Trans People

Additional Findings Report
December 2008

Count Me In Too

LGBT Lives in Brighton & Hove

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Synopsis of key findings

Trans people are consistently one of the groups of LGBT people who are most vulnerable to marginalisation and exclusion on a number of measures: trans respondents earn less than non-trans people and in this sample only 26% were in full time employment.

43 of the questionnaire respondents (5% of the total sample) identified themselves as trans at some point in the questionnaire. While some respondents use the term 'trans' to describe themselves, many use other ways to describe their identities as well. Some respondents do not recognise themselves as 'trans', including some of those who have completed their transitions and define themselves as simply men or women. Such complexity needs to be recognised. Most trans respondents have or intend to get a Gender Recognition Certificate.

Many trans respondents comment that the perceived higher levels of acceptance of gender and sexual difference among services, politicians and the public in Brighton & Hove does not always translate into an understanding of trans communities and the needs of trans people. This has implications for inclusion and for service provision. Trans people say they also face hostility from some lesbians and gay men, which can contribute to their marginalisation within LGBT communities.

Over half of trans respondents say that they feel marginalised on the basis of their trans identity. Qualitative and quantitative data also indicate that trans people face discrimination from providers of goods, services and facilities, and face discrimination in the workplace. Because trans people feel marginalised from both LGBT and straight venues, there is a dearth of social spaces where trans people can feel comfortable.

Key issues for improving health service provision for trans people are access to GPs, being able to find non-prejudiced GPs, and effective referral systems to ensure that appropriate care is received. Over 68% of trans people who used NHS gender identity clinics said that the quality of care they received was poor or very poor, and many respondents blame these services for further stigmatising trans individuals and for worsening their mental health. Over half of trans people in this research did not know where to find help around sex/relationships.

Those who identify as trans are significantly more likely to have difficulties in the last five years with significant emotional distress, depression, anxiety, isolation, anger management, insomnia, fears and phobias, panic attacks, addictions and dependencies, and suicidal thoughts. 60% of trans respondents say that they feel isolated. Those who identify as trans are twice as likely to have had serious thoughts of suicide, more than three times as likely to have attempted suicide in the past five years and over five times as

likely to have attempted suicide in the past twelve months as non-trans people. The qualitative data shows that trans people strongly object to assumptions that these mental health difficulties arise from their gender identifications.

Housing and homelessness is another area of vulnerability for trans people. Almost a third of trans respondents live in social housing with over half having problems getting accommodation. Transphobic landlords in both private and council supported accommodation can present problems. Over a third of trans people have experienced homelessness. Trans people are more likely to lack support from their families and experience domestic violence and abuse.

Trans people are more likely to have experienced all forms of hate crime (except teasing) and are more likely to have experienced hate crime in the street than non-trans people. Trans people are also more likely to have experienced hate crime in an LGBT venue or event than non-trans people and are also more likely to have experienced hate crime from an LGBT venue. Reporting of hate crime is influenced by memories of past negative experiences with the police. Trans people feel less safe and avoid going out when compared to other LGBT people.

Trans people are more likely than non-trans people to feel uncomfortable using mainstream public services because of their sexual or gender identity. Trans respondents are less likely than non-trans respondents to be willing to offer information for monitoring purposes without conditions around use of this data.

Executive Summary

Demographics

- 43 respondents in this research identified as trans. This figure makes up 5% of the total sample.
- The majority (n. 29, 67%) of trans respondents identify as female.
- 30% (n. 13) of trans respondents identify as of an 'other' sexual identity than lesbian, gay, bisexual, queer or heterosexual.
- Trans respondents are three times more likely than non-trans respondents to have an income of less than £10,000 a year.
- Only 26% of trans respondents are in full-time employment.
- Trans people are more likely to be parents or closely related to a child compared to other LGBT people.
- 35% of trans respondents are disabled or have a long-term health impairment.

Trans identities

- The term 'trans' is used by some and seen by others as problematic. For example, some feel that they have completed their transitions and are thus definitively either women or men, and no longer 'trans'.
- 48% (n. 20) of trans respondents say they intend to apply for a Gender Recognition Certificate, and 26% (n. 11) say they already have one. 17% (n. 7) of trans respondents who answered the question say they do not intend to apply for a Gender Recognition Certificate.
- Among those who do not intend to apply for a Gender Recognition Certificate, some respondents cited legal uncertainties and difficulties – especially regarding existing marriages – as a reason for not wanting to apply.
- 10% of trans respondents have never been to Pride and do not intend to go; only 66% of trans people have attended Pride, compared to 90% of non-trans respondents.
- Many trans respondents perceive a lack of knowledge about trans issues, needs and demands on the part of policy makers and service providers.

- Trans people can face prejudice from some lesbians and gay men, which can contribute to their marginalisation within LGBT communities.

Discrimination, prejudice and abuse

- Over half (58%, n. 21) of trans respondents say that they feel marginalised on the basis of their trans identity.
- Reasons for feeling marginalised include: others not recognising their trans, post-trans or chosen gender identity; and facing abuse, hostility and prejudice in public spaces and from lesbians and gay men.
- 47% of trans people say that they have experienced direct or indirect discrimination from individuals or organisations providing goods, services or facilities on account of their sexual orientation or gender identity in the last five years.
- Qualitative data indicates the importance of properly implemented anti-discrimination legislation.
- Only 42% of trans respondents say that they enjoy LGBT venues and events.
- Many trans people face rejection and transphobia from others within LGBT communities and scenes. Trans people are significantly more likely (25%, n. 9) to have experienced hate crime in an LGBT venue or event than those who are not trans (11%, n. 57).
- Some trans people feel 'disqualified' from participation in LGBT scenes because their previously lesbian or gay relationships become understood as heterosexual ones after they have transitioned.

Physical Health

- Trans respondents are much less likely (44%) to say they have good or very good physical health than non-trans respondents (77%).
- No trans respondents have tested positive for HIV.
- Over half 56% of trans people do not know where to find help around sex/relationships.
- Trans people are more likely (38%, n. 16) than non-trans people (24%, n. 184) to say they have never had a sexual health check up.
- Trans people are more likely (56%, n. 22) than non-trans people (37%, n. 281) to not know where to find help around sex and relationships.
- Trans respondents are more likely (25%, n. 6) than non-trans respondents (15%, n. 97) to disagree or strongly disagree that information on sexual health available in Brighton & Hove is appropriate to their sexual practices.

- Trans respondents are more likely (44%, n. 11) than all other respondents (15%, n. 97) to disagree or strongly disagree with the proposition that 'information on sexual health available in Brighton & Hove is appropriate to my gender identity or sexuality'.
- Most of the trans sample (88%, n. 37) have disclosed their sexuality and/or gender identity to their GPs, a significantly greater proportion than the rest of the sample (58%, n. 440).
- 16% (n. 7) of trans respondents think that the quality of care delivered by their current GP is poor or very poor, while 62% (n. 27) think it is good or very good.
- Many trans people experience difficulties finding a trans-friendly (or non-transphobic) GP, and the process of finding such a GP is subject to happenstance.
- Over 68% of trans people who have used NHS gender identity clinics say that the quality of care they received was poor or very poor. Charing Cross Gender Identity Clinic (GIC), in particular, was strongly criticised by most trans respondents who have had experience of it.
- Many trans people strongly object to the presumption that a desire to transition is a sign of mental illness, asserting that this equation further stigmatises trans individuals and provides a 'one-size-fits-all' understanding of diverse experiences.
- Over 65% of trans respondents would like a specialist local service and 51% cite the need for a specialist GP. 53% say that psychotherapy could have improved their experience of transition. 47% of trans people in this research said that their transition would have been improved by better information.
- There is a need to provide ongoing (potentially lifetime) support for trans people in terms of their physical and mental health needs.

Mental health

- 42% of trans respondents say they have had poor or very poor emotional and mental wellbeing over the past twelve months, compared to less than a fifth of respondents overall.
- Those who identify as trans are significantly more likely (84%, n. 36) to have experienced mental health difficulties than those who do not identify as trans (68%, n. 504).
- Respondents were at pains to point out that mental health difficulties did not necessarily arise from their gender identities.
- Testimony from trans respondents shows how automatically classifying trans people as mentally ill reduces their autonomy and the possibilities of deciding for themselves the treatments they receive.
- Bad experiences of health service provision, especially with their GPs and at Charing Cross GIC, are unhelpful for, or even harmful to, the management of mental health difficulties.

