate so that they are more complex or severe when they do finally access care.

Access to services

As noted above, Whittle et al. (2008) found that between 15-23% of respondents felt that being trans affected the way that they accessed routine non-trans-related healthcare. 81% of the participants of the Trans Mental Health Study (McNeil et al 2012) said that they avoided certain situations due to fear of negative interactions. Of these, over 50% avoided public toilets and gyms and 25% avoided clothing shops, other leisure facilities, clubs or social groups. 51% of the participants worried that they would have to avoid social situations or places in the future due to fear of being harassed, read as trans, or being outed. These findings suggest that trans people experience significant barriers to accessing service, which would have a negative impact on their overall health and wellbeing.

Domestic abuse

Domestic violence policy across the UK is, in the main, still understood and interpreted as violence against women and girls, and while the Government's domestic abuse strategy does acknowledge that abuse can occur regardless of gender or sexuality, the literature suggests that service provision doesn't reflect this (Lorenzetti 2016). Lorenzetti found that "evidence demonstrates that domestic violence is perceived as extremely gendered and heteronormative, and the support systems visibly focus on the needs of ciswomen with children and on girls from ethnic and minority communities."

The UK's Crime Survey in England and Wales (CSEW) (formerly the British Crime Survey) is a survey of 50,000 households and widely considered to be the most reliable studies on domestic violence in the general population in the UK, due to its scale. However, it is not possible to extrapolate rates of domestic abuse in the trans population within this data because the survey does not monitor trans status. This highlights a major problem in data collection, whereby the needs and experiences of trans people are often unacknowledged. Furthermore, the literature as a whole did not provide significant information about domestic abuse report rates in the trans community, nor the rates at which trans people access

support. It is therefore recommended that this gap in the knowledge be recognised when considering the statistics provided in this section.

International research into prevalence of domestic abuse in the trans population suggests that trans people are disproportionately affected, for example, research quoted in Lorenzetti suggests that prevalence rates for those identifying as trans and experiencing partner abuse may be higher than in any other section of the population (2016). A study by the National Gay and Lesbian Task Force (US) (2011) found that 19% of 6,000 trans respondents had experienced domestic abuse. This study also identified a correlation between trans people who were less economically stable (low earning, unemployed or homeless) and a higher rate of domestic violence (Grant et al., 2011, p.100).

The UK Trans Mental Health Study (2012) asked the 655 respondents if they had 'ever experienced domestic abuse as a result of being trans'. 17% of the respondents answered 'yes', and 11% reported experiencing it more than once (McNeil et al. 2012, p.11). The report acknowledged that this is a significantly lower rate than other studies have found and suggested this may have been because this particular sample were educated to a higher level and more securely housed than the wider trans population is known to be (McNeil et al. 2012, p.5). Also, the way the question was phrased may have missed some respondents who have experienced domestic abuse but not associated that as being as a result of being trans, or who have experienced domestic abuse but not identified it as such.

A study of LGBT people in Brighton and Hove (2007) found that trans people were significantly more likely to have experienced domestic abuse than cisgender respondents (64% compared to 29%). 5.2% (n=43) of the overall respondents (n=819) to the questionnaire identified as trans, but this was not broken down further (Browne et al. 2007, p.20).

A Scottish based study led by The Scottish Trans Alliance found that 80% of the 60 respondents reported having experienced domestic abuse. The study focused solely on trans people's experiences of domestic abuse and although the sample was arguably very small there is no other local data as specific. Notably, this study asked questions regarding the impact of abuse. 98% of respondents who reported experiencing domestic abuse went on to identify at least one negative impact on their wellbeing (Roch et al., 2010).

Comparison to data for the general population highlights the severity of these findings. Statistics from the Crime Survey for England and Wales, Travis (2014) indicate that 7% of women and 4% of men had reported being victims of domestic abuse that year, with 30% of the adult female population at the time reporting having had some experience of domestic abuse since the age of 16. It is not clear to what extent trans men and women may have been included in this data and it is recognised that these figures can only reflect those incidents which have been reported. However, these findings still suggest that domestic violence and abuse are experienced by trans people at a much higher rate than that in the general population.

There is less research into trans people's experiences of accessing domestic abuse services but the available evidence indicates barriers to accessing support. Lorenzetti quotes research suggesting that trans women may experience "unresolved guilt" about being trans, making it difficult to accept that they need and deserve support. Further, Lorenzetti states that "trans women may be excluded from services due to a prejudice that trans people are sexually predatory and that they deliberately 'deceived' the perpetrator about their supposed 'real' gender." Trans people have reported being turned away from services because of their gender history and experiencing transphobia from service providers (Lorenzetti 2016).

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Demographics

Presented below is the demographic profile of the online survey sample, based on the 106 respondents that met the criteria. Sample sizes differ per question and this is stated in the tables or in brackets where there are no tables (as n=x).

Location and connection to Manchester

Two mandatory questions were used to ensure respondents had a connection to Manchester and identified as trans. There were 106 from across Greater Manchester. The respondents' connection to Manchester and residential borough are shown in tables 1 and 2 below (NB. The data in Table 1 was a mandatory question, whereas the data in Table 2 is based on non-mandatory postcode information, hence the different totals for Manchester residents).

Table 1: Connection to Manchester

Connection to Manchester	Count	Percentage
Resident in Manchester	76	71.7
Service user in Manchester	8	7.5
Work and/or study in Manchester	19	17.9
Other	3	2.8
Total	**106**	**100**

Table 2: Greater Manchester borough

Greater Manchester borough	Count	Percentage
Manchester	54	50.9
Salford	9	8.5
Oldham	3	2.8
Rochdale Middleton & Heywood	4	3.7
Tameside & Glossop	9	8.5
Trafford	5	4.7
Stockport	7	6.6
Bolton	2	1.8
Bury	10	9.4
Ashton Leigh & Wigan	3	2.8
Total	**106**	**100**

Gender, gender identity and sexual orientation

Respondents were asked to identify their gender with the question, "Which of the following describes how you think of yourself?" The majority identified as male.

Table 3: Gender

Gender	Count	Percentage
Male	43	40.6
Female	27	25.5
In another way	36	34
Total	**106**	**100**

A third of respondents (34%) chose "in another way" and were given a free text box to describe their gender. A variety of terms were used, the most common being agender, non-binary, gender queer and trans.

All respondents identified that their gender identity was different to the gender they were assigned at birth, i.e. that they were trans, following the definition on page 5.

Respondents were asked to identify their sexual orientation with the question, "Which of the following describes how you think of yourself?" The most common option chosen was "in another way" accounting for nearly 4 in 10 respondents. The next most common option was bisexual (nearly 3 in 10 respondents) with smaller proportions identifying as lesbian, gay or heterosexual.

Table 4: Sexual orientation

Sexual orientation	Count	Percentage
In another way	41	38.7
Bisexual	30	28.3
Gay	14	13.2
Heterosexual/straight	11	10.4
Lesbian	10	9.4
Total	**106**	**100**

Respondents who identified their sexual orientation in another way were given a free text box to describe their sexual orientation. Again, a variety of terms were used, but the most common were queer, pansexual and asexual.

Age

Respondents were asked to identify their age within 5 year age bands. The most common age brackets chosen were 16-21 and 22-25, accounting for a quarter of respondents each. When grouped together, 67% of respondents were aged 30 or under, 26% were aged between 31 and 50, and 7% were aged 50 or over. The table below shows the age of all respondents who answered the question. The survey sample was younger than Manchester's overall population, where 38% are under 25.[4]

Table 5: Age

Age	Count	Percentage
Under 16	0	0
16-21	25	23.6
22-25	26	24.5
26-30	20	18.9
31-35	10	9.4
36-40	9	8.5
41-45	4	3.8
46-50	5	4.7
51-55	1	.9
56-60	3	2.8
61-65	3	2.8
66+	0	0
Total	**106**	**100**

4 Manchester City Council, *Manchester Factsheet*. Update June 2016. http://www.manchester.gov.uk/downloads/download/4220/public_intelligence_population_publications

Ethnicity

Respondents were asked to identify their ethnicity from a list following '16+1'. The majority of respondents identified as White British, White Irish or Other White Background, at 92%.This is higher than the proportion of White Groups in the city of Manchester, where according to the 2011 Census, 67% of respondents identified as in this category.[5] Respondents who identified their ethnicity as non-White accounted for 9% of respondents.

In other major surveys, such as the Integrated Household Survey, those who identify as LGB were less likely to declare a non-White ethnic background, potentially reflecting differing attitudes to sexual orientation between these communities;[6] this suggests that surveys aimed at those prepared to declare their sexual orientation as LGB would result in samples with a higher proportion of White respondents, compared to the whole population. Unfortunately few major surveys monitor trans status and so we have no population data to compare to, but we might expect that those who identify as trans would be less likely to declare a non-White ethnic background.

The table 6 shows the ethnicity of all respondents who answered the question.

Table 6: Ethnicity

Ethnicity group	Count	Percentage
White British	86	81.1
Other White Background	7	6.6
Mixed White and Asian	4	3.8
Other	2	1.9
White Irish	1	0.9
Mixed White and Black Caribbean	1	0.9
Other Mixed Background	1	0.9
Mixed White and Black African	1	0.9
Any other Asian or Asian British Background	1	0.9
Black or Black British Caribbean	0	0
Black or Black British African	0	0
Any other Black or Black British Background	0	0
Asian or Asian British Indian	1	0.9
Asian or Asian British Pakistani	1	0.9
Asian or Asian British Bangladeshi	0	0
Chinese	0	0
Total	**106**	**100**

5 Manchester City Council, *Manchester Factsheet*. Update June 2016. http://www.manchester.gov.uk/downloads/download/4220/public_intelligence_population_publications

6 Office for National Statistics. *Measuring Sexual Identity : Evaluation Report*. 2010. http://www.ons.gov.uk/ons/rel/ethnicity/measuring-sexual-identity---evaluation-report/index.html

Religion or belief

Respondents were asked to identify their religion or belief, even if they were not currently practising. The majority of respondents identified that they had no religion at 54% (n=105).

Table 7: Religion or belief

Religion or belief	Count	Percentage
Buddhist	1	1
Christian (incl. all denominations)	14	13.5
Hindu	1	1
Humanist	1	1
Jewish	3	2.9
Muslim	1	1
No religion (incl. Atheist and Agnostic)	75	72.1
Other	8	7.7
Total	**104**	**100**

Disability status

Respondents were asked if they considered themselves to be a disabled person, including long-term medical conditions. Three in ten respondents identified that they were disabled. According to the 2011 Census, 18% of respondents in Manchester reported that their day-to-day activities were limited due to a long-term health problem or disability.[7] While it should be noted that this is not a directly comparable question, our survey sample suggests that disability is more prevalent in the trans community.

Table 8: Disability status

Consider yourself disabled?	Count	Percentage
No	66	69.5
Yes	29	30.5
Total	**95**	**100**

7 Manchester City Council, *Census Summary Long-term Health Problem or Disability*, 2011 http://www.manchester.gov.uk/downloads/download/5154/public_intelligence_2011_census

Employment status

Respondents were asked about their employment status. Fifteen percent of respondents identified that they were unemployed, which is higher than the unemployment rate for Manchester, at 11.9% of the population.[8] There is some evidence to suggest that trans people are more likely to experience both unemployment and underemployment (see Whittle et al, 2007). Manchester has a student population of 13% which is above average for the country, yet the proportion of the sample identifying as a student is still very high at nearly 40%.[9] This may be related to the younger age profile of the sample.

Table 9: Employment status

Employment status	Count	Percentage
Employed (full/ part time)	42	44.2
Student (full/part time)	36	37.9
Unemployed (eligible for benefits)	14	14.7
Unemployed (not eligible for benefits)	3	3.2
Retired	0	0
Total	**95**	**100**

Carers

Respondents were asked if they identified as a carer, defined in the survey as someone who looks after a family member, partner or friend, who needs help because of their illness, frailty or disability, where the care being given is unpaid. Nearly 12% reported that they were carers, similar to figures for the general population where 1 in 10 are estimated to be carers.[10]

Table 10: Carers

Employment status	Count	Percentage
I'm a full-time carer	2	2.1
I'm a part-time carer	9	9.5
I'm not a carer	84	88.4
Total	**95**	**100**

8 Office for National Statistics, Employment and Unemployment data, 2013.
9 Manchester City Council, *Manchester Factsheet*. Update June 2016. http://www.manchester.gov.uk/downloads/download/4220/public_intelligence_population_publications
10 Buckner, Lisa and Sue Yeandle, *Valuing Carers 2011 Calculating the value of carers' support* (Leeds: University of Leeds and Carers UK, 2011)

Qualitative research

Participants at each focus group were asked to complete a demographic monitoring form. Due to low numbers at the sessions on housing and domestic abuse, we are unable to report on participant demographics in order to maintain confidentiality. A summary of participant demographics for the remaining sessions is presented below.

Young people and education

A total of 29 trans young people took part.

- 20 were in under-18 full-time education. 2 were at university
- 28 identified their ethnicity as White, 1 identified as Black
- 18 identified as young men, 5 as young women, 6 identified as outside the gender binary
- 7 identified as disabled

The youngest attendee was 13, the oldest was 23. The average age was 16.

Health

A total of 12 trans people took part and demographic information was collected from 10 of the participants.

- 5 identified as women, 1 as a man, 4 identified their gender in another way (including agender, demi-girl, genderqueer)
- 2 identified as bisexual, 1 as gay, 7 identified their sexual orientation in another way (including queer, pansexual, polyamorous)
- 7 identified as disabled
- 4 were students, 2 were employed, 3 were unemployed, 1 was retired
- 6 identified their ethnicity as White British, 3 as Other White Background, 1 as Mixed White & Asian.

The youngest attendee was 22, the oldest was 69. The average age was 33.

Questionnaire findings

Education status and qualifications

The table below shows the current education status of respondents. The majority (60%) were not currently studying, with 30% currently studying at university. A small minority were currently in under 18 education (10%), which should be considered when reading the below findings. More detailed findings on the experiences on trans young people currently in under-18 education can be found in the analysis of the topic focus group, presented below.

Table 11: Current education status

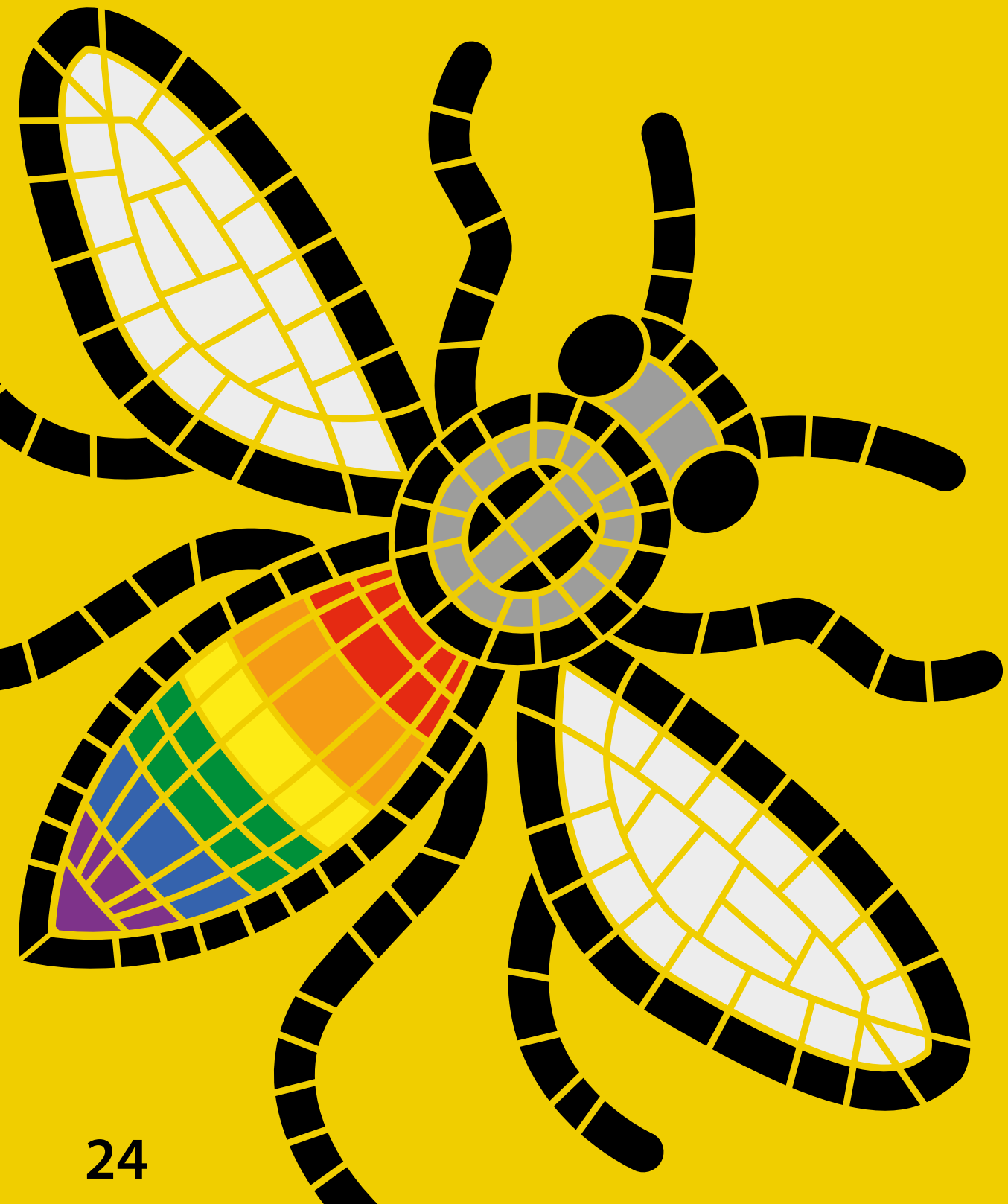
Current education status	Count	Percentage
Studying at school (this includes non-traditional schooling e.g. pupil referral unit, SEN school, etc.)	2	2.1
Studying at college (16-18 years old) or through an apprenticeship	7	7.4
Studying in further education as an adult learner	2	2.1
Studying at university	27	28.4
Not currently studying at any of the above	57	60
Total	**95**	**100**

The majority of respondents (97%, n=84) reported that they had educational qualifications. These respondents were then asked what was their highest educational qualification, presented in the table below. The most common option chosen, by over a third of respondents, was A-levels or equivalent, closely followed by a graduate level qualification, chosen by 30% of respondents.

Table 12: Highest educational qualification

Highest educational qualification	Count	Percentage
Post-graduate level (e.g. master's degree, PhD)	13	14.4
Graduate level (e.g. bachelor's degree)	25	27.8
A-levels or equivalent	32	35.6
GCSEs or equivalent	13	14.4
NVQ levels or equivalent	3	3.3
Other	4	4.4
Total	**90**	**100**

Young People and Education



Transphobic bullying

Respondents were asked if they were, or are, out about their trans status while at school, college (16-18 education), in further education as an adult learner, or at university. Respondents were most likely to be out while at university, and the table also shows that some respondents were partially out.

Table 13: Out about trans status while in education

Educational institution	Yes		No		Partially		N/A		Total	
	Count	%	Count	%	Count	%	Count	%	Count	%
At school	5	5.5	72.5	62.3	15.4	13.2	6	6.6	91	100
College (16-18 education)	13	13.7	59	62.1	16	16.8	7	7.4	95	100
In further education as an adult learner	10	10.9	36	39.1	8	8.7	38	41.3	92	100
At university	29	31.2	26	28.0	17	18.3	21	22.6	93	100

Respondents were asked if they had ever experienced transphobic bullying or discrimination while at school, college (16-18 education), in further education as an adult learner, or at university. This was defined as being bullied or treated in a negative way based on their gender identity and/or presentation, or based on their perceived gender. Four in 10 respondents (37%, n=95) had experienced transphobic bullying or discrimination (note that 19% said that this wasn't applicable). The table below shows this broken down by type of bullying or discrimination. A quarter of respondents had experienced verbal bullying from other students at school, which was the highest proportion reported. However, across all the educational settings, being treated in a negative way by other students and by teachers or other staff was the most commonly reported. The relatively low proportion of reported cyber bullying may be related to the age group of the sample.

Table 14: Type of bullying/discrimination while in education

Bullying/ discrimination type	At school		At college (16-18)		At college (adult learner)		At university	
	Count	%	Count	%	Count	%	Count	%
Verbal bullying from other students	26	24.5	23	21.7	9	8.5	14	13.2
Verbal bullying from teachers or other staff	15	14.2	9	8.5	4	3.8	7	6.6
Cyber bullying from other students	9	8.5	7	6.6	2	1.9	3	2.8
Physical bullying from other students	18	17.0	11	10.4	4	3.8	4	3.8
Physical bullying from teachers or other staff	1	0.9	2	1.9	2	1.9	0	0
Being treated in a negative way by other students	24	22.6	24	22.6	13	12.3	20	18.9
Being treated in a negative way by teachers or other staff	17	16.0	17	16	10	9.4	16	15.1
Not applicable	10	9.4	10	9.4	23	21.7	15	14.2

Respondents who had experienced bullying or discrimination in education were asked if they had experienced any negative effects as a result. The most common options chosen were feeling safe at the educational institution, and getting involved in activities. There were also negative impacts reported on socialising and attendance.

Table 15: Negative effects of bullying/discrimination in education

(NB: Respondents had the option to select more than one response, or no response at all - therefore a total percentage cannot be calculated.)

Negative effect	Count	Percentage
Feeling safe at school/college/university	36	34.0
Getting involved in school/college/university activities	30	28.3
Making friends and keeping friendship groups	28	26.4
Attendance at school/college/university	24	22.6
Achieving the grades I wanted	24	22.6
Accessing public services (e.g. school nurse, student support services)	22	20.8
My school or academic work	21	19.8
Forming or maintaining relationships with a partner or partners	17	16.0
My behaviour towards my partner(s) and/or family	12	11.3
I do not feel there were any negative effects	0	0

Respondents were asked whether the educational institution they attended had any of the follow trans-inclusivity measures. The findings are presented by institution in tables 16 to 19 below. Overall, respondents who were adult learners at university and college were most likely to have reported trans-inclusivity measures. The most commonly reported measures were access to support and information about trans issues through books and the internet, and teachers, school staff and students speaking up against transphobia. Very few respondents reported trans-inclusivity measures at school. It is interesting to note that among the sample, reported bullying and/or discrimination were more likely to have taken place at school and that respondents were also less likely to have been out at school than in other educational settings, suggesting that schools could do more to promote trans awareness and address transphobia.

Table 16: Trans-inclusivity measures at school

(NB: Respondents had the option to select more than one response, or no response at all - therefore a total percentage cannot be calculated.)

School	Yes		No		I don't know	
	Count	%	Count	%	Count	%
A policy to protect trans pupils and staff	6	6.3	81	84.4	9	9.4
Marking days such as IDAHOBIT, LGBT History Month and Trans Day of Remembrance	1	1.0	91	94.8	4	4.2
Posters showing gender diversity	2	2.1	90	93.8	4	4.2
Lessons that covered trans issues	0	0.0	92	95.8	4	4.2
Lessons that covered trans people and their achievements	0	0.0	93	96.9	3	3.1
Gender neutral toilets	1	1.1	92	96.8	2	2.1
Teachers and school staff speaking up against transphobia	1	1.1	90	93.8	5	5.2
Students speaking up against transphobia	4	4.2	86	89.6	6	6.3
Access to support and information about trans issues through books and the internet	4	4.2	88	91.7	4	4.2
Links with local trans support groups	3	3.1	89	92.7	4	4.2
Trans members of staff who were out	1	1.0	90	93.8	5	5.2
Trans pupils/students who were out	2	2.1	89	92.7	5	5.2

Table 17: Trans-inclusivity measures at college (16-18)

(NB: Respondents had the option to select more than one response, or no response at all - therefore a total percentage cannot be calculated.)

College (16-18)	Yes		No		I don't know	
	Count	%	Count	%	Count	%
A policy to protect trans pupils and staff	12	13.2	74	81.3	5	5.5
Marking days such as IDAHOBIT, LGBT History Month and Trans Day of Remembrance	10	11.0	76	83.5	5	5.5
Posters showing gender diversity	6	6.7	80	88.9	4	3.8
Lessons that covered trans issues	2	1.9	84	79.2	5	4.7
Lessons that covered trans people and their achievements	1	1.1	85	93.4	5	5.5
Gender neutral toilets	3	2.8	84	79.2	3	3.3
Teachers and school staff speaking up against transphobia	6	6.6	81	89.0	4	4.4
Students speaking up against transphobia	11	12.1	74	81.3	6	6.6
Access to support and information about trans issues through books and the internet	11	12.1	76	83.5	4	4.4
Links with local trans support groups	5	5.5	82	77.4	4	4.4
Trans members of staff who were out	0	0	86	94.5	5	5.5
Trans pupils/students who were out	12	13.2	73	80.2	6	6.6

Table 18: Trans-inclusivity measures at college as an adult learner

(NB: Respondents had the option to select more than one response, or no response at all - therefore a total percentage cannot be calculated.)

College (adult learners)	Yes		No		I don't know	
	Count	%	Count	%	Count	%
A policy to protect trans pupils and staff	11	18.0	37	60.7	13	21.3
Marking days such as IDAHOBIT, LGBT History Month and Trans Day of Remembrance	9	15.0	40	66.7	11	18.3
Posters showing gender diversity	10	16.7	40	66.7	10	16.7
Lessons that covered trans issues	3	5.1	46	78.0	10	16.9
Lessons that covered trans people and their achievements	1	1.7	48	81.4	10	16.9
Gender neutral toilets	4	6.8	47	79.7	8	13.6
Teachers and school staff speaking up against transphobia	8	13.6	43	72.9	8	13.6
Students speaking up against transphobia	10	16.9	40	67.8	9	15.3
Access to support and information about trans issues through books and the internet	14	23.7	36	61.0	9	15.3
Links with local trans support groups	8	13.6	42	71.2	9	15.3
Trans members of staff who were out	1	1.7	47	79.7	11	18.6
Trans pupils/students who were out	10	16.9	39	66.1	10	16.9

Table 19: Trans-inclusivity measures at university

(NB: Respondents had the option to select more than one response, or no response at all - therefore a total percentage cannot be calculated.)

University	Yes		No		I don't know	
	Count	%	Count	%	Count	%
A policy to protect trans pupils and staff	33	45.2	32	43.8	8	11.0
Marking days such as IDAHOBIT, LGBT History Month and Trans Day of Remembrance	38	52.1	30	41.1	5	6.8
Posters showing gender diversity	14	19.2	54	74.0	5	6.8
Lessons that covered trans issues	7	9.6	59	80.8	7	9.6
Lessons that covered trans people and their achievements	4	5.5	63	86.3	6	8.2
Gender neutral toilets	29	40.3	40	55.6	3	4.2
Teachers and school staff speaking up against transphobia	14	19.2	52	71.2	7	9.6
Students speaking up against transphobia	36	50.0	31	43.1	5	6.9
Access to support and information about trans issues through books and the internet	36	50.0	31	43.1	5	6.9
Links with local trans support groups	23	32.9	41	58.6	6	8.6
Trans members of staff who were out	10	9.4	51	72.9	9	12.9
Trans pupils/students who were out	36	50.7	31	43.7	4	5.6

Finally, respondents were asked how well they thought their school, college (16-18 education), further education institution, or university supported its pupils with trans issues. The table below shows that most respondents were negative about how well the institution had supported trans pupils. School and college were more likely to be rated badly or very badly, whereas further education college and university were more likely to be rated more positively.

Table 20: Educational institution supporting trans pupils

(NB: Respondents had the option to select more than one response, or no response at all - therefore a total percentage cannot be calculated.)