- Trans people are significantly ($p < 0.05$) more likely to have had difficulties in the last five years with significant emotional distress, depression, anxiety, isolation, anger management, insomnia, fears and phobias, panic attacks, addictions and dependencies, and suicidal thoughts.
- 60% of trans respondents say that they feel isolated ('Do you feel isolated in Brighton & Hove?'), compared to 32% of those who are not trans.
- Trans respondents are more likely than non-trans respondents to cite discrimination and fear of abuse or not fitting in as reasons for keeping them isolated.
- Those who identify as trans are twice as likely (56%, compared to 28% of those who are not trans) to have had serious thoughts of suicide, more than three times as likely (26%, compared to 8%) to have attempted suicide in the past five years, and over five times as likely (16%, compared to 3%) to have attempted suicide in the past twelve months as non-trans people.

Housing

- Those who identify as trans are significantly ($p < .05$) more likely to live with a different sex partner (18%) than those who are not trans (2%).
- 29% of trans respondents live in social housing.
- 39% of trans people own their own homes, a smaller proportion of homeowners to those who are not trans (48%).
- Those who identify as trans (63%) are less likely to say that they are happy with their accommodation than those who are not trans (84%).
- 56% of trans people have had problems in getting accommodation.
- Over a third (36%) of trans people have experienced homelessness.
- Trans people experience particular vulnerabilities with transphobic landlords in the private rented sector and in council supported accommodation. Several trans respondents perceive the Council's housing services to be poor at dealing with trans people's vulnerabilities, especially regarding experiences of and fears of transphobic landlords (in supported housing), B&B owners and neighbours.
- Trans people who are dependent on state support and enter into civil partnerships or are seen as being in a couple can be forced to move to live in areas where they do not feel safe, often in temporary accommodation. In these cases people were forced to change accommodation as a result of loss of benefits and changes in entitlements.

Safety

- Trans people are more likely to have experienced all forms of hate crime except teasing than non-trans people and are less likely to say that they had not experienced hate crime in the past five years than non-trans people.
- 26% of trans people have been victims of physical violence in the past five years, compared with 11% of non-trans respondents.
- Trans people are more likely (89%) than non-trans people (74%) to have experienced hate crime in the street.
- Trans people are significantly more likely (25%) to have experienced hate crime in an LGBT venue or event than those who are not trans (11%). Trans people are also more likely to have experience hate crime from an LGBT venue.
- 19% of trans people who have experienced hate crime say that an LGBT person had perpetrated the abuse compared to 8% of non-trans people.
- Trans people are more likely (51%) to report an incident of hate crime than non-trans people (24%).
- Trans people are more likely (42%) to say that there is prejudice towards LGBT people by or from the police service than non-trans people (24%). Despite recognition that the police service have made efforts to improve how they treat trans people, trans people's willingness to report hate crime is influenced by past negative experiences of how they were treated by the police.
- Only a third of trans people feel very safe at home.
- Trans people are less likely (25%) than non-trans people (39%) to feel safe outside in Brighton & Hove at night and more likely to feel unsafe or very unsafe outside at night (51%, compared to 16%).
- Trans people are also more likely (79%) to feel unsafe in places, services and facilities than non-trans people (53%).
- Those who identify as trans are more likely than non-trans people to avoid going out at least sometimes, especially at night.

Relationships

- 51% of trans respondents say they are not in a relationship.
- 17% of trans respondent are in a relationship with a member of the opposite sex/gender, and 6% are in a relationship with someone of a different sex or gender.
- Most trans people (86%, n. 30) have relationships with one person in a monogamous relationship.

- 41% of trans respondents describe their relationship with their family of origin as poor or very poor.
- 64% of trans respondents report having experienced domestic violence and/or abuse. Such domestic violence and abuse can be associated with a rejection of their trans identities.
- Services that cater for domestic violence and abuse may not always cater for trans people and should ensure that they have in place a policy for dealing with trans clients.

Use of services and monitoring

- Trans people (36%) are more likely than other LGBT people (16%) to feel uncomfortable because of their sexual or gender identity when using mainstream services.
- Trans people are more likely to say that they find the council and other public services very unfriendly (8% compared to 1%) than other LGBT people.
- 68% of trans respondents would offer information for monitoring purposes on condition that the information is anonymous and confidential, and the service in question is understood to be LGBT friendly. Only 21% of trans people would give monitoring information without conditions around use of this data.

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1. Introduction

1.1. Introduction

Brighton & Hove has a reputation for being a city that offers a friendly environment and good services for LGBT people. However, the benefits of the 'gay captial' affect LGBT people unevenly, suggesting key areas of concern for LGBT people in the city as well as LGBT people more broadly. Previous Count Me In Too reports (See Browne, 2007a; b; Browne and Davies, 2008; Browne and Lim 2008 a; b; c) have highlighted how trans people, in particular, are consistently one of groups of LGBT people who are most vulnerable to marginalisation and exclusion on a number of measures, notably relating to health and wellbeing (including mental health), discrimination, prejudice and abuse, housing, safety, and the use of services. Therefore, it is important to collate this data and explore the multiple experiences of trans people pertaining to their lives in Brighton & Hove. This report will outline findings from the Count Me In Too study that focus on trans people who live, work and socialise in the city. It draws on other reports and offers some indication of data reported elsewhere. It then offers recommendations to address the concerns raised in the report.

This chapter will firstly look at the Count Me In Too research, then explore key terms used in this report. It will then outline the structure of the remainder of the report.

1.2. Count Me In Too: Background, Research Methods & Analysis notes

In 2000, the award winning Count Me In survey was developed from the grassroots of the then predominantly lesbian and gay communities, with backing from the East Sussex Brighton and Hove Health Authority. This research was used to form the LGBT community strategy for Brighton & Hove 2000-2006. Count Me In Too was initiated in 2005 as a joint venture between Spectrum[1] and the University of Brighton. It is a community led action research project that seeks to advance progressive social change in the city. The research phase ran from January 2006 to October 2006. The research consisted of a large scale questionnaire with 819 respondents and 20 focus groups that had 69 participants. The questionnaire offers both qualitative and quantitative data. The questionnaire was routed, such that not all respondents answered every question. This is particularly

1 Spectrum is Brighton & Hove's Lesbian, Gay, Bisexual & Transgender Community Forum established in 2002 to provide infrastructure and community development support to LGBT communities and promote partnership work and community engagement in the planning of services and policy. www.spectrum-lgbt.org

important for this report as respondents who indicated that they had experienced specific health issues were routed to the more detailed questions about their experiences. The quantitative data is analysed in SPSS software and we are operating at a significance level of $p<.05$.

This data was analysed in depth focusing on health issues, with the help of an analysis group that consisted of representatives from a broad range of statutory services and voluntary groups. During the analysis, the group advised on the information that would be most relevant to the analysis and that would progress positive social change for LGBT people. The report was then co-authored by Dr. Kath Browne and Dr. Jason Lim who sent draft reports to the analysis group and received comments back from this group.

Count Me In Too allows us to understand the diversity and complexity of the LGBT communities in greater depth and detail than ever before. Further details regarding the Count Me In Too research can be found in the initial findings reports located at www.countmeintoo.co.uk.

1.3. Key terms

1.3.1. Definition of trans used for this research

The question which read 'Do you identify yourself as being trans or have you ever questioned your gender identity?' was found to be somewhat problematic, as some who questioned their gender identity did not feel they fitted the category 'trans'. Consequently, after some consultation with trans groups and people, the category 'trans' was defined by those who answered the trans questions and / or identified themselves as trans later in the questionnaire. This resulted in only 2 people being removed from the trans category. Table 1.3a shows that 5% of the sample identified as trans (n. 43).

Table 1.3a: **Trans respondents, Do you identify as trans or have you ever questioned your gender identity?**

	Frequency	Percent	Valid Percent
Yes	43	5.2	**5.3**
No	739	90.1	**91.8**
Unsure	23	2.8	**2.9**
Total	805	98.2	100

It is unclear who makes up the 'unsure' category and therefore this category was not used as a basis for analysis. Anecdotal responses after the questionnaire suggested that many people who 'played' with gender initially responded 'yes' to the question, 'Do you identify yourself as being trans or have you ever questioned your gender identity?'. When routed to 'trans' questions they returned to the question and clicked 'unsure'. Therefore this is not a robust category for analysis. In order to produce reliable data, a distinction between the categories of 'trans' and 'non-trans' was created and statistical tests ran with this binary category. Further

research is needed to explore those who defined as 'unsure'. Their demographics in terms of gender, age and sexuality are included here. However, due to the overwhelming evidence of marginalisation across earlier reports where this category was used, this report focuses on those who identified as trans in this research.

1.3.2. Other terms

There are other terms that are used in this analysis that are unique to the questionnaire or that require some understanding at the outset. Table 1.x outlines these terms.

Table 1.3b: **Categories and definitions**

Category	Definition
Sexual identity	The question used as the basis of this category asked for the sexual identity with which the respondent most closely identified. Those who defined as gay and female were recoded into the lesbian / gay woman category.
LGBT- Lesbian, Gay, Bisexual and Trans	The term LGBT is used for ease of understanding and to ensure that the diversity within these communities are partially acknowledged. The authors recognise the difficulties of categorising sexual and gender identities in this way. The term includes those who are questioning, unsure or do not identify with particular sexual or gender identities.
Ethnicity	The question used for this category asked for ethnicities with which respondents most closely identified. Respondents were given four choices: White, BME (Black and Minority Ethnic), gypsy traveller and other
Deaf, hard of hearing, deafened or deaf-blind	The question used as the basis of this category was 'Are you or do you identify yourself as being deaf, hard of hearing, deafened or deaf-blind?
Disability	This category includes those who answered yes to the question: 'are you or do you identify as having a long term health impairment or a physical disability?' This category is not limited to physical disability and cannot be disaggregated by physical, sensory or mental disabilities or long term health impairments
Age	This was done in numerically with the following categories used: young people were defined as those under 26 and older people defined as those over 55.
Income	Income levels were measured in categories that asked for income before deductions.

Mental Health	The 'mental health' category in this report refers only to those who ticked that they had difficulties with any of the following: depression, anxiety, significant emotional distress, suicidal thoughts, panic attacks, problem eating / distress, fears / phobias, addictions / dependencies, anger management and self harm. The question also asked about stress, insomnia, confidence / self esteem and isolation but these categories were excluded because they included large proportions of the sample. Moreover, comments were written in the questionnaires such as - "sometimes not being able to sleep or getting stressed does not mean one has mental health difficulties" (questionnaire 74). These suggested that this question was read as 'have you ever experienced', rather than 'have you ever experienced difficulties'. These issues caused the action group to rethink the category of 'mental health difficulties' for the purposes of the initial findings report, and particularly in the cross tabulating with other identity categories. This category may be reconsidered in further analyses but a robust category was thought to be most appropriate for this report.
Isolation	Isolation was measured by those who answered 'yes' or 'sometimes' to the question 'Do you feel isolated in Brighton & Hove?' The figure was broken down into Yes / sometimes and no (the small category unsure (1.9%) was removed to ensure statistical significance). This captured current perception and therefore was chosen over the question that asked about 'isolation' under mental health difficulties experienced in the past 5 years.
HIV positive	This category was comprised of those who answered that their most recent HIV test result had been positive.
Domestic violence and abuse	This is defined as those who have experienced harassment, violence and/or abuse from a family member or someone close to the person (see Browne, 2007a)
Neighbourhood area	17% of our sample lived in St. James Street and Kemptown. 26% lived in 'areas of potential deprivation'; these are: North Portslade, Hangleton & Knoll, Brunswick (East), Hollingbury, Hollingdean, Saunders Park, St Peters, Tarner (South Hanover), Bristol Estate, Bevendean, Moulsecoomb, Whitehawk & Manor Farm, Queens Park & Craven Vale. 57% do not live in any of these areas and are categorised as living in 'none of the areas listed'.

Tenure	The majority of the sample lived in privately owned accommodation (47%). Just under a third (30%) lived in rented accommodation, and 7% lived in Council housing. A small number (5 people) lived in sheltered and supported accommodation. In order to describe the sample and undertake statistical tests, the tenure categories have been grouped into those that are meaningful for the data and housing services. Throughout this report social housing (9% of the sample) will be used to describe everyone who lives in rented Council housing, rented association, sheltered and supported housing, temporary accommodation or who is homeless. This will be compared to those who privately rent, those who own their own homes and those who exist in another of these categories.

1.4. Outline of the report

The next chapter will address the demographic characteristics of the trans sample of respondents to Count Me In Too. The demographic characteristics considered are: gender, household composition, age, income, employment, educational qualifications, sexual identity, ethnicity, disability, HIV status, parenting and religious identity.

Chapter 2 will address trans identities, in particular how they are complicated by, among other things, different respondents' relationship to gender, the process of transitioning, and the pros and cons of acquiring a Gender Recognition Certificate.

Chapter 3 considers the marginalisation, discrimination, prejudice and abuse that trans people experience, often on a frequent basis. This chapter will discuss trans respondents' accounts of the unwillingness of some others to acknowledge their trans identities, the problems of passing, and the discrimination, prejudice and abuse they face from lesbians, gay men and straight people. The chapter will present evidence regarding the discrimination trans people face from individuals or organisations providing goods, services or facilities. It will also consider the abuse, prejudice and discrimination trans people experience in public and in workplaces, and it will highlight the importance of properly implemented anti-discrimination legislation. The hostility trans people face in both straight and LGBT scenes will be considered in this chapter, as will examine the reasoning underpinning some of this hostility.

Chapter 4 explores a number of issues surrounding health in general (excluding mental health) as they pertain to trans people. It begins by considering physical health and then moves on to consider trans people's sexual health. In particular, there is a discussion of the appropriateness of sexual health information to trans people's needs and practices. The discussion moves on to consider trans people's engagement with health services, specifically with GPs and with Gender Identity Clinics. Access to

trans-friendly GPs is an important issue that is examined. Ways to improve experiences of health services during transitioning are also discussed.

Chapter 5 addresses trans people's mental health. It looks at the prevalence of mental health difficulties overall, before turning to consider trans people's vulnerabilities to particular mental health difficulties and how experiences of health service provision can impact upon mental health. Difficulties with isolation and suicidal distress are examined in more depth. Problems regarding the pathologisation of trans people when presenting for help with gender identity issues are also discussed.

Chapter 6 looks at trans people's specific vulnerabilities when it comes to housing. It looks at the prevalence of trans people living in social housing and experiencing homelessness. Vulnerabilities with respect to transphobic landlords and accommodation owners in the private rented sector and council supported accommodation are considered. The chapter will also look at trans people's perceptions of the Council's housing services and at the effects of civil partnership legislation on trans people's housing situations.

Chapter 7 discusses trans people's experiences of hate crime, their likelihood of reporting hate crime, and their safety fears and avoidance behaviours. It considers some of the factors influencing trans people's vulnerability to hate crime. It also looks at the location and sources of hate crimes against trans people.

Chapter 8 addresses trans people's relationships with partners, family and others who are close to them. It considers trans people's relationships with their families of origin. The chapter also discusses the vulnerabilities of trans people to domestic violence and/or abuse from family members, partners or some other person or persons close to them.

Chapter 9 considers trans people's overall perceptions regarding the mainstream public services they use and their preferences regarding the collection of data by service providers for monitoring purposes.

The conclusion offers an overview of all the chapters.

2. Demographics

2.1. Introduction

This chapter outlines the demographic characteristics of the trans sample of respondents to Count Me In Too. These characteristics should be considered as a context for interpreting the findings presented in subsequent chapters. Table 1.3a (see chapter 1 above) shows that 43 respondents identified as trans. This figure makes up 5% of the total sample.

The rest of this chapter will discuss the following demographic characteristics of the trans sample: gender, household composition, age, income, employment, educational qualifications, sexual identity, ethnicity, disability, HIV status, parenting and religious identity.

2.2. Gender

Nine people who identify as trans also identify as male, while the majority (29) of trans respondents identify as female (see table 2.2a). Four people chose 'no gender' or 'other'. One trans person did not answer the gender question.

Table 2.2a: **Breakdown of trans respondents by gender**

	Frequency	Percent
Male	9	**20.9**
Female	29	**67.4**
No gender	1	**2.3**
Other	3	**7.0**
Total	42	97.7

Those who say that they are unsure in terms of gender identity mainly define as men or women (30%, n. 7 and 48%, n. 11 respectively); 4 say that they have no gender, and 1 defines as 'other' in terms of gender.

2.3. Household composition

41% of non-trans people in the entire sample live with a same sex partner compared to 21% of trans people (table 2.3a). 18% of those who are trans live with a different sex partner, compared to 2% of those who are non-trans (table 2.3b). These figures relate to the entire sample, not just those who live with their partners.