Educational institution	Very well		Well		Neither well not badly		Badly		Very badly	
	Count	%	Count	%	Count	%	Count	%	Count	%
School	1	1.1	2	2.3	18	20.7	10	11.5	56	64.4
College (16-18 years)	1	1.2	5	5.9	22	25.9	16	18.8	41	48.2
College (as an adult learner)	1	2.0	3	5.9	22	43.1	8	15.7	17	33.3
University	4	5.6	22	30.6	26	36.1	10	13.9	10	13.9

Qualitative research findings

A focus group on Young People and Education was held by the Proud Trust, with members of its Afternoon TEA group for trans young people aged 14-25. The session was open to non-members and in total 29 young people attended. Four questions were asked to stimulate group discussion and the findings are presented below.

How well do you think your place of education supports its pupils with trans issues?

There was significant variation in the experiences of the young people attending. Those who were over 18 had all had a negative experience in school/college with regards to trans support. Those currently in education had mixed experiences, with none having had a wholly positive or negative experience. Key comments have been grouped by sub-topic.

Gendered facilities:

- Toilets and changing facilities need to be gender neutral, at least in part, to allow access for those who are uncomfortable in gendered spaces.
- Single gender schools also need to provide the above facilities.
- Students were often prevented from using the toilets/changing facilities of their preference.
- Sports/P.E. lessons were identified as an area of concern. Apart from changing room difficulties mentioned above, gendered sports had been a problem for every young person present who had come out whilst at school. A common experience was being prevented from playing sports with a gender they considered appropriate (e.g. a trans young man being prevented from playing boys' rugby). Many were prevented from taking part in sport altogether.
- Gendered uniforms were often a problem. Some students were prevented from wearing a uniform appropriate for their gender. Others could find no gender appropriate uniform. One was prevented from having a particular haircut based on their gender.

Trans inclusion policies:

- Schools need a clear policy on inclusion of trans students, in line with current equalities legislation.
- Rarely were trans issues discussed during lesson times, including Personal, Social and Health Education (PSHE). LGB issues were also rarely discussed, but slightly more often than trans issues. Students stated they would feel safer and more able to approach a staff member for trans support if LGB or T issues were discussed during lessons.

Addressing transphobia:

- Staff challenged other students on transphobic behaviour/language infrequently. In instances where it was challenged effectively, students felt respected and valued.
- Challenging transphobic behaviour was identified as important, however it was noted that in instances where the behaviour was punished, but the perpetrator was not educated as to why their behaviour had been wrong, the transphobia later continued. Conversely, when it was addressed through education, it was felt that the transphobia reduced significantly.
- 5 young people had experienced teachers expressing directly transphobic and homophobic opinions, e.g. one teacher said 'homosexuality is sinful, and being transsexual is sinful. It's just the way it is'.
- Having a key staff member (teacher or support staff) as a point of contact for support with trans issues was very useful for those students who had been given one. Use of this staff member should not, however, out the student by default (i.e. other students should not be able to know the student is trans through their contact with the staff member).
- Teachers often had good intentions, but some common errors were identified:
  - Using the incorrect name/pronoun, and refusing to correct themselves or not taking it seriously.
  - Insisting that the student out themselves to the teacher, believing that this information was needed for safeguarding purposes.
  - Believing that parents should be informed of information relating to trans issues without the student's consent.
  - Asking unnecessary and invasive questions.

The solution identified for the above was appropriate training for staff. Ideally, this would be done pro-actively prior to a trans person coming out, rather than reactively to the presence of a trans student. Trans awareness training for all staff would help to mitigate unintended transphobia.

Experiences in university were wholly positive. It was identified that personal support was provided by tutors who took time to meet students and find out if there were any potential problems. Due to tutors being aware of the student's trans status, they were able to ensure that any discriminatory behaviour or language was immediately addressed, or prevented prior to occurring.

Do you feel confident to challenge transphobic bullying or discrimination in your place of education?

Experiences of students differed, particularly between those in school (up to 16) and those in college or university (16+). Key points have been grouped by place of education.

School, college and university:

- Form tutors need to ensure they get to know their students personally as well as academically. Where this was the case, the students felt more able to challenge discriminatory behaviour/ language as they were confident of a teacher's support.
- Staff often did not understand when something was transphobic, e.g. a trans young woman being asked to use men's facilities. This in turn made the students feel less able to challenge discriminatory behaviour/language as they were not confident of support from staff.

School (ages 11-16):

- Trans issues were not discussed in most schools. This meant that many staff and pupils did not know what transphobia was. Trans students also did not realise when discriminatory behaviour/ language was being used.
- Rumours about the student being trans were common, and made it difficult to address things directly.
- Students found it hard to challenge language like 'tranny' as no better words were known by pupils, and sometimes staff.

College and university (age 16+):

- Students felt more able to challenge discriminatory behaviour/language when around friends.
- Those students who knew they had the support of one or more staff members felt more able to challenge discriminatory behaviour/language.
- Experiences of overt transphobia (e.g. deliberate derogatory language, exclusion, or violence) were rare.
- More common was transphobia due to ignorance. This included lack of knowledge of the importance of pronouns, asking inappropriate and personal questions without being invited to, and making assumptions about sexuality and gender behaviour of the trans young person. This was experienced often from both staff and students.
- The presence of LGBT-specific groups and information leaflets was identified as being helpful in supporting students to challenge discriminatory behaviour/language.
- Some students felt that their trans status was tolerated, but not accepted or discussed, and as such felt they could not effectively challenge discriminatory behaviour/language.

Have you accessed support for trans issues outside your place of education?

The majority of the group had accessed support outside of education. Key points have been grouped by the type of support accessed.

Child and Adult Mental Health Services (CAMHS):

- The majority of experiences were negative, though a small number of participants also had positive experiences.
- Staff often did not understand trans issues.
- Staff often saw the young person's trans status as being responsible for other mental health problems.
- One staff member attempted to 'cure' a young person of their trans status.
- Some staff asked invasive and inappropriate questions.
- One staff member consistently asked sexually inappropriate questions.
- Some staff expressed that the young person was 'too young' to be trans, and refused to refer them to a Gender Identity Clinic (GIC).
- Positive experiences occurred when:
  - Staff respected the young person's name and pronouns.
  - Staff listened to and respected the young person's comments (as opposed to viewing trans status as responsible for mental health difficulties).
  - The same staff member had regular contact with the young person.

Gender Identity Clinics (specifically the Tavistock and Portman Gender identity development service in Leeds and London)

- Of the 7 participants who had attended a specialist gender identity clinic, experiences were wholly negative.
- It was commonly expressed that the service was 'slow'. This was in relation to referral waiting times, length between appointments, and time taken to access treatment.
- Those who were non-binary had lied about having binary genders in order to access treatment.
- One young person experienced staff believing other problems during childhood had made the young person trans.
- Treatment was often delayed due to other mental health difficulties, when it was felt by the young people that the treatment would have helped to alleviate their mental health difficulties.
- Some participants felt they had experienced 'broken promises' from the clinic, having been told they could be prescribed hormone blockers after a certain length of time, but then not being offered them until three years after the initial length of time had passed.
- One young person was laughed at when he presented a letter of support from his CAMHS psychiatrist.
- All of those who attended had felt patronised by staff in one or more of the following ways: made to feel that their gender identity was not fully valid; that they were too young to understand or make a significant decision; that the distress caused by physical dysphoria or experiences of transphobia was unimportant.

LGBT specific youth services:

- Experiences were mixed, but the majority were positive.
- Common to negative experiences:
  - Groups/organisations purporting to be LGBT, but having little or no trans-inclusive groups or activities, and no other trans service users.
  - Due to lack of trans awareness, transphobic language was used, and staff failed to challenge this.
  - Young people were consistently misgendered, even after correcting those who were misgendering them.
- Common to positive experiences:
  - Groups had other trans service users.
  - Staff understood the relevance of pronouns.
  - Trans issues were discussed equally with issues of sexuality.
  - Young people were able to make friends with others who were cis and trans.
  - Young people were able to discuss sexuality issues without relevance to their trans status.

Trans specific youth services:

- Experiences were mostly positive.
  - One negative experience occurred when a young person attended a group as advertised, and instead was spoken to by two staff who took his details and then sent him away. He was not given the opportunity to meet other trans young people or take part in any group activities.
- Common to positive experiences:
  - Making friends with other trans young people.
  - Gaining support with coming out.
  - Increasing confidence.
  - Accessing new opportunities, e.g. swimming.

ChildLine:

- One young person had accessed ChildLine. She found it supportive and friendly. She did not out herself as trans, but often finds she is questioned on her voice when she says her name. This did not happen when she called ChildLine.

Generic youth services:

- One young person had accessed a generic youth group. He found that although it did not address the issues he was concerned with, it did effectively signpost him to appropriate youth services.

Websites:

- These included The Quiet Place, Facebook groups and online discussion forums.
- Overall these were found to be positive experiences. Websites were easy to access and private. Some online harassment had occurred, but had not escalated and was easy to deal with.

Those who had not accessed support or had felt unable to in the past cited the following reasons:

- Did not know of any other support.
- Felt too ashamed.
- Felt pressure to conform.
- Felt supported enough in school.

What do you think are the key issues facing trans young people?

A number of issues were highlighted, and are presented below.

Sexualisation

- Participants felt they were often sexualised without their consent.
- This included those who were under 16.
- Some were asked to be a 'tranny toy', or 'dress up' for others' sexual pleasure.

School

- Bullying, preventing access to education or ability to fulfil potential.
- General ignorance of trans issues, meaning that trans people have to educate peers and staff, taking time away from study and social life.
- Lessons failing to be trans inclusive, e.g. biology, psychology, PHSE (personal, social and health education).

Healthcare

- Puberty/hormone blockers are very difficult to access.
- Physical dysphoria not taken seriously when trying to access puberty/hormone blockers.
- Trans status not taken seriously by both mental and physical health professionals.

Legal rights

- Inability for young people to change their name under 16 without parental consent.
- Frequent misunderstandings of equalities law, preventing young people from accessing services in their gender.

Ignorance and transphobia

- Services being inaccessible due to lack of awareness of needs of trans young people.
- Transphobic comments experienced in daily life, leading to mental health difficulties.
- Fear of accessing education, healthcare or other support services due to the possibility of ignorance.
- Fear of using public toilets due to the possibility of transphobia, or being unable to find any gender appropriate toilet.

Conclusions: Young people and education

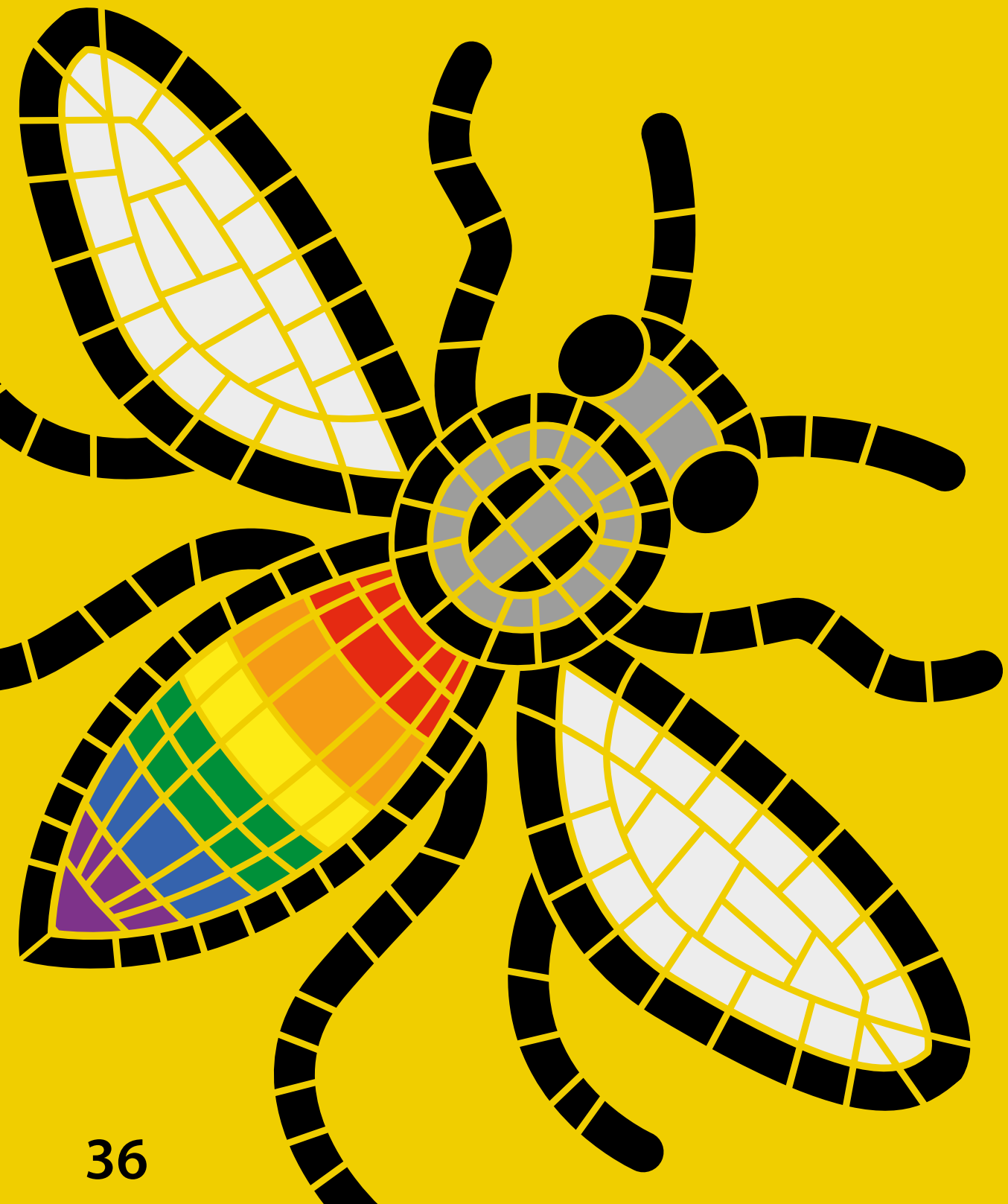
The findings from the online questionnaire and focus group highlight the urgent need for trans inclusivity in places of education, particularly schools. A significant proportion of respondents had experienced transphobic bullying or discrimination, but this was not always dealt with effectively by teachers or other staff and young people often did not feel confident to challenge it themselves.

Educational institutions could do a lot more to ensure trans inclusive facilities. Of key importance were uniforms, gendered facilities and procedures for identifying and addressing transphobia. When asked how well they thought their school, college (16-18 education), further education institution, or university supported its pupils with trans issues, most survey respondents rated this negatively. School and college were more likely to be rated badly or very badly, whereas further education college and university were more likely to be rated more positively. In the focus groups, staff training and good trans specific and trans inclusive policies were seen as essential to effectively address a lack of trans inclusivity and discrimination. Education on trans issues and training for all staff and students would also help to mitigate transphobia in education.

The focus group also highlighted the quality of support for trans people outside education, particularly in healthcare, as an area of concern. Poor healthcare experiences were seen to have impacted negatively on educational attainment and attendance. Of those participants who reported a wholly negative experience in school, almost two thirds had dropped out of school early or decided not to engage in further education as a direct result. Of those whose experiences were mostly positive, none had dropped out.

These results suggest that trans status is not a barrier to fulfilling educational potential and having a positive experience in education. It is, instead, lack of trans awareness or appropriate support, both within school and outside, which has a significant and negative impact on young people's educational experience. This negative impact is likely to influence career opportunities, financial solvency, and general wellbeing in adult life.

Housing



Questionnaire findings

Respondents were asked what type of accommodation they lived in. Nearly 4 in 10 respondents rent in the private market, with the next most common option chosen being in a property that someone else owns, chosen by 3 in 10 respondents.

Table 21: Accommodation type

Accommodation type	Count	Percentage
In a privately rented property in my name (private market)	36	37.5
In a property that someone else owns	28	29.2
In a property I own	12	12.5
In a rented property in someone else's name	10	10.4
In a rented property in my name, rented through the council, a housing association or a housing co-operative	6	6.3
In other temporary accommodation	2	2.1
In a care home or in foster care	1	1.0
On the street	1	1.0
Total	**96**	**100**

Respondents were asked to rate the trans-friendliness of the area where they live. The most common option chosen was "neither trans-friendly nor unfriendly" chosen by nearly 4 in 10 respondents. Similar proportions of respondents rated their area as very or quite trans-friendly and not very or not at all trans-friendly (22% and 20% respectively).

Table 22: Trans-friendly rating of local area

Trans-friendly rating	Count	Percentage
Very trans-friendly	2	2.1
Quite trans-friendly	19	19.8
Neither trans-friendly nor unfriendly	37	38.5
Not very trans-friendly	15	15.6
Not at all trans-friendly	4	4.2
I'm not sure	19	19.8
Total	**96**	**100**

When asked how safe they feel in the area where they live, the majority of respondents (42%) said they felt quite safe. The next most common options chosen were "neither safe nor unsafe" and "not very safe", chosen by around a quarter of respondents.

Table 23: Safety rating of local area

Safety rating	Count	Percentage
Very safe	7	7.4
Quite safe	40	42.1
Neither safe nor unsafe	24	25.3
Not very safe	21	22.1
Not at all safe	3	3.2
Total	**95**	**100**

The majority of respondents (61%) had not experienced or witnessed a transphobic hate crime or hate incident in the area where they live. Of those who reported that they had, they were more likely to have experienced a transphobic hate crime than to have witnessed one.

Table 24: Transphobic hate crime

Transphobic hate crime	Count	Percentage
Experienced	24	22.6
Witnessed	16	15.1
Not experienced or witnessed	65	61.3
Total	**105**	**100**

Respondents were then asked a series of questions about homelessness. A quarter of respondents (25%) said that they had to leave their home because they felt unsafe or felt they had no choice. These respondents were asked further questions about their experiences of homelessness, although it should be noted that the sample size is small.

Of these respondents, the majority said that their gender identity and/or trans status was either the main reason or part of the reason for having to leave home.

Table 25: Reason for leaving home

Reason for leaving home	Count	Percentage
Yes, it was the main reason	11	42.3
Yes, it was part of the reason	11	42.3
No, it was not part of the reason	4	15.4
Total	**26**	**100**

Respondents who had experienced homelessness were asked what happened when they had to leave home. The majority of respondents (39%) had stayed with friends. Four respondents had found temporary accommodation and 4 had slept rough.

Table 26: Accommodation after leaving home

Accommodation	Count	Percentage
I stayed with friends	10	38.5
I found temporary accommodation	4	15.4
I slept rough/on the street	4	15.4
I stayed with family	3	11.5
Other	3	11.5
I stayed with a partner(s)	2	7.7
Total	**26**	**100**

These respondents were also asked if they had used any services when they had to leave home. A small proportion had used some services such as a council housing service or LGBT organisation, but the majority (67%) had not used any services.

Table 27: Services accessed while homeless

Service accessed	Count	Percentage
I did not use any of these services	16	66.7
A council housing service	4	16.7
An LGBT organisation	3	12.5
A housing association	1	4.2
Another service	0	0
Total	**24**	**100**

Respondents who had experienced homelessness were asked if they had experienced any negative effects on their health and wellbeing as a result. The most common options chosen were "negative impact on my mental health and wellbeing" and "negative impact on my confidence as a trans person", each chosen by around a quarter of respondents

Table 28: Negative effect of homelessness

(NB: Respondents had the option to select more than one response, or no response at all - therefore a total percentage cannot be calculated.)

Negative effect	Count	Percentage
Negative impact on my mental health and wellbeing	24	22.6
Negative impact on my confidence as a trans person	22	20.8
Negative impacts on my ability to study and/or work	19	17.9
Negative impacts on my ability to form and maintain friendships and/or relationships	17	16.0
Negative impact on my physical health	12	11.3
Negative impacts on my ability to access housing	9	8.5
Other	0	0

These respondents were asked what would have helped them during periods of homelessness. The most common options chosen were social support, access to mental health and homelessness services.

Table 29: Support needed while homeless

(NB: Respondents had the option to select more than one response, or no response at all - therefore a total percentage cannot be calculated.)

Support needed	Count	Percentage
Social support	22	20.8
Access to mental health services	19	17.9
Knowledge of - and access to - homelessness services	16	15.1
Substance misuse support	3	2.8
Other	2	1.8

Qualitative research findings

A focus group on the topic was organised but unfortunately despite wide promotion, only one participant attended. This participant had been involved in several trans support groups and so was able to discuss the needs of trans people in relation to housing based on their professional experiences. To complement this data collection, we conducted further qualitative research. Firstly, a telephone interview with Stonewall Housing, a specialist LGBT housing advice and support provider based in London, to understand the key issues they support trans service users with. Stonewall Housing employs a specialist trans worker and provides specialist trans advice and advocacy as well as training to other housing organisations. Secondly, we held a focus group with LGBT Foundation's Trans Advisory Panel to discuss the findings from both research methods to find out whether they reflected the experiences of local trans organisations that are supporting trans people on a range of issues including housing. The findings from these three methods are presented below thematically.

Key issues facing trans people in relation to housing

It was felt that one of the main issues was a lack of trans awareness from housing services, hostels, and landlords in the private rental market. Where organisations have not provided staff training on trans issues, staff are often unaware of trans service users' needs and how they can address those needs, as well as being unable to challenge discriminatory attitudes and behaviour from other service users/residents. This can lead to discrimination, for example services staff or landlords making judgements about someone's gender by the sound of their voice; asking for previous names; being reluctant to change tenants' names on the tenant agreement; not accepting new forms of identification; and disclosing an individual's trans status when permission has not been given. It was noted that public services and private landlords have duties under the Equality Act to provide appropriate services to trans people, but that this is not strictly regulated. Participants felt that trans people's expectations of discrimination they may receive if they attempt to access housing services can act as a significant barrier to accessing those services in the first place. In some cases, this can mean that trans people become or remain homeless as they feel unable to access the services they need.

Trans people are at increased risk of social isolation related to transitioning, as they may not have the support of family and friend networks and may not be able to connect into a trans community locally. This can create housing needs as well as making it harder for trans people to advocate for themselves when accessing services. Where trans people are not accepted or supported by their social and professional networks, transitioning can lead to loss of home, jobs and relationships, leaving them vulnerable to homelessness or poor housing.

Trans people may also be more likely to be unemployed or underemployed and therefore less financially secure. Individuals can feel 'trapped' in poor or unsuitable housing as the cost of moving to improved housing can be prohibitive.

There is a high prevalence of domestic abuse against trans people, which can be a contributing factor to both homelessness and remaining in an abusive environment, especially where the abuse is financial.

Transphobic hate crime and anti-social behaviour from neighbours were also noted as common issues.

Participants felt that the most important factors considered by trans people when deciding on housing options were safety, location, privacy, affordability and whether the area was trans-friendly. It was acknowledged that this can be difficult to assess, but noted that many trans people come to live or study in Manchester because of its reputation as an LGBT friendly place, citing the Gay Village and local trans groups.

Mainstream housing services

As noted above, expectations that a trans person will experience discrimination if they attempt to access mainstream housing services can act as a significant barrier to accessing those services in the first place. Research by Stonewall Housing found that a majority of LGBT survivors of domestic abuse did not access any support from services, and that rough sleepers often avoid services altogether, whether LGBT specific or mainstream.

Adequate trans awareness training for all organisations related to housing (including housing associations, hostels, job centres, etc.) was highlighted by all participants as essential to improving trans people's access and experience of housing services. Some of the local trans organisations involved in the research already deliver training to housing associations and this has led to improved practices. These participants stressed that genuine engagement with trans people often ensures best practice is delivered, but that this approach needs to come from the top of an organisation, and can be easily lost when staff or management change.

Participants spoke of the importance of housing services being visibly trans-inclusive. This can include using rainbow imagery to denote an LGBT-friendly place, but it is also important to have trans-inclusive policies and visibly trans inclusive media. Where the housing association is a third party reporting centre, it is necessary for the association to visibly publicise this and have up-to-date information visible and available for tenants to access. A quality assurance scheme for housing services was suggested, which would give service users confidence that the service was trans-inclusive.

Specialist trans service provision

It was noted that many people do not know where they can access services that are trans-inclusive, and they are likely to go through trans groups in the voluntary and community sector and contacts within the trans community to find out about services that are safe and that they can trust.

Participants discussed the services they are able to offer trans people in relation to housing through their involvement in trans groups and organisations. This included offering advice and information and signposting to specialist services, such as the Albert Kennedy Trust or Stonewall Housing. Signposting was usually to LGBT-specific services, responding to what service users wanted. Local groups also offer advocacy, supporting people to access mainstream support where there is no LGBT-specific support available. It was noted that often housing needs will be one side of a complex problem, and other co-presenting needs can include mental ill health, substance use and domestic abuse.

Participants highlighted that crisis housing is available in Manchester, but that it is often not inclusive of trans people as accommodation is usually gendered and staff and other service users can be transphobic. This lack of accessible support can lead to homelessness, as people do not get the support they need.

Some participants were involved in providing safe houses for vulnerable trans people at risk of homelessness and/or domestic abuse, and these were cited as good practice. It was acknowledged that this trans-specific support wouldn't be right for everyone but that it was important to have the option available.

Participants shared examples of local community-led solutions, for example use of a social networking site to find safe, trans-friendly accommodation for people at risk of homelessness. A trans community house in Wales takes a multi-agency approach to locate suitable housing for residents, developing and maintaining relationships across organisations. Another group was interested in developing its advocacy to support people in challenging discriminatory landlords, set up tenant groups, and explore options such as co-operative housing.