Table 2.3a: **Living with same-sex partner, by trans identity**

		Trans identity	Not trans	Total
No	No.	30	436	466
	%	**78.9**	**58.6**	**59.6**
Yes	No.	8	308	316
	%	**21.1**	**41.4**	**40.4**
Total	No.	38	744	782
	%	100	100	100

Table 2.3b: **Living with different-sex partner by trans identity**

		Trans identity	Not trans	Total
No	No.	31	726	757
	%	**81.6**	**97.8**	**97.1**
Yes	No.	7	16	23
	%	**18.4**	**2.2**	**2.9**
Total	No.	38	742	780
	%	100	100	100

2.4. Age

Table 2.4a: **Age by trans identity**

		Trans identity	Not trans	Total
Under 26	No.	4	118	122
	%	**9.3**	**15.5**	**15.2**
26-35	No.	7	233	240
	%	**16.3**	**30.6**	**29.9**
36-45	No.	11	235	246
	%	**25.6**	**30.9**	**30.6**
46-55	No.	10	111	121
	%	**23.3**	**14.6**	**15**
Over 55	No.	11	64	75
	%	**25.6**	**8.4**	**9.3**
Total	No.	43	761	804
	%	100	100	100

Compared to the non-trans segment of the sample, trans people are significantly more likely to be over 45 years of age and significantly less likely to be under 36 years of age (p=.001). 26% (n. 11) of trans people are aged over 55, compared to only 8% (n. 64) of non-trans people. 23% (n. 10) of trans respondents are aged between 46 and 55, compared to 15% (n. 111) of non-trans respondents. Conversely, 16% (n. 7) of trans respondents are aged 26 to 35 compared to 31% (n. 233) of non-trans respondents; and 9% (n. 4) of trans respondents are aged under 26, compared to 16% (n. 118) of non-trans respondents (table 2.4a).

Of those who say they are 'unsure' whether they identify as trans, 22% (n. 5) are aged 16-26, 26% (n. 6) are in the 26-35 age category, and 30% (n. 7) are in the 36-45 age category. 17% are aged over 55 (n. 4) and one person was in the 46-55 year old age category. It might be speculated that the five people in the under 26 category who are unsure about whether they are trans have yet to deal with their gender or sexual identities; however, this cannot be ascertained from the data. Trans people may transition later in life due to financial constraints as well as socio-cultural practices, despite 'knowing' their gender identities from an early age (Whittle et al., 2007).

2.5. Income

There was also a statistically significant difference in income by trans identification (p<0.0005). Trans respondents were over 3 times as likely as non-trans respondents to have an income of less than £10,000 a year and over 11 times less likely to have an income of over £30,000 a year: (see figure 2.5a). Indeed, the majority of trans respondents earn less than £10,000 a year, suggesting that not only inequality but poverty, too, is something that may disproportionately affect trans people.

Figure 2.5a: **Income by trans identity**

2.6. Employment

While no statistically significant relationship between employment status and trans identity can be demonstrated, the following table (table 2.6a) shows that a lower proportion of trans respondents (26%, n. 11) are in full-time employment than non-trans respondents (58%, n. 438). 21% (n. 9) of trans respondents say they are unable to work, compared to 6% (n. 43) of non-trans respondents. It should be noted that this research was undertaken in 2006 when employment hit record highs, in October 2006 74.6% of people were in employment. The figure for 'not employed and looking for work' was 9% for trans people in this sample and 5% for the national general population. At 29% (not employed, not looking for work and unable to work), local trans people in this research were more likely to be economically inactive than the general population in 2006 (21%) (Department for work and pensions, 2006).

It should be noted that this is likely to be an over count of employment (as well as income) amongst trans populations. Due to the nature of a large scale questionnaire that targets LGBT people, it is recognised that this research is likely to include a greater number of employed and higher income respondents. Whittle et al (2007) found that respondents did not transition because of work commitments and job prospects, as well as uncovering experiences of abuse, harassment and discrimination in workplaces for those who do live in their chosen gender role.

Table 2.6a: **Employment by trans identity**

		Trans identity	Not trans	Total
Employed full-time (paid work for an employer)	No.	11	438	449
	%	26.2	57.6	56
Employed part-time (paid work for an employer)	No.	5	83	88
	%	11.9	10.9	11
Self-employed or work for your own/family business	No.	4	88	92
	%	9.5	11.6	11.5
Retired	No.	3	34	37
	%	7.1	4.5	4.6
Other (e.g. seasonal work/casual/cash in hand)	No.	3	23	26
	%	7.1	3	3.2
Not employed and looking for work	No.	4	25	29
	%	9.5	3.3	3.6
Not employed and not looking for work	No.	3	26	29
	%	7.1	3.4	3.6
Unable to work	No.	9	43	52
	%	21.4	5.7	6.5
Total	No.	42	760	802
	%	100	100	100

2.7. Educational qualifications

While it cannot be demonstrated that there are any significant differences in educational qualifications between trans and non-trans respondents due to the range of options in the question, it should be noted that 12% (n. 5) of trans respondents say they have no educational qualifications (the figure for non-trans respondents is 2%, n. 13).

Table 2.7a: Educational qualifications by trans identity

		Trans identity	Not trans	Total
I have no educational qualifications	No.	5	13	18
	%	11.9	1.7	2.3
GCSE (grades D-G) CSE (grades 2-5) or equivalent	No.	0	19	19
	%	0	2.5	2.4
GCSE (grades A-C), O Level, CSE (grade 1) or equivalent	No.	3	62	65
	%	7.1	8.2	8.1
A or AS Level or equivalent	No.	3	93	96
	%	7.1	12.3	12
Vocational qualification (e.g. City & Guilds, BTEC, NNEB, RS	No.	5	87	92
	%	11.9	11.5	11.5
Foundation Degree, (e.g. HND, HNC, DipHE)	No.	5	52	57
	%	11.9	6.9	7.1
First Degree (e.g. BA, BSc)	No.	8	174	182
	%	19	23	22.8
Higher Degree (e.g. MA, MSc, PhD)	No.	7	122	129
	%	16.7	16.1	16.1
Professional qualification (e.g. qualified teacher)		3	117	120
		7.1	15.5	15
Other qualification		3	18	21
		7.1	2.4	2.6
Total	No.	42	757	799
	%	100	100	100

2.8. Sexuality

Table 2.8a: Trans identity by sexual identity

	Frequency	Percent
Lesbian	9	20.9
Gay	1	2.3
Bisexual	4	9.3
Queer	6	14.0
Straight/heterosexual	7	16.3
Other	13	30.2
Total	43	100.0

Trans people in this research identify with a range of sexual categories. Table 2.8a shows that the most frequent response (30%, n. 13) given by trans people is an identification as an 'other' sexual identity than lesbian, gay, bisexual, queer or straight/heterosexual. 21% (n. 9) of trans people identify as lesbian and 16% (n. 7) identify as straight or heterosexual. Trans people are often understood as being heterosexual post-transition. This research counters this assertion, showing a degree of ambiguity around identifications of sexual identities. It also shows that trans people can be trans and lesbian, gay and/or bisexual. However, it should be noted that the research targeted LGBT people and heterosexual trans people may not identify with the study for reasons identified in the next chapter.

Of those who say they are 'unsure' about identifying as trans identify, most identify their sexuality as lesbian (57%, n. 13), with 30% (n. 7) identifying as gay men, and 3 people identifying as queer (13%).

2.9. Ethnicity

93% (n. 40) of trans respondents identify as white and 7% (n. 3) identify as traveller or an other ethnicity. No trans respondents identified as BME. These figures are not significantly different to those for non-trans respondents.

2.10. Disability

Those who identify as trans are significantly more likely to say they are disabled ($p = .001$). Over a third, (35% n. 14) of trans respondents identify as disabled or as having a long-term health impairment, compared to 14% (n. 103) of non-trans respondents.

2.11. HIV

None of the respondents who identified as trans have tested HIV+.

2.12. Parenting

Trans people in this sample are more likely to be parents compared to other LGBT people. There is a significant statistical relationship between trans identity and being a parent, guardian or closely related to a child or young person ($p<0.05$). 31% of trans people are in this category compared to 15% of non-trans individuals. This may be age related and trans parenting is a significant consideration when addressing support networks, familial relationships and other issues pertaining to transitioning and living outside of a gender assigned at birth.

2.13. Religious identity

A third (33%, n. 14) of trans respondents say they identify with a religious tradition and/or are a person of faith. Although there is no statistically

significant difference between trans and non-trans respondents, it should be noted that the proportion of non-trans respondents who say they are religious or a person of faith is 25% (n. 186).

2.14. Conclusions

Trans people make up 5% of the total sample in this research. The majority (n. 29, 67%) of trans respondents identify as female. 9% (n. 4) of trans respondents identify as of no gender or of an 'other' gender (than male or female). Just under a third (30%) of trans people say that their sexual identity is 'other' sexuality than lesbian, gay, bisexual, queer or heterosexual (30%, n. 13). Trans respondents are significantly more likely to be aged over 45 and significantly less likely to be aged under 36 than other respondents in this research. Trans respondents are more likely to be disadvantaged in terms of income, being over three times as likely as non-trans respondents to have an income of less than £10,000 a year. Only 26% of trans respondents are in full-time employment, and 12% of trans respondents do not have any educational qualifications. 35% (n. 14) of trans people say they are disabled or have a long-term health impairment: they are more likely to be disabled/long term health impaired than non-trans people. None of the trans respondents are HIV positive.