Conclusions: housing

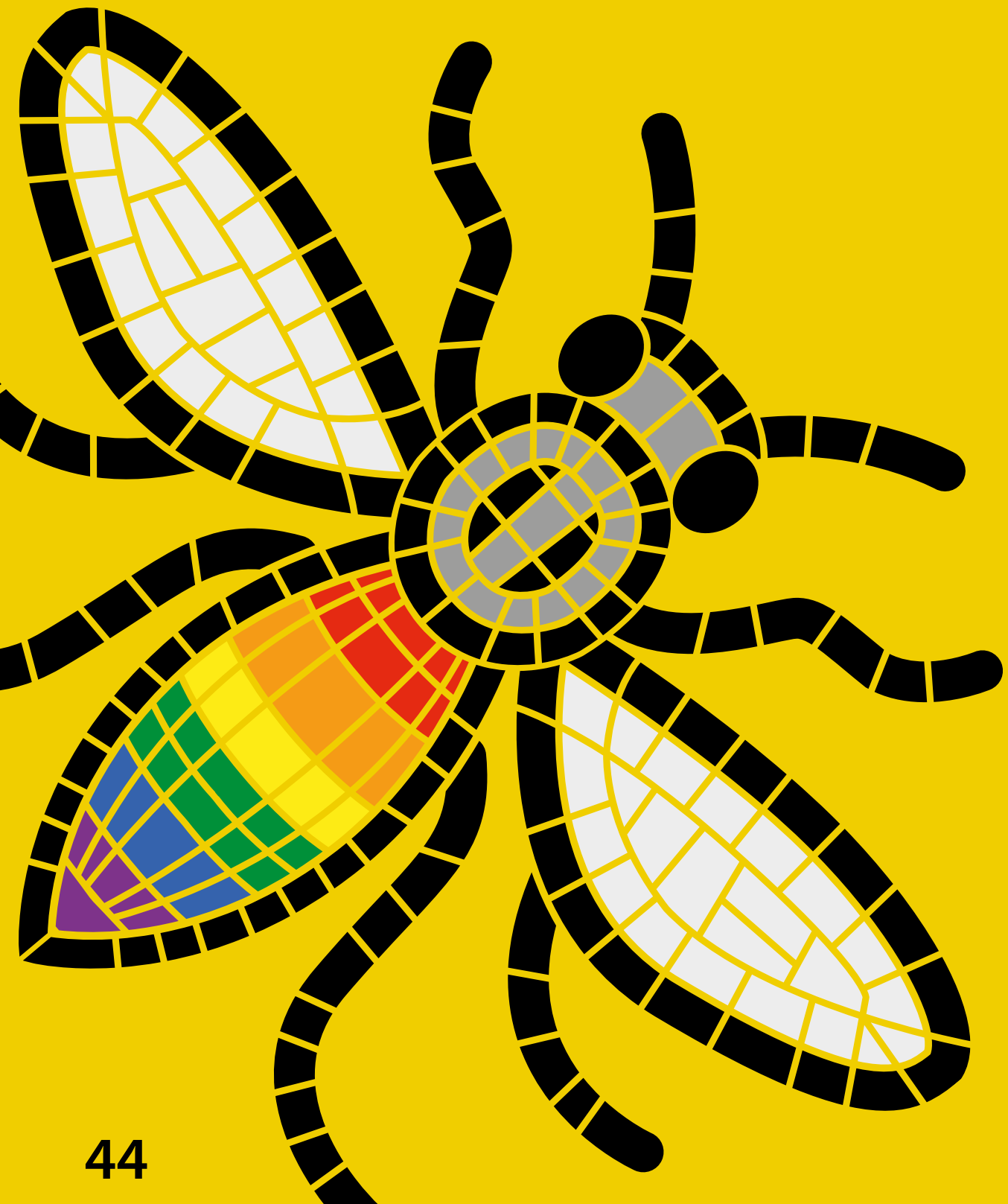
The findings from the online questionnaire and qualitative research raise some concerning issues for trans people around experiences of homelessness and access to appropriate, inclusive services. The majority of questionnaire respondents either rented accommodation in the private market or lived in a property owned by someone else. Discussion from the qualitative research underlines the importance of all housing and accommodation services visibly demonstrating trans inclusion, backed up by full training for staff in equality and diversity issues and trans awareness. It was felt that this also included a responsibility for housing services to promote trans awareness among other tenants and/or residents and to challenge transphobia when it occurs.

Experience of transphobic hate crime in their residential area was relatively high, reported by 40% of the questionnaire sample. When asked to rate how trans-friendly that area was, most respondents did not give a strong answer either way, and discussion from the qualitative research suggests that this is a difficult thing to ascertain without experience of either a positive or a negative display of trans-friendliness.

A quarter of the questionnaire sample had to leave their home because they felt unsafe or felt they had no choice, and for the vast majority of those (85%) their gender identity and/or trans status was either the main reason or part of the reason for having to leave home. Most of these respondents had managed to stay with friends or family, but a minority had no option but to sleep rough. Commonly reported impacts of homelessness were "negative impact on my mental health and wellbeing" and "negative impact on my confidence as a trans person." It is concerning that of those respondents who had experienced homelessness, 67% had not accessed any services. This sub-sample identified that access to services such as mental health and homelessness services would have helped them during periods of homelessness, again underscoring the need for such services to be visibly trans inclusive in order to help break down barriers to access for trans people.

The qualitative research drew out some good examples of community-led initiatives to support peers in accessing appropriate housing. It is clear that ensuring adequate staff training on trans awareness would help housing services to meet trans service user needs and begin to address barriers to service access for this community.

Health



Questionnaire findings

Self-reported health

When asked to report their overall health, 37% of respondents rated this as 'good'. This is significantly lower than the comparable rate for the general population, where 81.5% report good health.[11] A quarter of respondents in this sample rated their health as bad.

Table 30: Self-reported health

Self-reported health	Count	Percentage
Very good	9	9.7
Good	34	36.6
Fair	24	25.8
Bad	24	25.8
Very bad	2	2.2
Total	**93**	**100**

Respondents were asked if they had ever experienced a range of common mental health issues, detailed in the table below (respondents could choose more than one option). 4% of respondents said they had never experienced a mental health problem, compared to an estimated 1 in 4 people in the general population who will experience a mental health problem in any given year.[12] The table also shows a very high prevalence of issues at the more serious end of the spectrum, such as suicidal thoughts and attempted suicide, as well as more generally common issues like low self-esteem and depression.

Mental health

Table 31: Mental health issues experienced

(NB: Respondents had the option to select more than one response, or no response at all - therefore a total percentage cannot be calculated.)

Mental health issue	Count	Percentage
Low self-confidence or self-esteem	86	81.1
Suicidal thoughts	83	78.3
Depression	81	76.4
Feelings of isolation	79	74.5
Self-harm	67	63.2
Eating disorders	44	41.5
Attempted suicide	37	34.9
Anxiety (incl. panic attacks)	29	27.4
None of the above	4	3.8

11 ONS, 2012 http://www.ons.gov.uk/ons/rel/census/2011-census-analysis/how-do-people-rate-their-health--an-analysis-of-general-health-by-long-term-limiting-illness-and-deprivation/info-health-perception.html

12 Mind, "How common are mental health problems?" 2011. http://www.mind.org.uk/help/research_and_policy/statistics_1_how_common_is_mental_distress

Respondents were asked to describe any negative effects on their ability to participate in life as a result of the above, choosing from a list of options (respondents could choose more than one option). The table below shows these responses. The most common negative effects were on socialising, such as making and keeping friendship groups, getting involved in the local community and forming relationships with partner(s). Around half of respondents identified that mental health problems had negatively impacted upon their working life and their ability to access public services.

Table 32: Negative effects of mental health issues experienced

(NB: Respondents had the option to select more than one response, or no response at all - therefore a total percentage cannot be calculated.)

Negative effect	Count	Percentage
Making friends and keeping friendship groups	71	67.0
Getting involved in my local community	62	58.5
Forming or maintaining relationships with a partner or partners	61	57.5
My behaviour towards my partner(s) and/or family	55	51.9
Working in a job	52	49.1
Accessing public services (e.g. GP or council)	48	45.3
Getting a job	46	43.4
Other	5	4.5
I do not feel there were any negative effects	1	0.9

Respondents who had experienced a mental health issue were asked if they had ever accessed support as a result, choosing from a list of options. The table below shows these results. Of those who did access support, seeing a GP was the most common option chosen (65%), followed by friends and/or family (59%). Within the general population, between 39-77% of those experiencing mental health problems will access their GP for support, which is fairly consistent with this sample.[13]

Table 33: Support accessed for mental health issues

(NB: Respondents had the option to select more than one response, or no response at all - therefore a total percentage cannot be calculated.)

Support	Count	Percentage
My GP	69	65.1
Friends and/or family	63	59.4
A trans specific organisation, voluntary or community group	37	34.9
An LGBT specific organisation, voluntary or community group	36	34.0
A hospital	30	28.3
Any other voluntary or community group	13	12.3
I did not access support	3	2.7
Other	2	1.8

13 Mind, "How common are mental health problems?" 2011. http://www.mind.org.uk/help/research_and_policy/statistics_1_how_common_is_mental_distress

Sexual health

Half of respondents had never gone for a sexual health screening, including for HIV. Of those who had attended a screening, the majority went in the last 1-5 years (23%).

Table 34: Last sexual health screening

Last sexual health screening	Count	Percentage
In the last 1-3 months	7	7.5
In the last 3-6 months	6	6.5
In the last 6 months - 1 year	8	8.6
In the last 1-5 years	21	22.6
I can't remember	4	4.3
I've never had a sexual health screening	47	50.5
Total	**93**	**100**

Those respondents who had attended a sexual health screening were asked how often they usually attend a screening, including for HIV. The most common response was every 1-5 years, chosen by 3 in 10 respondents.

Table 35: Usual attendance at sexual health screening

Usually go for sexual health screening	Count	Percentage
Every 1-3 months	0	0
Every 3-6 months	5	10.9
Every 6 months - 1 year	12	26.1
Every 1-5 years	13	28.3
After I have unprotected sex	8	17.4
If I have symptoms	8	17.4
Total	**46**	**100**

Respondents who had never had a sexual health screening were asked to explain why, choosing from a list of options. The majority had not tested because they had never had unprotected sex, accounting for two thirds of respondents. A small proportion of respondents (5%) had not had a screening because they were worried about being treated negatively because of their trans status.

Table 36: Reason for not attending sexual health screening

Reason	Count	Percentage
I do not think I need one because I have never had unprotected sex	31	66
I have thought about it, but have never arranged one	2	4.3
I have had unprotected sex, but I do not think I need one	5	10.6
I am afraid to go for one	5	10.6
I do not know where to go for one	4	8.5
I am worried about being treated negatively because I am trans	3	6.4
I do know where to go, but it is not open at accessible times	1	2.1
Total	**47**	**100**

Three in ten respondents said that they use LGBT Foundation's free safer sex packs, which are aimed at gay and bisexual men and lesbian and bisexual women. These are distributed in venues throughout Greater Manchester.

Table 37: Use of LGBT Foundation safer sex packs

Use LGBT Foundation safer sex packs	Count	Percentage
No	64	69.6
Yes	28	30.4
Total	**92**	**100**

Respondents were asked to comment further on their answers. The majority of comments stated that the respondent either did not need to use the packs because they used other protection, were not sexually active, or did not know what the packs were or where to get them from. Other comments were that the safer sex packs could be more trans inclusive, for example:

"I'm not a lesbian or bisexual woman nor a gay or bisexual man. Don't feel comfortable using the packs or fully understand which bits are relevant to me."

"The safer sex pack for lesbian/bi women doesn't include condoms. This doesn't allow for safer sex with those trans women who use their penises, or for women who use sex toys such as dildos, or for bisexual women who have sex with men. It can be difficult to acquire the men's safe sex packs due to peer pressure from men or a belief that they 'aren't for women' and they are aimed at men so are off-putting when used by women."

"The women's sexual health packs contain things that are not relevant to my sexual health, and I would feel dysphoric using anything from the men's packs."

LGBT Foundation is currently undertaking a trans-inclusivity review of all their resources which may include a redesign of the safer sex packs.

Respondents were asked if they were living with HIV. No respondents disclosed that they were HIV positive, and a small proportion of respondents did not know their HIV status.

Table 38: HIV status

Living with HIV	Count	Percentage
Yes	0	0
No	85	93.4
I don't know	6	6.6
Total	**91**	**100**

Substance use

Nearly a fifth of respondents were current smokers and a further third do not currently smoke but used to. This is fairly consistent with data for the general population, where 22% of men and 20% of women are current smokers and 29% of men and 23% of women are ex-smokers.[14]

Table 39: Tobacco smoking

Smoke tobacco	Count	Percentage
Yes	19	20.7
No, but used to smoke	30	32.6
No, have never smoked	43	46.7
Total	**92**	**100**

Respondents were asked how often they drink alcohol, shown in the table below. The most common option chosen was 'once a month or less than once a month' (a third of respondents) followed by a quarter of respondents who said that they never drink alcohol.

Table 40: Alcohol consumption

Alcohol consumption	Count	Percentage
Never	23	25.0
Once a month or less than once a month	31	33.7
Two or three times a month	14	15.2
Once or twice a week	17	18.5
Four or five times a week	6	6.5
Daily or almost daily	1	1.1
Total	**92**	**100**

Respondents who drank alcohol were asked on average, how many units they usually consume when they drink alcohol. Guidance from the UK's Chief Medical Officer states that people should not regularly drink more than 14 units per week. Seven percent of the sample (n=106) reported that they usually drank more than 14 units in one session. Almost 3 in 10 respondents (27.4%, n=106) reported drinking more than 6 units of alcohol in one session, which is defined by the NHS as binge drinking.

14 Office for National Statistics, *General Lifestyle Survey, 2009* (The Health and Social Care Information Centre, 2011)

Respondents who drank alcohol were asked if they felt in control of their use. Two thirds of respondents said that they always did - which was the most common option chosen.

Table 41: In control of alcohol use

In control of alcohol use	Count	Percentage
Yes, always	44	64.7
Yes, mostly	20	29.4
Yes, sometimes	3	4.4
No	1	1.5
Total	**68**	**100**

Respondents were asked if they use any recreational drugs, including illegal drugs and legal highs, but not including using hormones not prescribed for them. The majority of respondents (46%) do not use recreational drugs now, but had done in the past.

Table 42: Recreational drug use

Used recreational drugs	Count	Percentage
Yes, I currently use recreational drugs	14	15.4
No, but I have used recreational drugs in the past	42	46.2
No, I have never used recreational drugs	35	38.5
Total	**91**	**100**

Respondents who had used drugs were asked if they felt in control of their use. Over 8 in 10 respondents said that they always did - which was the most common option chosen..

Table 43: In control of drug use

In control of alcohol use	Count	Percentage
Yes, always	29	82.9
Yes, mostly	6	17.1
Yes, sometimes	0	0
No	0	0
Total	**35**	**100**

Anecdotal evidence suggests that trans people may use non-prescribed hormones in order to start a medical gender transition. Respondents were asked if they had ever used steroid hormones that weren't prescribed for them. 17% of respondents had.

Table 44: Non-prescribed hormone use

Used non-prescribed hormones	Count	Percentage
Yes	15	16.5
No	76	83.5
Total	**91**	**100**

NHS screenings

Respondents were asked if they had been invited to attend any of the following NHS screenings, invitations for which are based on the gender of the patient as recorded in their NHS record. The table below shows those respondents who had been invited for a screening, suggesting that this was low across the sample. However, it should be noted that the method of data collection for this question did not allow analysis by gender, so it is unclear whether respondents should have been invited to attend certain screenings.

Table 45: Invited for NHS screening

(NB: Respondents had the option to select more than one response, or no response at all - therefore a total percentage cannot be calculated.)

Invited for NHS screening	Count	Percentage
Abdominal aortic aneurysm screening	1	0.9
Bowel cancer screening	5	4.7
Breast cancer screening	5	4.7
Cervical cancer screening	20	18.9

Respondents were then asked if they feel that the information they have been given by NHS services on screening programmes is appropriate to them as a trans person (for example, had trans feminine respondents been given information about prostate cancer, or trans masculine respondents been given information about cervical cancer). A third of respondents said that the information they had been given was not appropriate to them as a trans person, while 46% didn't know if they had been given appropriate information.

Table 46: Appropriate information about NHS screening programmes

Given trans-appropriate information about screening	Count	Percentage
Yes	18	19.8
No (please give details)	31	34
I don't know	42	46.2
Total	**91**	**100**

Respondents who were not given appropriate information were asked to comment further. The majority reported that they had not been given any information about screening. Some others had been given the wrong screening information (i.e. invited for screens that were not relevant), or not invited for screens that were still relevant. The comments below give a flavour of responses.

"Info and reminders have stopped since I completed transition even though I still have uterus and cervix."

"If asked for cervical screening, really, with a penis?"

"I was invited to cervical screening because my GP practice refused to change my gender on their records for months. This was very stressful because it meant they kept sending me reminder letters in my deadname which outed me as trans to my housemates. I did not go for screening at this time, but I did attend later when I had built up a better relationship with my GP and she said she could do the screen for me if that would be more comfortable, so that I wouldn't have to explain myself (or my junk!) to anyone else in the practice. This made me feel much better and meant I was able to access the screening programme. If I had had a different GP, I would probably have never had a cervical screening, they don't tell you about it, or any screening programmes, at the Gender Identity Clinic."

Discrimination and transphobia in health care services

A third of respondents (34%, n=91) said that they had experienced discrimination, transphobia or unfair treatment when accessing health services in Manchester that was based on their gender identity or trans status. Of those, 23% (n=24) felt they could do something to challenge it or make a complaint about it. When asked to comment further, many respondents said that they felt unable to challenge discrimination, were not sure how to do so or that it would result in a positive change, or were too worried that challenging discrimination would negatively affect the care they received. The comments below give a flavour of responses.

"I was too upset to do anything about it and scared of being told I was in the wrong."

"It depends on the situation. A lot of the stuff I access services for are quite sensitive matters - so I just want them to be over with. The idea of then having to educate them, whilst I am feeling in a vulnerable situation is something I would often like to avoid."

"I don't feel like I'll be taken seriously. Or it could make things worse for me."

Fewer than 10% of respondents (8%, n=91) said that they had experienced discrimination, transphobia or unfair treatment when accessing social care services in Manchester that was based on their gender identity or trans status. Of whom, 29% (n=7) felt they could do something to challenge it or make a complaint. When asked to comment further, the majority of respondents indicated that they had not used social care services.

Care in later life

Fewer than 10% of respondents (7%, n=91) said that they had made plans for their care in times of serious illness or old age. Comments from respondents suggested that they did not know how to make plans, were concerned about lack of funds for care in later life, or were avoiding thinking about this.

Respondents were asked if they had any concerns about accessing care services in later life as a trans person. The most common option chosen was 'not being able to access appropriate care that is trans-friendly', closely followed by concerns about discrimination and misgendering.

Table 47: Concerns about later life care services

(NB: Respondents had the option to select more than one response, or no response at all - therefore a total percentage cannot be calculated.)

Concerns about later life care	Count	Percentage
Not being able to access appropriate care that is trans-friendly	63	59.4
Discrimination or transphobia from care home staff	55	51.9
Discrimination or transphobia from other care home residents	56	52.8
Not having my gender identity acknowledged (e.g. being misgendered, being discouraged from presenting in my gender, etc.)	59	55.7
My family or next of kin not acknowledging my gender in decisions they may have to make about my care	37	34.9
I do not have any concerns about accessing care services in later life as a trans person	20	18.9
Other	6	5.4

Qualitative research findings

A focus group on the topic was held by Action for Trans Health, and in total 12 people participated, ten in person and two remotely via email. Four questions were asked to stimulate group discussion and the findings are presented below.

Do you feel in control of your own health and wellbeing? What helps you to feel in control? What would help you to feel more in control?

The majority of participants indicated that they did not feel particularly in control of their own health and wellbeing, with no participants saying that they felt completely in control of it. Those who felt most in control related it to having completed or nearly completed their medical and surgical transitions and felt that they were able to make healthy choices. Those who felt least in control had either not accessed transition related healthcare, or were in the process of trying to get that care from gender identity services. They related their feelings of not being in control to ableism, mental ill health and unsupportive or unhelpful GPs. Many participants felt that having health conditions and impairments, as well as being trans, meant that they were not listened to by health professionals and that others had a lot more control over their health and wellbeing than they did.

Participants who identified as non-binary were less likely to feel in control of their health and wellbeing than those who identified as binary. This is likely due to the lack of official recognition of non-binary people and widespread lack of knowledge about non-binary identities, as well as there being no specific provision for non-binary people within the Interim Gender Dysphoria Protocol.

When accessing support for specific health issues (e.g. mental health, sexual health, etc.) did services meet your needs as a trans person? What was done well? What could be made better?

Participants generally felt that an experience in which they did not get the treatment or advice they were seeking was a good experience for them because, even though their needs weren't met, they weren't being abused or harassed. Many participants had positive experiences of services changing their gender marker (e.g. male, female, etc.) and switching pronouns on request; this included a variety of primary care services including GP practices, dentists and optometrists. One participant noted that their dentist was monitoring trans status of patients and then went on to use that information to ask how the participant would like to be addressed, which created a positive experience for them.

Experiences of sexual health services varied widely. Some participants had positive and affirming experiences, whereas others had incredibly negative experiences. Experiences of mental health services were also mixed, with two participants reporting good mental health care, many participants reporting mostly bad experiences, and one participant being encouraged to try conversion therapy. Disabled participants reported particularly negative experiences of healthcare; this could be explored further to better understand disabled trans people's needs.

Participants felt particularly frustrated with GP practices and many reported changing practice, sometimes multiple times, to find a supportive GP. Many participants had been referred back to specialist gender services for routine treatment, such as regular blood tests, or unrelated concerns, such as throat infections. Overall, participants' responses showed huge inconsistencies across services, including primary care, mental health services and sexual health services.

If you were to experience discrimination, transphobia or unfair treatment when accessing health and care services that was based on your gender identity or trans status, would you feel confident to challenge it? What makes you feel confident? What would help to make you feel more confident?

Only one participant said that they always felt comfortable to challenge discrimination, explaining that they were often asked to do this on behalf of other people too, but that it could be emotionally exhausting and also frustrating as they felt that complaint letters rarely led to positive changes in practice. Five participants said they usually feel confident to challenge discrimination and three participants said that they never feel confident to be able to do so.

Participants were asked to describe when they feel confident to challenge discrimination, transphobia or unfair treatment based on their gender identity or trans status, and when they do not feel confident to do this. Generally, participants felt that they were more confident about complaining: when they were not on their own; when they had good knowledge of policy and legislation; when they were complaining on someone else's behalf; and when there was visible diversity in the service's literature and posters. Participants did not feel confident to complain about gender identity services in general: when they were on their own; over the phone; or if they needed emergency care.

Many participants felt unable to report instances of discrimination because complaints procedures felt inaccessible to them, and because they were concerned that they would be denied care if they complained. Participants generally felt that having a formal or informal advocate present was necessary for them to be able to make a complaint.

Have you ever had to make plans for your care in times of serious illness or old age? What would support you to do that better?

All participants said that they actively avoided thinking about their care in illness and old age even if they had made some plans and decisions. None of the participants had felt able to make a comprehensive plan for their care in this instance. A few participants made reference to suicide and euthanasia being their plan.

Many participants expressed fears around their gender identity not being respected by carers, and fears around dementia and what might happen if they were to forget that they had transitioned. Participants also had concerns about being de-gendered in death and buried in the wrong name and gender.

One participant made the suggestion of developing a care planning tool which included a patient's needs and preferences in regards to gender. Overall, participants found this question both difficult and upsetting to talk about and had a lot of worries, fears and negative feelings about the idea of becoming unwell and/or old and relying on care. Many participants felt too afraid to think about care plans because their expectations were so low.

Conclusions: health

The findings from the online questionnaire and focus group highlight significant issues for trans people in relation to their own health and wellbeing, and access to appropriate and trans inclusive services. Levels of self-reported health among the sample were much lower than in the general population (37% rated their health as 'good' compared to 82% generally), and there was a high prevalence of mental health issues, including suicidal thoughts and attempted suicide. Half of respondents had never gone for a sexual health screening, including for HIV, and a third of respondents were not given appropriate information about cancer screening programmes.

Discussion from the focus group indicated that the majority of participants did not feel particularly in control of their own health and wellbeing. Those who felt they have completed their medical transitions were much more likely to feel in control of their own health and wellbeing. This is consistent with other research findings including the Trans Mental Health Survey 2012 which noted that, overall, trans people reported an improvement in mental health and confidence following medical transition.[15]

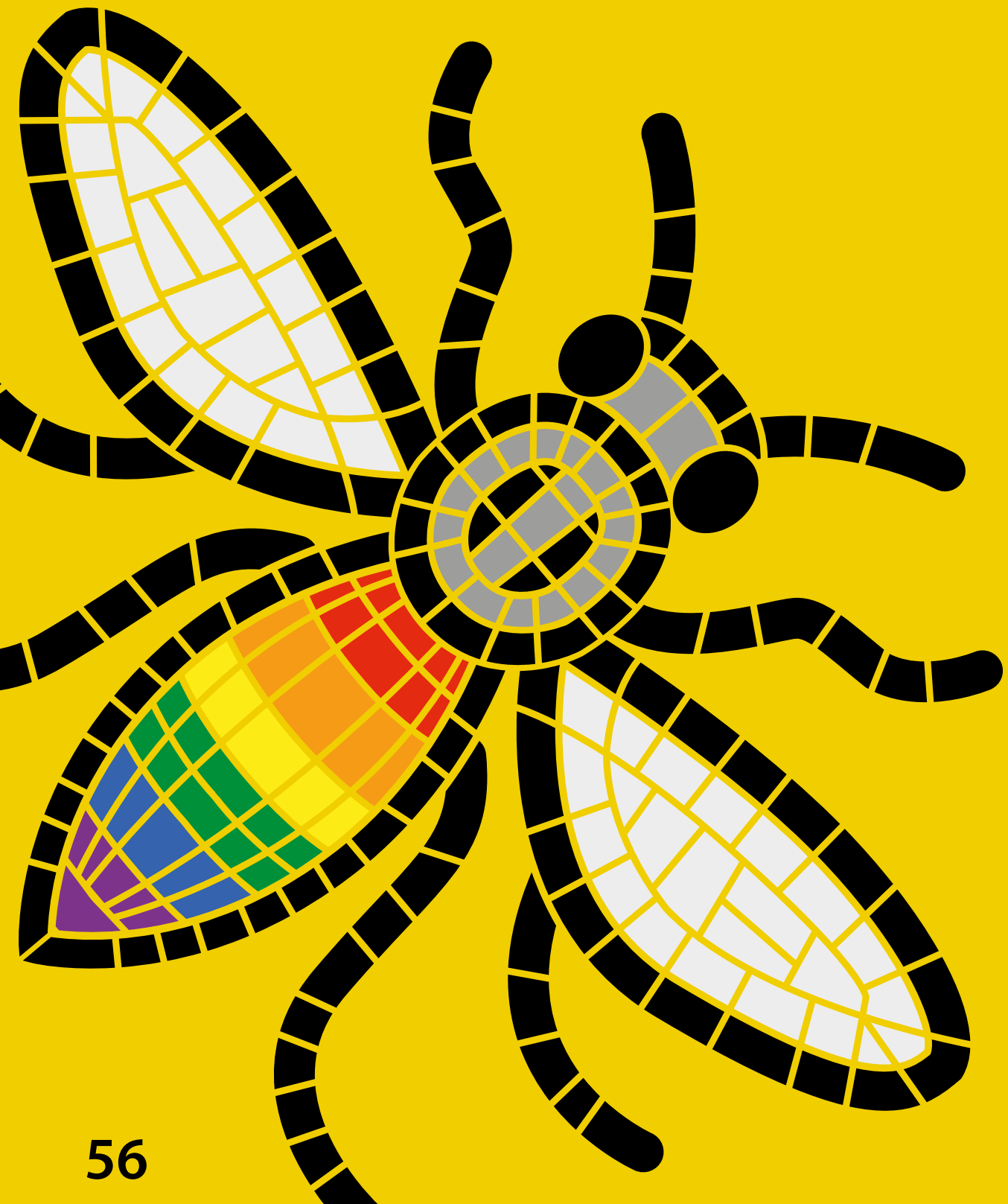
Participants in the focus group had relatively low expectations that healthcare services would meet their needs as a trans person, to the extent that an experience that did not involve abuse or harassment could be seen as a positive experience. There were generally inconsistencies across services regarding trans inclusion, and particular frustrations were reported in relation to GP practices and accessing transition related healthcare.

A third of respondents to the questionnaire had experienced discrimination, transphobia or unfair treatment when accessing health services in Manchester that was based on their gender identity or trans status, and 8% had experienced this when accessing social care services in Manchester. However, relatively few of these respondents had felt they could do something to challenge it or make a complaint. This was reflected in the focus group discussion, where generally, participants felt confident to complain in certain circumstances, e.g. having an advocate with them, having a good knowledge of policy and legislation and where the service is visibly trans-inclusive.

Very few respondents said that they had made plans for their care in times of serious illness or old age, which again was reflected in the focus group. Concerns were raised in both forums about not being able to access appropriate care that is trans-friendly. Concerns were also raised about discrimination and misgendering from family members, as well as from healthcare services staff.