3. Trans identities

3.1. Introduction

Trans identifications are complex and multifaceted. This variation is very important as it shows the need to avoid assigning a limited set of identities to individuals. Trans identifications can be complicated by, among other things, different respondents' relationship to the performance of gender, the process of transitioning, and the pros and cons of acquiring a Gender Recognition Certificate. This chapter will examine some of these complicated relationships to trans identities. It will firstly address the qualitative responses to the use of the category 'trans' by those who were routed through to this section. It will then outline the results of the data pertaining to Gender Recognition Certificates, and finally explore trans identities in the broader LGBT collective.

3.2. Responses to the category 'Trans'

Table 3.2a shows groups of qualitative responses to the question 'What do you think about the term 'trans'? Is the label too specific? Does it capture your identity?' As can be seen from the table, while the most frequent answers indicate that the term 'trans' is appropriate and ok for them, respondents also offer a wide variety of other ways to describe their identities. In some cases, respondents prefer to use these identities alongside the term 'trans', while other respondents use alternative identities instead of the term 'trans'. Some identify as female or as a woman; two identify as transwomen, one as a male to female transsexual. Transgender man and transboy were also offered as identities.

Table 3.2a: **Summary of discourse: 'What do you think about the term 'trans'? Is the label too specific? Does it capture your identity?'**

Categories	No. of responses
'Trans' is ok	7
Trans is a general term/not as specific as 'transgendered' or 'transsexual'/encompasses transitioning/transitioned/ambivalent	3
Depends on which demographic is being discussed	1
Inclusivity of 'trans' probably best within LGBT banner	1
I would identify as:	
Female/a woman	5
Transwoman	2
Male to female transsexual	1

More female than male	1
Transgender male	1
Transman/transboy	1
Transsexual/TS	1
Gender dysphoric	1
Human being	1
I would identify as queer, but that implies dating/sex with men, which I don't do	1
I would identify with transgender, but only failing other terms	1
I don't identify with 'trans'	4
'Trans' is irrelevant – I identify with being a musician, engineer, biker	1
I don't like labels	3
Trans only partially captures my identity	2
Labels are inadequate to the complexities of experience/practice/identity/body	2
I'm just me, not a label [Do trans people have specific experience of how labels and categories are used to normalise and discipline people?]	2
I identify with transsexual but its not the defining feature of my identity	1
It is the experiences that go along with being transsexual that shape my identity [implies distinction between virtual identity and corporeality of transsexuality]	1
'Trans' is too broad a label	2
Cisgender/cissexuals get confused	1
Some trans don't realise it can apply to them	1
Depends upon who is being addressed	1
More distinctions needed to educated general public	1
To unaware public, I would use transgendered rather than transsexual to avoid sex reference (otherwise use trans or transsexual)	1
Usually have to explain term 'trans' to people as they don't understand it	1
People don't understand diversity encompassed by 'trans'	1
My identity has changed	2
I used to be transsexual; now I'm a woman	1
I used to be trans, now I'm a man	1
I'm who I always should have been	1
My body used to have male genitals *[Reference to body, not identity]*	1
My identity is in progress	1
'Trans' suggests identity in flux; I am no longer in flux	1
I love to dress up, but trans does not capture what I am *[focus on practice rather than body or identity]*	1
I am intersexed and think of myself as androgynous – appearing as male or female depending on mood, dress etc *[reference to both body (intersexed) and practice/feeling]*	1
I don't think trans issues should be conflated with LGB/sexuality issues	1

Notes: Discursive propositions are grouped with similar propositions into themes; themes are separated from one another by a shaded row.

While acknowledging that it is not a perfect solution, some respondents point out that the term 'trans' is useful because it is broad enough to encompass a wide variety of experiences and subject positions.

> **I feel that trans adequately covers all those with gender issues who have either a desire to transition from one social gender to another, or who have already done so (whether accompanied by a physical gender change or not), and those who are ambivalent about their gender**
>
> *(Questionnaire 651)*

> **It's the best we have at this time and will do. Most of the time I am just myself, but use trans if I need to describe that part of me to others.**
>
> *(Questionnaire 718)*

Other respondents, however, feel that its breadth can be confusing, especially for cissexual and cisgender people, but also even for some trans people (cisgender means not trans, this can mean having a gender identity or gender role that fits particular gender regimes, usually understanding oneself within the gender that matches the sex one was assigned at birth).

> **Trans is a broad label, in which it is easy for some cissexuals to get confused and for some trans not to realise that it is applicable to them.**
>
> *(Questionnaire 4)*

In contrast, respondent 275 notes how the term 'trans' can be useful as a general term. They also assert that there is a need to make finer distinctions when 'educating' the 'general public'. This is, in part, to make people more aware of the diversity of trans people. In such spaces, however, respondent 275 feels that avoiding the term 'transsexual' is advisable, because they seek to avoid prejudices and squeamishness pertaining to 'sex'.

> **I'm not too concerned about labels. If anything I prefer 'trans' as a general term ... but for me TS [Transsexual] is just as good. Although I feel a distinction of terms is important in education of the general public. To those unaware I would say I was transgendered rather than transsexual to avoid the sex reference. But to most I would say trans or transsexual.**
>
> *(Questionnaire 275)*

The following responses show how people who others may categorise as trans, do not necessarily recognise this identity. These respondents feel that they have completed their transitions and are thus no longer 'trans'; rather they are simply and definitively either women or men.

I'm a woman, once transsexual but now I'm who I always should have been.

(Questionnaire 153)

As far as I am concerned, I am simply a female, who happened to have male genitals in the past. Failing any other term I am quite happy to identify with being transgender.

(Questionnaire 177)

Trans suggests someone in processes of flux - I was trans, now I am a man - full stop, full time

(Questionnaire 693)

Other respondents, however, suggest that their identities are not necessarily connected with the process of transition or their 'acquired' gender. Rather, their identity is connected with performance and practice, which may constitute a different reason for not necessarily understanding oneself with the label 'trans'.

I love to dress up but cannot put a name to what I am

(Questionnaire 373)

The following two respondents argue that the complexity of practice and life experience inform identity in a way that transcends any particular label. It is worth noting that some trans individuals may have a particular wariness of the straightjackets of identity categories and the (gender) expectations that are associated with them, because of their experiences of the policing of gender norms.

I feel that the term Trans, far from being too specific is too much of catch-all umbrella term. Personally I don't identify as 'Trans', I am transsexual but it's not the single defining feature of my identity. I think it's more the experiences that have gone along with being transsexual that have formed my identity.

(Questionnaire 261)

Being 'Trans' is an irrelevance I identify as more female than male, but just take me as you find me without a label. Complexity makes simple labels misleading; I think if I must have one then 'Human Being' probably best sums it up.

(Questionnaire 299)

Trans identities, then, are complex and often open to differences relating to experiences and contexts. As respondent 433 shows, not only do bodies not always easily fit into the trans category, but neither do feelings, appearances or performances.

The word is very loose in what it means. I identify as trans but also I'm intersexed. It's hard to use a single word or phrase to identify myself. I prefer to think as myself as androgynous as I can appear male or female depending on mood, dress etc although ultimately I identify as female, not trans.

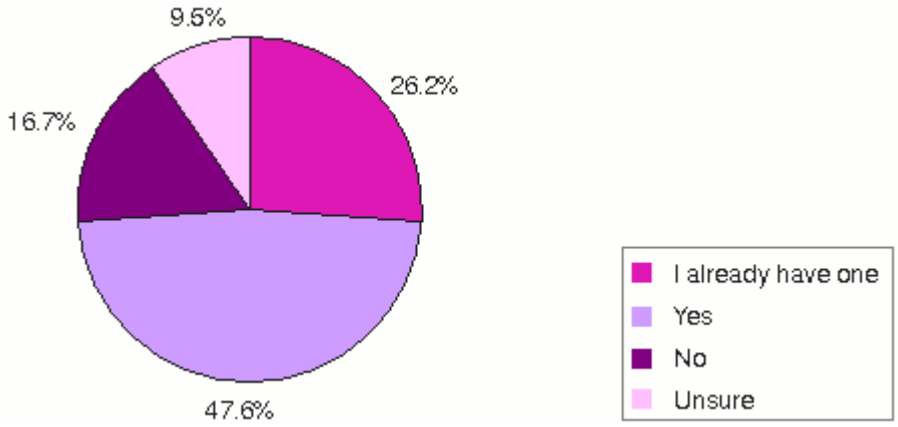
(Questionnaire 433)

This research highlights the considerable differences amongst trans people. It emphasises that there may be a need not only to raise awareness amongst LGBT and heterosexual people, but also trans people themselves, about the variety of gender identifications that are deployed. Trans is a useful word that can be employed to do particular things and ensure that people's needs are met, but it should not be considered to be the whole 'essence' of a person.

3.3. Gender Recognition Certificates

48% (n. 20) of trans respondents who answered the question 'Do you intend to apply for a Gender Recognition Certificate?' say they do intend to apply for one. Figure 3.3a show that 17% (n. 7) say they do not intend to apply for a Gender Recognition Certificate and 26% (n. 11) already have one. This is a large figure considering the possibility for applying for a GRC only came about in 2005. It may be that in Brighton & Hove the possibilities and support are in place to allow almost half of those who responded to have applied for recognition. This could also be a function of asking an LGBT sample and thus those who in some way identify as 'trans'. Nevertheless, it is clear that GRC's have been taken up by a significant proportion of this sample.

Figure 3.3a: **Proportion of trans respondents intending to apply for a Gender Recognition Certificate**



Some respondents offered comments regarding why they did not intend to apply for a Gender Recognition Certificate or why they were unsure whether they would apply for one. These qualitative comments are summarised in table 3.3a.

Table 3.3a: **Summary of discourse: 'Do you intend to apply for a Gender Recognition Certificate?'**

Categories	No. of responses
Married…	2
Would need to get divorce	1
Excludes me	1
'Family commitments' – so unable to transition	1
Might need to in future as may become necessary – will keep reviewing situation	1
Work commitments – so unable to transition	1
Local gender clinic needed [re: attaining GRC]	1
GRCs are no good until 2007 for goods and service provision, even though GRC is supposed to be for 'all purposes'	1
Don't think I need a GRC	1

Some of the uncertainty regarding whether respondents would apply for a Gender Recognition Certificate arises because of legal uncertainties and difficulties. People who are already married and want to then apply for a Gender Recognition Certificate are required to annul their marriage in order to qualify for the full certificate. On the granting of the full certificate, they would then be eligible to enter into a civil partnership with their (former) spouse. Similarly, trans people in civil partnerships are required to annul the partnership to qualify for the full Gender Recognition Certificate, after they have received the GRC, they are eligible to enter into a marriage. So, while, *with respect to their chosen genders*, those in what the state recognises as heterosexual relationships would subsequently be permitted to marry (having previously been in a civil partnership) and those in what the state recognises as a same-sex relationship would subsequently be permitted to enter into a civil partnership (having previously been married), this situation clearly puts some trans people off applying for a Gender Recognition Certificate.

> **I'm married and would have to get divorced to qualify. Having said that, I suspect that a GRC will become increasingly necessary over time so may have to keep the position under review**
>
> *(Questionnaire 465)*

> **I am excluded as I am married**
>
> *(Questionnaire 527)*

The following quote also suggests the practical difficulties faced by those who might wish to apply for a Gender Recognition Certificate, given the need for applications to be accompanied by reports by a medical practitioner diagnosing gender dysphoria.

> **Local Gender Clinic needed**
>
> *(Questionnaire 212)*

Further research needs to be undertaken to explore the experiences of applying for and receiving GRC's.

3.4. Trans within the LGBT grouping

This section considers the place of trans people within LGBT communities, and the implications of being part of this community for both questions of identity and questions of advancing social and political rights and entitlements. It is clear that there are both tensions and benefits to trans being included as part of LGBT.

One indication of the extent to which trans people in Brighton and Hove identify with the broader LGBT community is perhaps in their attendance of Pride. 10% of trans people have never been to Pride and do not want to go; this compares to 2% of non-trans people. 24% of trans people said they have not yet been to Pride, compared to 8% of non-trans people. Similarly, only 66% of trans people have attended Pride, compared to 90% of non-trans people. Although these figures are not statistically significant, they offer some insight into the place of trans people in the celebration of LGBT identities.

While many trans respondents voice concerns about inclusion of trans under the banner of 'LGBT', saying that this might sometimes entail a certain level of invisibility, many respondents also recognise, or imply, the dangers that might arise if the 'T' were lost or separated from 'LGBT'. Problems that arise from being grouped under the banner LGBT can include that trans people often have different interests and needs than those of lesbians, gay men or bisexual people. These differences might take the form of the different kinds of discrimination experienced by trans people compared to those experienced by lesbians, gay men or bisexual people; or they might take the form of different needs regarding service provision, for example with regard to different kinds of health needs that trans people often experience.

> **I have no problems with the word trans. It's certainly not as specific as transgendered or transsexual, which can mean different things entirely, So I suppose it depends on which demographic you are trying to refer to. If you are talking about using it within the 'lgbt' banner, then I guess being as inclusive as possible is best. Not that I think trans issues should really be lumped in alongside gay issues. It's not really about sexuality at all. The term 'trans' captures a fraction of my identity. If I were to describe myself, I would probably use the term 'transgender male'. I would perhaps use the term queer, but then that implies the possibility of dating men, which I don't. It's a work in progress.**
>
> *(Questionnaire 142)*

Respondent 142 implies, that differences amongst LGBT people arise because the interests, needs and issues that lesbians, gay men and bisexual people share are organised around sexuality, whereas trans people's commonality is organised around gender. Nevertheless, this respondent also notes that trans people are included under the LGBT banner, and that the definition of trans should be as inclusive as possible to enable people to subscribe to this collective LGBT identity. Furthermore,

they argue that identity categories such as 'trans' – and, it might also be suggested, 'LGBT' – are useful depending on the context of their use: who is being addressed and for what reason? It might be argued that one such context is that in which Count Me In Too uses collective identity categories in addressing policy makers and service providers to increase awareness of the diversity of collective needs among different parts of the LGBT communities.

In contrast to respondent 142, this trans person seems to embrace a queer identity quite wholeheartedly:

Sarah: **I just like the town and it's just because of the buzz and the excitement and the sea and the interesting things and the great people and the large LGBT community, because I very much like, you know, I have a real queer identity, which I enjoy and so I like to be with that… and I think too that it's a very open town and… being trans for me is not an issue here at all. So that's good.**

(Trans focus group 2)

For this respondent, a queer identity seems to offer a way to share a commonality with other LGBT people. The benefits of belonging to Brighton and Hove's LGBT community include not only the 'buzz' and 'excitement', of the city's LGBT life, but also belonging to a collective identity – LGBT – in a place with perhaps a higher level of acceptance of sexual and gender diversity, so that 'being trans for me is not an issue here at all'. In one sense, then, the benefits of belonging to a wider LGBT community might lie in broader social, cultural and political gains that accompany Brighton and Hove becoming more accepting of difference and better at providing appropriate services than many comparable cities.

The following person also highlights how 'the community' is quite 'accepting' and how they receive less verbal abuse in Brighton and Hove than they have done in other places they have been.

Bridget: **I could join a lot more of the trans type groups if I wanted to, I've chosen not to do that, that's my own choice. Generally, the community is quite accepting. I'm quite out about who I am. I don't tell people much but if it's appropriate or if they need to know because of circumstances, I'm upfront and I tell them and I get no real rejection. I've had a few verbal abuses, which I've dealt with in the way I felt was best, but that's a lot, lot less than other places where I've been, so I find very, very little of that in Brighton. I feel I can go most places, I just to live a fairly ordinary life. I enjoy the fact that we've got a, you know, gay community here, I enjoy going round to [name of café] and I enjoy going to the [name of pub], so, and [name of another pub] and I always feel welcome and fine**

(Trans focus group 1)

Bridget notes the groups that are available to her in Brighton & Hove and also points to specific places on the LGBT scene where she feels 'welcome and fine'.

An attitude of acceptance and a willingness to be inclusive, however, is not the same as knowing about trans issues, experiences, or needs:

Susan: **The city of Brighton and Hove generally, I think the trans group is being carried on the back of the past numbers of lesbian and gay people in the city. So I think there's a general awareness that there is a lot of people here in that category and therefore there's a general acceptance and ease and relaxed about that being part of the Brighton culture and I think we're benefiting from that, generally. I also think at an individual level people haven't got a clue what it means really to be trans-gendered.**

(Trans focus group 2)

As Susan asserts, trans people have benefited from a historical recognition of the numbers of lesbian and gay people in Brighton and Hove. From the context of the discussion (whereby a discussion of trans people's fortunes are linked to those of lesbians and gay men), it can be seen that it is LGBT people collectively that Bridget is referring to when she uses the term people 'in that category'. Thus, the implication is that because LGBT people are to some degree accepted and included within Brighton and Hove's 'culture', trans people must benefit from such acceptance and inclusion as a consequence of being grouped alongside lesbians and gay men.