15 McNeil, J., Bailey, L., Ellis, S., Morton, J., and Regan, M. 2012. Trans Mental Health Study. [Online]. Edinburgh: The Equality Network. [Accessed 17/12/15]. Available From: http://www.gires.org.uk/assets/Medpro-Assets/trans_mh_study.pdf

Domestic abuse



Questionnaire findings

Respondents were asked if they have ever experienced domestic abuse from a partner, ex-partner or family member, broken down by type and with examples given to aid understanding. The table below shows that experiences of domestic abuse were relatively common, with between 26-40% of respondents reporting experiencing at least one type of abuse. This reflects findings from other research, which has found that trans people are significantly more likely to have experienced domestic abuse than non-trans people.[16] The most commonly experienced types of abuse reported by this sample were controlling behaviour and transphobic behaviour.

Table 48: Domestic abuse experienced

(NB: Respondents had the option to select more than one response, or no response at all - therefore a total percentage cannot be calculated.)

Domestic abuse type	Count	Percentage
Controlling behaviour, for example stopping you having your fair share of money or taking money from you; stopping you from seeing your friends and/or relatives; repeatedly putting you down so that you felt worthless; behaving in a jealous or controlling way e.g. restricting what you can do, who you can see or what you wear.	42	39.6
Threatening behaviour, for example threatening to, attempting to, or actually hurting, themselves as a way of making you do something or stopping you doing something; threatening to hurt you or kill you; threatening to hurt someone close to you, such as your current/ex-partner, children, family members, friends or pets.	30	28.3
Transphobic behaviour, for example stopping you from taking medication or having treatment that you need to express your gender identity (e.g. hormones, surgery); stopping you from being able to express your gender identity through other changes in your appearance and/or how you describe yourself; stopping you from talking about your trans background or identity; threatening to tell people about your trans background or identity who you don't want to know; making you feel ashamed, guilty, or wrong about your trans background or identity; stopping you from engaging with other trans people or attending trans social groups and support groups.	38	35.8
Sexual abuse, for example pressurising, or trying to force, you into sexual activity when you did not want to; pressurising, or trying to force, you to view material which you considered to be pornography; pressurising, or trying to force you to engage in sexual activity with other people for payment.	28	26.4
Physical abuse, for example, pushing you or holding you down; kicking, biting, or hitting you; throwing something at you; choking or trying to strangle/smother you; using a weapon against you, for example an ashtray or a bottle.	29	27.4

16 See Browne et al. 2007 and Roch et al., 2010.

Respondents who had experienced domestic abuse were asked how they identified what had happened on the most recent occasion when a partner, ex-partner or family member did any of these things to them. The majority of respondents said that what had happened was wrong but not a crime, which indicates a need to educate the trans community about what constitutes domestic abuse.

Table 49: Identification of abuse

Incident description	Count	Percentage
A crime	7	11.5
Wrong but not a crime	27	44.3
Just something that happens	15	24.6
I'm not sure	12	19.7
Total	**61**	**100**

These respondents were asked if they had accessed support related to experiencing domestic abuse. The table below shows that just over a quarter of respondents accessed informal support by speaking to a friend, relative, neighbour or colleague and a quarter did not access any support.

Table 50: support accessed re. domestic abuse experienced

(NB: Respondents had the option to select more than one response, or no response at all - therefore a total percentage cannot be calculated.)

Support accessed	Count	Percentage
A friend, relative, neighbour or colleague	28	26.4
A trans-specific or LGBT organisation	8	7.5
A domestic abuse service	1	.9
Police	2	1.9
GP or other healthcare service	5	4.7
I did not access any support	25	23.6

Qualitative research findings

A focus group on the topic organised but unfortunately despite wide promotion, only one participant attended. This participant had been involved in several trans support groups and so was able to discuss the needs of trans people in relation to domestic abuse based on their professional experiences. To complement this data collection, we have included findings from a recent report into domestic abuse experienced by lesbian, bisexual and trans women across the European Union; this research was supported by Broken Rainbow, an LGBT domestic abuse service based in Manchester and the qualitative research was partly conducted in the city. The findings from these methods are presented below thematically.

Acknowledging and reporting domestic abuse

Lorenzetti's research notes the barriers trans people experience when accessing domestic abuse services (see Literature Review). The focus group participant spoke of the importance of having a support network of trans friends, having somewhere else to go to (if the couple shared a property) and the resources to be able to leave the relationship, and noted that many trans people lack these elements. The participant also felt that trans inclusive or trans specific domestic abuse services would help people to feel confident to report domestic abuse, but noted that they were not aware of any.

Lorenzetti's report included qualitative research with lesbian, bisexual and trans women who had experienced domestic abuse. The majority of findings were not broken down by gender or sexuality, but the report does note specifically in relation to trans women:

> ***Trans women often disclosed feeling insecure about their gender identity and their own bodies as a consequence of abuse. Most of them mentioned feeling depressed or experiencing 'shame' and 'guilt' when they were going through the process of transition, knowing their partners weren't 'approving' or feeling 'fully comfortable' with it. On the other hand, going through with transition and fully embracing life as a woman is what made some conceptualise their experience as abuse.***
>
> Lorenzetti 2016

Our focus group participant said that many people in the trans community do not talk openly about domestic abuse, even though they felt that many trans people had experienced it. They felt this may be because people inwardly blamed themselves for the abuse simply because they are trans, as a result of repeatedly being told that they should be blamed for being trans and that being trans made them "perverts", "deviants" or the like. This internalised transphobia, the participant felt, was the reason why many trans people would not access support services for domestic and possibly even sexual abuse.

Accessing support for domestic abuse

The participant felt that domestic abuse services are often trans exclusionary because they are single-sex and do not respect or include trans women as women. They only knew of one trans person who had accessed support for domestic abuse from the services that currently exist in Manchester. The participant stated that because of the barriers to trans people accessing support for abuse, many don't access help until it is "too late" and as a result experience mental health problems such as suicidal thoughts, suicidal actions and eating disorders.

The participant said that their organisation often signpost trans people who have experienced abuse to qualified counsellors who are either trans themselves or trans-friendly as these are the only professionals they can guarantee are safe and will not discriminate against trans people.

In terms of making domestic abuse services more accessible to trans people, suggestions included ensuring all staff have up-to-date trans awareness and equality and diversity training. It was felt that staff

should not look at domestic abuse through a gendered lens (i.e. seen as an issue affecting heterosexual couples, with a male perpetrator and a female victim) as this excludes same-sex couples and trans men, as well as any men who are abused. Services should ensure that they are not trans exclusionary but actively trans-inclusionary, for example, using posters and signage that are visibly LGBT and trans inclusive. The participant felt that there was great demand within the trans community for trans-specific services and so suggested setting up trans-specific abuse services as the trans people may be more likely to feel safe and confident to access them.

The participant raised the issues of single-sex domestic abuse shelters, which are often exclusionary to trans women. They referred to the Equality Act enabling discrimination against trans people with respect to single-sex services, and felt that the guidance available was not clear. It was felt that the knowledge within the trans community that they can be actively discriminated against by shelters and single-sex services builds a negative perception of these services which acts as a barrier to people accessing them. The participant noted that single-sex shelters also discriminate against non-binary people, and that there are no domestic abuse services in Manchester that are inclusive of trans men.

The participant felt that services must be designed through meaningful consultation with the trans community and must consider the needs of trans people throughout, not just as an add on. The trans voice is often lost in LGBT provision, the participant felt, and therefore extra attention must be paid to this group.

The participant also spoke about trans sex workers in Manchester as a particularly vulnerable group who experience extreme violence at the hands of partners and clients.

Conclusions: domestic abuse

The findings from the online questionnaire and focus group indicate that experience of domestic abuse is prevalent among the trans community, but that it may not be recognised as abuse and therefore remain unreported and unaddressed. Between 26-40% of questionnaire respondents reported experiencing at least one type of domestic abuse, yet when asked to identify the most recent occasion, the majority of respondents said that what had happened was wrong, but not a crime. This was backed up by the focus group discussion, and together suggests a need for more education about what constitutes domestic abuse and how to report it.

Respondents to the questionnaire who had experienced domestic violence were likely to have either accessed support from an informal source (such as a friend or relative), or to have not accessed any support. The focus group discussion shed some light on this lack of engagement with services, suggesting that current services are not accessible to trans people and are seen as discriminatory within the community.

Services for trans people in Manchester

As part of the research, LGBT Foundation conducted a review of services for trans people. This included trans-specific organisations and services provided by the public sector.

Trans-specific voluntary and community organisations

The table below lists information on the trans-specific voluntary and community sector organisations providing support and services to trans communities in Manchester.

Organisation	Website	Contact
MORF	www.morfuk.webeden.co.uk	morf@morf.org.uk
Manchester's social and peer support group for trans masculine people. MORF provides a base for the community to meet, as well as providing information and resources on relevant health and legal matters. MORF is also involved in campaigns to raise visibility of trans issues and promote trans equality.		
TransForum	www.transforum.org.uk	jenny-anne@transforum.org.uk
TransForum has a wealth of personal experience and helpful contacts within the local community, local government, the police, the health and the caring professions. The group holds social outings for members to promote affirmation in their preferred gender presentation and to build confidence in public spaces. TransForum is involved in events aiming to promote trans awareness including Sparkle, and local Prides.		
Butterflies	www.butterfliesdropin.co.uk	See website
Butterflies provides an open and welcoming space for members of the trans community. Activities and events are arranged by members.		
Afternoon T.E.A	www.lgbtyouthnorthwest.org.uk/for-young-people-2/lgbtyouthgroups/afternoon-tea	sam.cresswell@theproudtrust.org
Afternoon T.E.A is a youth group for trans young people, aged 14-25. It is a trans-only space.		
Buff	www.buffmanchester.com	buffmanchester@gmail.co.uk
BUFF was created by four trans men in Manchester with the aim of putting on events specifically for trans men.		
Sparkle	www.sparkle.org.uk	info@sparkle.org.uk
Sparkle is a registered charity which operates Sparkle - the national trans celebration, Manchester's TDoR event, and is responsible for the National Trans Memorial in Sackville Gardens. Sparkle also supports trans rights and the positive representation of trans people in the UK and world-wide.		

Organisation	Website	Contact
Marlin	www.marlin.org.uk	See website
Marlin is Manchester's trans swimming group. It is open to all trans people. It is funded by Pride Sports and so activities are free to members.		
Manchester Concord	www.manchesterconcord.org.uk	info@manchesterconcord.org.uk
Manchester Concord is a social and support group for trans people in Manchester. It organises social activities for members and supports other trans groups and events locally.		
Action For Trans Health	www.actionfortranshealth.org.uk	info@actionfortranshealth.org.uk
Action for Trans Health seeks to improve trans people's access to healthcare. Its main activities include raising funds for small cash grants to facilitate trans individuals' access to healthcare; engaging with medical professionals about trans health; and engaging the trans community about health issues through workshops and information provision.		

Trans-inclusion in public sector services

Public sector services across Manchester were contacted with a request to participate in a telephone interview to discuss the organisation's approach to the inclusion of trans people's needs in policy and practice. Unfortunately, we were unable to arrange an interview with representatives from housing services or a specific domestic abuse service, but did conduct interviews with representatives from health services, education services, the police and Manchester City Council.

Overall, no organisation monitored gender identity or trans status as part of its standard demographic monitoring. However, several organisations were reviewing their equalities monitoring practice and were keen to improve this to be more trans inclusive. One organisation noted that some services will collect relevant information to assess whether their facilities are adequate for all their users, for example, leisure services may use monitoring data to provide gender neutral bathrooms and changing facilities.

Trans-specific inclusion policies were rare, but all organisations had general equality and diversity policies which included trans people. These were not usually made available to the public, but were available on request. Several organisations were involved in or supported events for the trans community, including Sparkle, Trans Day of Remembrance and Pride.

The findings from interviews with Greater Manchester Police and Central Manchester University Hospitals NHS Foundation Trust have been written up as short case studies, presented below.

Greater Manchester Police (GMP)

GMP does not monitor gender identity or trans status as part of its standard demographic monitoring. GMP does not have one overarching trans inclusion policy, but rather ensures that trans inclusion is built into all of its policies where appropriate. For example, in response to 'stop and search' powers which require an individual to be searched by an officer of the same gender, regulations have been established to make sure that a trans woman would not be searched by a cismale police officer. These policies are not published online (as some other forces have done), but they are available on request.

GMP tries to ensure that trans people are included on their Independent Advisory Groups (IAGs), so that the needs of trans people can be communicated if the IAG is consulted on a policy change.

Central Manchester University Hospitals NHS Foundation Trust (CMFT)

CMFT does not monitor gender identity or trans status as part of its standard demographic monitoring. However, the organisation is looking to implement this monitoring in the future.

CMFT does not have any specific trans inclusion policies. However, they do refer to 'gender reassignment' as a protected characteristic within their general Equality and Diversity policies, in accordance with the Equality Act 2010. CMFT also uses Equality Impact Assessments to review any new proposed policy and ensure that it meets equality and diversity guidelines, within which the needs of trans people are considered. Like other NHS services, CMFT uses the Equality Delivery System, a framework designed by and for the NHS to ensure that services meet the needs of individuals with protected characteristics. This operates in conjunction with local partners and community groups to ensure that any barriers to accessing services are identified and addressed. For example, the issue of gendered toilets within CMFT hospitals was raised through the EDS public consultation and CMFT now provides gender neutral toilets in its hospitals.

These policies and initiatives are not currently advertised or communicated to patients directly. However, Equality and Diversity teams do communicate with local stakeholders and community groups about their efforts to make their services more inclusive, with the aim of stakeholders and community leaders feeding this information back to individuals within the relevant communities.

CMFT's Equality and Diversity teams are engaged in work to promote awareness of the barriers faced by trans people in accessing healthcare. An Equality Advocates initiative was recently launched within CMFT services to train individuals who express an interest in equality and diversity issues. This has included receiving training from LGBT Foundation about LGBT people in healthcare, including the specific needs of trans people.

Child and Adolescent Mental Health Services (CAMHS) at CMFT

CAMHS has recently started monitoring gender identity, using a national database. Comprehensive analysis of the data has not yet been conducted, as it is a fairly new system, but monitoring has already highlighted the number of trans young people accessing the service.