A lack of knowledge of trans difference indicates that being part of the LGBT grouping risks having one's needs determined by a generalised category ('LGBT') that erases the diversity of needs among LGBT people, generally, and minority such as trans and bi people, in particular.

Sarah: **I don't think there's a real consciousness of our existence in this city [Brighton & Hove], not really. I think we're held as a sort of a bit of a side issue that it's again the sort of the T, you know, the T on the end of the LGB - "Oh, well, they're looked after aren't I, I think, who are they anyway?" you know, and I don't think there's a pro-active consideration of our needs.**

Clare: **As for politicians I don't think they have a clue really about trans. They kind of... not too bad because they're kind of are trying to make sure that they are doing the right thing as far as the LGBT community is kind of concerned. But they kind of... there seems to be a great importance to kind of the lesbian and gay side of things because they think... it's kind of like "Oh, we're doing the right thing for the lesbians and gays, so we must be doing the right thing for the bi and trans as well."**

(Trans focus group 2)

There may be an attitude among politicians and service providers that measures to include lesbians and gay men will automatically be sufficient to address trans people. Although Clare and Susan are concerned that politicians do not pro-actively consider trans needs in the way that they pro-actively consider the needs of lesbian and gay people, it was suggested that the organisation of politics around the grouping 'LGBT' at least opens up the possibility for politicians and service providers to consider the question of the needs of sexual and gender minorities. Nevertheless, such comments suggest that trans needs were in 2006 being overlooked – or, at least, were perceived to be overlooked – and considered a 'side issue'.

In the passages quoted thus far in this section, the situating of discussions about the *relative* acceptance of trans people firmly within the context of the city and local government of Brighton and Hove seems to suggest that this relative acceptance arises from the Brighton & Hove community more generally including LGBT, straight and non-trans/cisgender people.

Bridget: **If I look at the power base then I would say, and this is an opinion as opposed to something I could substantiate, it's a feeling, that's it's mostly quite a strong relationship between the business... the gay business community and the Brighton Council and I would say that the council looks at the type of economic benefit we bring to the city, you know, and empowers us or helps us - this sounds terribly cynical - based upon the economic input. So at a broader level the face of the community would be maybe Pride as well because that has such a big impact on the city. As a trans person, I still feel with the exception of what Spectrum is doing, an add on. I feel the bisexual community and the trans community is an add on to the wider GLBT community and I don't think that's particularly deliberate or unkind, I do question whether there's an understanding within our own community of what trans means.**

(Trans focus group 1)

Here, Bridget draws attention specifically to the way that the city's lesbian and gay communities are also ignorant of trans communities and their needs and demands. While she does not explicitly complain about a lack of willingness to *accept* trans people, she does voice a concern that the trans community are 'added on to' the wider LGBT community. Furthermore, Bridget also asserts that the city council attends to the needs of the gay community because of their economic impact (rather than presumptions of social justice). Such a situation presents a challenge: how to ensure that trans needs and demands are heard and responded to, when economic and financial impacts are perceived to be the driving force.

This research found that there is inability and unwillingness on the part of some lesbians or gay men to accept trans people:

Bridget: **I just don't know that the rest of the community really understand trans. I think there's always some sort of thing which they can't quite relate to.**

(Trans focus group 1)

Susan: **We're the smallest community out of the LGBT community, but we're dotted all the way through, you know, because, you know, we're either gay, we're either lesbian or whatever, or bisexual. You know we're all the way through it. I mean that's what gets up some people's nose.**

Jean: **And some people see us as traitors I've discovered as well.**

Susan: **Traitors to who?**

Jean: **Well, it's something I saw online.... it was a gay man and it was a general rant about transsexuals, it was like gay men having a sex change was bad, sort of thing...**

Susan: **But we're not gay men.**

(Trans focus group 2)

Susan makes the important argument that trans people's belonging within the LGBT grouping is not only based upon trans identity – but also because many trans people are also lesbians, gay men or bisexual people. Where LGBT is only understood in terms of sexuality, a move from being a 'gay man' to being a 'transsexual' can be considered traitorous. Within oppositional understandings of sexuality and gender, trans people may be perceived as remaking gender binaries (male/female) and 'buying into' heterosexuality. Yet, sexual and gender identities are often more slippery than these arguments assert, especially with the many (and in this research 'other') sexuality identities that trans people occupy within LGBT and heterosexual communities. Identifying as trans as well as lesbian, gay or bisexual can involve particular marginalisations and exclusions, in communities that profess in title to be inclusive, in contrast to the presumed hostility of heterosexual communities. This will be addressed in the next chapter.

3.5. Conclusions

Trans respondents have various and complex relationships with the identity 'trans', and also with the identity 'LGBT'. Many trans respondents indicate that the term 'trans' is useful and appropriate, but several also point out that the term has its problems. While the term 'trans' is seen by some respondents as broad enough to encompass a variety of experiences and subject positions, many respondents also offer a variety of other ways to describe their identities. In some cases, respondents prefer to use these identities alongside the term 'trans', recognising that trans is only part of a plethora of identities that they have. Other respondents do not necessarily recognise themselves as 'trans' and use alternative identities instead. Some of these respondents feel that they have completed their transitions and are thus no longer 'trans', but rather definitively either women or men. Trans identities are thus complex, involving the particularities of individuals' experiences and practices. Such complexity needs to be

recognised rather than seeking to place all trans people into particular 'boxes'.

17% (n. 7) of trans respondents who answered the question say they do not intend to apply for a Gender Recognition Certificate. 48% (n. 20) say they intend to apply for a Gender Recognition Certificate, and 26% (n. 11) say they already have one. This is a significant proportion given the relatively recent introduction of this mechanism. Among those who do not intend to apply for a Gender Recognition Certificate, some respondents cited legal uncertainties and difficulties – for example, regarding existing marriages – as a reason for not wanting to apply.

Trans people can have different interests, needs and demands from lesbians, gay men or bisexual people, although they also share many. Respondents allude to the benefits that trans people, groups and causes receive from being part of the LGBT grouping. Such benefits occur, in part, because there is a perceived higher level of acceptance of gender and sexual diversity in Brighton and Hove than in most other parts of the UK. This degree of acceptance is attributed to the city's various communities generally, and to the council, in particular. However, it is clear from the respondents' comments that an acceptance in principle of gender and sexual difference is not the same as an understanding of trans communities and the needs of trans people. Indeed, a lack of knowledge about trans needs and issues, especially on the part of politicians, was one of the complaints repeated in the trans focus groups and has serious implications for inclusion and for service provision (see chapter 10). Trans people say they also face hostility from some lesbians and gay men, which can contribute to their marginalisation within LGBT communities. Such marginalisation of trans people is explored further in the next chapter.

4. Discrimination, prejudice & abuse

4.1. Introduction

Many trans people experience marginalisation, discrimination and abuse, sometimes on a frequent basis. This chapter considers such marginalisation, discrimination and abuse and the reasons for it. It will explore trans respondents' accounts about the unwillingness of some others to acknowledge their trans identities, the problems of passing, and the discrimination, prejudice and abuse they face from non-trans lesbians, gay men and straight people. This chapter will present evidence regarding the discrimination trans people face from individuals or organisations providing goods, services or facilities. It will also consider the abuse, prejudice and discrimination trans people experience in public and in workplaces, and it will highlight the importance of properly implemented anti-discrimination legislation. Straight social scenes are often sites where trans people experience prejudice or feel excluded from; yet, trans people also experience marginalisation from and within LGBT social venues and scenes. The hostility that trans people face in LGBT scenes, and the impacts this has on socialising and wellbeing will be considered in this chapter, as will the conceptualisations of reasons for some of this hostility.

4.2. Marginalisation

Table 4.2a shows that well over half (58%, n. 21) of trans respondents say that they feel marginalised on the basis of their trans identity.

Table 4.2a: **Do you feel marginalized by this aspect of your identity?**

	Frequency	Percent	Valid %
Yes	21	48.8	**58.3**
No	15	34.9	**41.7**
Total	36	83.7	100
Missing	7	16.3	
Total	43	100	

Such marginalisation may be experienced for a number of reasons. The following table (table 4.2b) presents qualitative responses that trans respondents gave when asked why they felt marginalised on the basis of their trans identity. A variety of answers are offered, with three people saying that they feel marginalised because others do not recognise their trans, post-trans or chosen gender, and another three people saying that they feel unsafe or uncomfortable in 'mainstream' spaces and/or experience hostility from members of the public. Interestingly these marginalisations focus on day to day living problems rather than the use of services. This may be because for many trans people day to day survival is the priority. What is also clear from the responses is the refusal to fit into the binaries of male/female neatly. Trans people experience problems relating to their gender identities where they can often occupy spaces 'in-between'.