CAMHS has developed a number of initiatives to promote trans inclusion and ensure that their services are meeting the needs of trans young people. Engagement with Afternoon T.E.A (a support group for trans young people facilitated by the Proud Trust) led to a better understanding of the challenges faced by young people accessing the Gender Identity Clinic, which requires them to go through CAMHS in order to obtain an official gender dysphoria diagnosis. As a result, staff at CAHMS are now developing a specific service pathway to ease this process.

Drop-in sessions are on offer across the city to parents of trans children, allowing a safe space where parents to can openly discuss their concerns. CAMHS has also been able to offer appointments and rapid signposting to trans young people at their CAMHS Roadshow Initiative Days and stocks promotional material for local support groups in service waiting rooms.

Staff at CAMHS have developed a presentation on gender identity and trans issues which they are now delivering to services across Manchester, helping to skill-up other healthcare agencies.

What would improve Manchester for trans people?

As a final question, questionnaire respondents were asked, "what one thing do you think would most improve Manchester for trans people?" Several common themes emerged, with the most frequently mentioned being calls for a specialist Gender Identity Clinic in Manchester. A need for increased education and awareness of trans identities was also frequently mentioned, both for the general public, service providers and in schools. Improvements in healthcare to be more trans inclusive were suggested, particularly in GP practices. There were also calls for gender neutral toilets in public places. A flavour of responses is given below:

"A local gender clinic so that trans people don't have to face the travel and incredibly long waiting times at current clinics."

"Greater awareness and acceptance among the general public."

"Greater recognition of the existence of transpeople and their right to be accepted as who they are."

"Better healthcare provisions and funding for trans specific organisations and resources."

"Wider acceptance and understanding of non-binary people, such as use of inclusive language, gender neutral pronoun and title options, particularly in public services (like GP surgeries)."

"Gender neutral toilets so I can feel safe peeing in public and not have to look over my shoulder or worry about doing so."

"More GPs who are better educated in both gender dysphoria and the NHS transition process."

Conclusions

The findings of this multi-method research study suggests that trans people in Manchester are experiencing particular inequalities in relation to bullying in education, housing and homelessness, mental health and general wellbeing, and domestic abuse. Detailed conclusions have been written at the end of each relevant section, and the key conclusions are presented below.

Young people and education

There is an urgent need for trans inclusivity in places of education, particularly schools. When asked how well they thought their educational institution supported its pupils with trans issues, most survey respondents rated this negatively.

A significant proportion of respondents had experienced transphobic bullying or discrimination, but this was not always dealt with effectively by teachers or other staff and young people often did not feel confident to challenge it themselves.

The quality of support for trans young people outside education, particularly in healthcare, is an area of concern. Poor healthcare experiences were seen to have impacted negatively on educational attainment and attendance.

Housing

The majority of respondents lived in rented accommodation or accommodation owned by someone else. Experience of transphobic hate crime in their residential area was relatively high. The research underlined the importance of all housing and accommodation services visibly demonstrating trans inclusion, backed up by full training for staff in equality and diversity issues and trans awareness.

Homelessness, particularly related to gender identity and/or trans status was relatively high among the questionnaire sample (25% had experienced this). A concerning majority of these respondents had not accessed any services, yet many identified that access to services such as mental health and homelessness services would have helped them during periods of homelessness. Again, this underscores the need for such services to be visibly trans inclusive in order to help break down barriers to access for trans people.

Health

There were low levels of self-reported good health, high prevalence of mental health issues, relatively high levels of substance use and low attendance at sexual health testing services among the survey sample. Focus group discussion indicated that many participants did not feel in control of their own health and wellbeing.

Participants in the focus group had relatively low expectations that healthcare services would meet their needs as a trans person, to the extent that an experience that did not involve abuse or harassment could be seen as a positive experience. Experience of discrimination, transphobia or unfair treatment when accessing health services in Manchester was relatively common and few felt that they could do something to challenge it or make a complaint.

Very few people had made plans for their care in times of serious illness or old age, yet there were common concerns about not being able to access appropriate care that would be trans-friendly.

Domestic abuse

The findings indicate that experience of domestic abuse is prevalent among the trans community, but that it often may not be recognised as abuse and therefore, remains unreported and unaddressed.

Respondents who had experienced domestic abuse were likely to have either accessed support from an informal source (such as a friend or relative), or to have not accessed any support. It was indicated that significant barriers exist for trans people accessing specialist support services for domestic abuse.

Research with public sector services about their trans inclusion policies and practices suggests that many do consider trans people's needs but don't always make this information available to the public, or consistently monitor the access, experience and outcome of trans service users. Manchester City Council is keen to work with public sector services and other LGBT/trans-specific organisations in Manchester, to ensure that the findings from this research are used as a starting point to further explore how to best meet the needs of trans people in the city and begin to address the inequalities highlighted here.

Recommendations

These recommendations are made by Manchester City Council following the findings of this report.

Overarching recommendations

- All providers of public services across Manchester should monitor the gender identity and trans status of service users, to better understand access, experiences and outcomes for trans people, and to improve services accordingly.

- All providers of public services across Manchester should provide mandatory trans awareness training for all staff, including appropriate service provision and challenging transphobia.

- Researchers, public sector agencies and the LGBT voluntary and community sector across Manchester should work in partnership to identify and address the remaining knowledge gaps in relation to trans communities.

Education

- Educational institutions in Manchester should lead work to address bullying and transphobia.

- Educational institutions in Manchester should explore ways to improve trans inclusion.

Housing

- The housing sector in Manchester should work in partnership with other statutory agencies and the LGBT voluntary and community sector to better meet the needs of trans people in relation to housing.

- The housing sector in Manchester, and other statutory agencies, should recognise the prevalence of 'hidden' homelessness among trans communities.

Health

- Primary care services in Manchester should engage with the LGBT quality assurance scheme supported by NHS England's local area team, Pride in Practice.

- Healthcare services in Manchester should work with patient groups and the LGBT voluntary and community sector to improve complaints processes, making it easier for trans service users to raise issues and see resolution.

Domestic abuse

- Domestic abuse services in Manchester should work in partnership with other statutory agencies and the LGBT voluntary and community sector to raise awareness among trans communities of what constitutes domestic abuse and how to report it.

- Domestic abuse services in Manchester should explore ways to be more trans inclusive, considering trans specific and trans inclusive measures.

Further information

For information on the data contained within this report, please contact:

Heather Williams,
Assistant Director - Insight
LGBT Foundation
heather.williams@lgbt.foundation

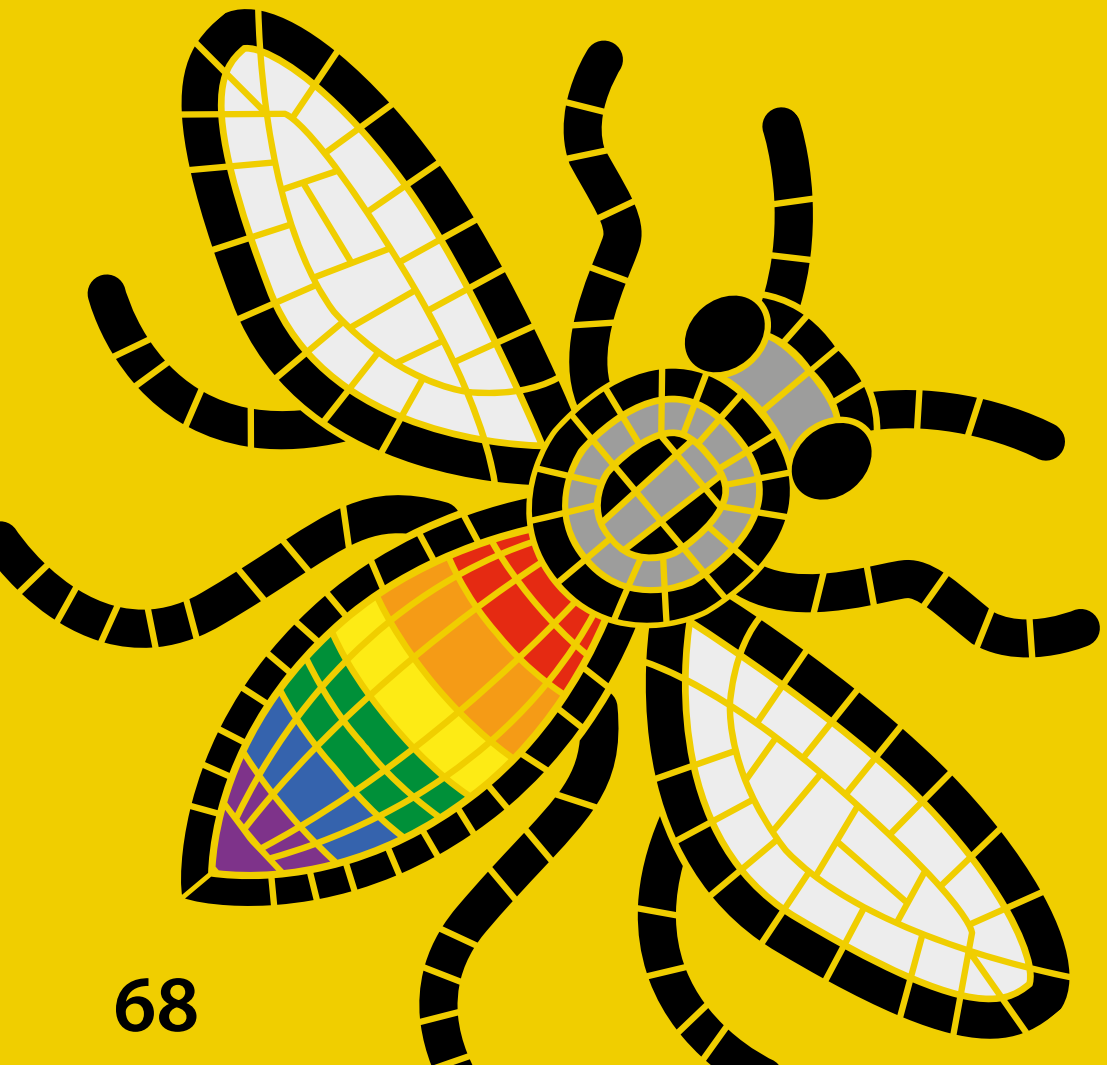
For LGBT Foundation's best practice guidance on monitoring gender identity, trans status and sexual orientation, visit www.lgbt.foundation/monitoring

For access to LGBT statistics on a range of topics, visit LGBT Foundation's Evidence Exchange: www.lgbt.foundation/evidence

For information about LGBT Foundation's Trans Programme, visit www.lgbt.foundation/trans

For advice and information on implementing trans status monitoring in services, please contact Heather Williams at the email address above.

LGBT Foundation offers bespoke training sessions on LGBT awareness and successfully implementing trans status monitoring. To discuss requirements, please contact Heather Williams at the email address above.



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Glossary

Cisgender or Cis: someone whose gender identity is the same as the sex they were assigned at birth. Non-trans is also used by some people.

Coming out: when a person first tells someone/others about their identity as lesbian, gay, bi or trans.

Deadname: someone's previous or birth name. This term is often associated with trans people who have changed their name as part of their transition.

Gender dysphoria: used to describe when a person experiences discomfort or distress because there is a mismatch between their sex assigned at birth and their gender identity. This is also the clinical diagnosis for someone who doesn't feel comfortable with the gender they were assigned at birth.

Gender fluid: a gender identity which refers to a gender which varies over time. A gender fluid person may at any time identify as male, female, neutrois, or any other non-binary identity, or some combination of identities.

Gender identity: a person's internal sense of their own gender, whether male, female or something else (see non-binary below).

Gender reassignment: another way of describing a person's transition. To undergo gender reassignment usually means to undergo some sort of medical intervention, but it can also mean changing names, pronouns, dressing differently and living in their self-identified gender. Gender reassignment is a characteristic that is protected by the Equality Act 2010.

Gender Recognition Certificate (GRC): this enables trans people to be legally recognised in their self-identified gender and to be issued with a new birth certificate. Not all trans people will apply for a GRC and you have to be over 18 to apply. You do not need a GRC to change your gender at work or to legally change your gender on other documents such as your passport.

Gender stereotypes: the ways that we expect people to behave in society according to their gender, or what is commonly accepted as 'normal' for someone of that gender.

Gender variant: someone who does not conform to the gender roles and behaviours assigned to them at birth. This is often used in relation to children or young people.

Intersex: a term used to describe a person who may have the biological attributes of both sexes or whose biological attributes do not fit with societal assumptions about what constitutes male or female. Intersex people can identify as male, female or non-binary.

Non-binary: an umbrella term for a person who does not identify as male or female.

Pronoun: words we use to refer to people's gender in conversation - for example, 'he' or 'she'. Some people may prefer others to refer to them in gender neutral language and use pronouns such as they / their and ze / zir.

Queer: in the past a derogatory term for LGBT individuals. The term has now been reclaimed by LGBT young people in particular who don't identify with traditional categories around gender identity and sexual orientation but is still viewed to be derogatory by some.

Trans: an umbrella term to describe people whose gender is not the same as, or does not sit comfortably with, the sex they were assigned at birth. Trans people may describe themselves using one or more of a wide variety of terms, including (but not limited to) transgender, cross dresser, non-binary, genderqueer (GQ).

Transgender man: a term used to describe someone who is assigned female at birth but identifies and lives as a man. This may be shortened to trans man, or FTM, an abbreviation for female-to-male.

Transgender woman: a term used to describe someone who is assigned male at birth but identifies and lives as a woman. This may be shortened to trans woman, or MTF, an abbreviation for male-to-female.

Transitioning: 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 fear or dislike of someone who identifies as trans.

Transsexual: this was used in the past as a more medical term (similarly to homosexual) to refer to someone who transitioned to live in the 'opposite' gender to the one assigned at birth. This term is still used by some although many people prefer the term trans or transgender.

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