Table 4.2b: **Summary of discourse: 'Why do you feel marginalised by this aspect of your identity [trans]?'**

Categories	No. of responses
Others do not acknowledge my trans/post-trans/acquired gender	3
People don't treat me as a 'real woman' once they find out I'm trans	1
In Brighton I'm often mistaken for 'another butch lesbian' even though my breasts are bound and I am packing	1
In Brighton people want me to know they know I'm 'female' (use female pronouns); in Bristol, I pass as male most of the time – Brighton; Bristol people read bodies as ('believe in') two genders	1
Marginalised because I do not identify myself as anything other than a female human being	1
Marginalised in 'straight'/'cissexual'/'cisgender'/ 'mainstream' environments	2
It is unsafe to socialise in straight areas	1
I feel uncomfortable socialising in 'straight'/'mainstream' environments by myself or with my (also trans) partner	1
Marginalised by hostile members of the public	2
Members of public laugh and point at me – visibility in public – facial 'disfigurement' – laughter as reaction of the insecure	1
People stare at me/are sometimes hostile when I go out	1
Marginalised with respect to LGB communities	2
I feel isolated in LGB community, even though I do not more generally	1
Lesbian and gay people insult and belittle me	1
Marginalised when people find out I'm trans	2
Sometimes marginalised when people find out I'm trans	1
Marginalised when people find out I'm transsexual/when I tell them	1
Marginalised with respect to work	2
Marginalised/discriminated against in workplace	1
Forced out of job when discussing transitioning (no complaints re: work or conduct) – justified by employers as 'circumstances'	1
Fear of discrimination at interview	1
Society/people are uncomfortable with trans people/people with trans history	1
Marginalised because people treat trans as shorthand for sexual deviant	1
Marginalised because people think I'm strange	1

Marginalised just by being transsexual	1
Little visibility or presence of transmen in trans community (even transwomen ignorant of transmen)	1
Marginalised with respect to health	1
I dislike labels	1
I don't feel marginalised	2
I don't feel marginalised, but did in the past – there 'were fewer' trans people; sometimes felt beyond the pale	1
I don't feel marginalised at work or when socialising because I keep my trans identity invisible	1
Ability to pass makes things easier in some contexts	3
I pass ok	1
I can 'pass' in cisgender/cissexual society	1
I have the support of my family and friends	1

Notes:
1. Subsets of major categories are indented.
2. The lower section of the table, below the shaded row, presents propositions by which respondents asserted ways in which they did not feel isolated or dealt effectively with potential isolation.

One of the ways in which trans people can experience marginalisation is when others do not recognise or acknowledge their trans, post-trans or 'acquired' gender.

> **Occasionally yes I have felt marginalized, it's more a case of how people treat you once they find out. It's as if transsexual is shorthand for sexual deviant or that you are no longer to be treated as a real woman.**
>
> *(Questionnaire 261)*

Questionnaire 261 suggests that this is even a problem when people had previously been unaware of her trans identity and had previously treated her as a 'real woman'. It is also indicative of how transsexuals are treated as 'sexually deviant'.

> **Well when I am in Brighton people are often 'too' open, it sounds odd but people often mistake me for 'another butch lesbian'...people don't seem to take in to account that my breasts are bound and I'm packing, in fact they want me to know, that I know, that they know I'm 'female' which often results in me being called 'miss' or 'madam' etc, which I find very frustrating. When I'm in Bristol (my home city) I pass pretty much all the time, everyone assumes I'm male. So sometimes it's good to have narrow minded people around that only believe in two genders!**
>
> *(Questionnaire 284)*

Questionnaire 284 draws attention to the marginalisation experienced when others do not acknowledge one's chosen gender identity. He makes

a contrast between his experiences in Bristol, where a lower levels of awareness about naivety about gender diversity means that others usually treat him as male, and his experiences in Brighton, where others not only assume he is a butch lesbian but let him know that they know he 'is female' and by doing so, ensure that he fails to pass as a man. This comment might suggest that higher levels of awareness of gender diversity within the categories of male/female in Brighton, such that passing is more difficult. Alternatively, it might suggest that the way that people recognise others' embodied identities in Brighton and Hove is dominated by lesbian and gay modes of recognition so that his appearance is made sense of by identifying him as a butch lesbian.

In contrast to questionnaire 284, visibility can be highly problematic for those who are read as having trans histories and in many ways become the visible 'other'.

> **Society at large seem to feel (at best) uncomfortable with people who have an identifiable trans history.**
>
> *(Questionnaire 153)*

Questionnaire 153 suggests that society at large marginalises trans people, including those with a trans history such as those who feel they have completed their transition.

More specifically, there are some areas that questionnaire 212 feels it is unsafe to socialise in, namely 'straight' areas.

> **It's generally dangerous to socialise is straight areas**
>
> *(Questionnaire 212)*

One aspect of the nature of the marginalisation faced by trans people from members of the public is made clear by the following respondent who has experienced abuse in the form of 'laughing and pointing'.

> **Mainly because of the general public. Laughing & pointing etc. But this would be similar to anyone suffering facial disfigurement would suffer. The insecure laugh as a defence. The other area is not applying for jobs as I feel I would be rejected at interview. When I discussed transitioning at my last workplace (of 5 years), I was told I had to leave! Of course officially it wasn't trans related... Just circumstances. There were no complaints about my work or conduct. So it was just a co-incidence!**
>
> *(Questionnaire 275)*

This respondent also points to the ways in which trans people are discriminated against in many workplaces, indicating how workplaces often remain rife with transphobia despite anti-discrimination legislation (see section 4.3 below).

In such contexts, it is understandable that many trans people attempt to pass without making their trans identities known to non-trans others. Not being seen as trans can mean they are less of a threat to cisgendered (non-trans) environments.

> **Because whilst I am fortunate enough to be able to operate within 'normal' society without raising suspicions about my gender, if I advertise my transsexuality I am treated very differently. I have experienced enough occasions where this has happened due to my revealing it or else someone else finding out about it.**
>
> *(Questionnaire 299)*

However, it is not only within 'straight' environments that discrimination, prejudice and abuse can be experienced. Questionnaire 693 indicates how trans people can also experience abuse from lesbian and gay people.

> **Lesbian and Gay people think they can take the piss or belittle me**
>
> *(Questionnaire 693)*

The following respondent also feels isolated within the trans and broader LGBT communities:

> **Even within the trans community itself, it seems there is very little visibility or presence of trans men. Even some transwomen i've spoken to seem ignorant of transmen. As I am never usually vocal within the work place or when socialising etc about being trans, and I am happy about my 'queer' status being invisible, I do not feel so marginalized. Within the glb community however, i feel pretty isolated.**
>
> *(Questionnaire 142)*

Questionnaire 142 suggests that because in contrast with the workplace where one does not have to be explicit about one's gender identity, in LGBT spaces one has to stake a claim to belonging by making visible one's 'queer' status. Moreover, he also feels marginalised within the trans community because of the lack of visibility of trans men, again indicating a hidden diversity between trans people.

Nevertheless, a couple of trans respondents indicate that they no longer feel marginalised in Brighton and Hove.

> **Not nowadays. In the past, when there were a lot fewer of us, one could feel marginalised - even outside the pale.**
>
> *(Questionnaire 177)*

The existence of networks and connections between trans people clearly is important for this person. Current visibilities and perhaps support networks can make trans people feel less isolated.

4.3. Abuse, discrimination and exclusion

47% of trans people say that they have experienced direct or indirect discrimination from someone providing goods, services or facilities on account of their sexual orientation or gender identity in the last five years; this compares to 14% of non-trans people. More generally, 58% of trans respondents say that it is difficult to live in Brighton & Hove as a trans person. Table 4.3a: outlines the sources of bullying, abuse, discrimination and exclusion that trans people have experienced in Brighton & Hove in the last five years

Table 4.3a: **Sources of experiences of bullying, abuse, discrimination, and exclusion in Brighton & Hove in the last five years**

	Percent
Employment	34%
LGBT people	34%
Mainstream venues and events	26%
Housing	12%
Health	12%

The focus groups also provide evidence of experiences of abuse, discrimination, prejudice and exclusion faced by trans people.

Nicola: **I wish we could just go out, down to the pub or wherever without being stared at.**

(Trans focus group 1)

Workplaces are also mentioned as places where there continue to be problems in terms of discrimination, despite anti-discrimination legislation.

Natasha: **In my current job I think I'm being kind of unfairly discriminated against for promotional purposes… I think they're kind of worried as to how the customers will react if I have position over of authority, if they were to call a manager to solve the situation and the manager is trans, I think that's where they're kind of really concerned, and because of that I'm being treated worse off.**

(Trans focus group 2)

As Chapter 2 noted, trans respondents in the questionnaire are significantly more likely to have low incomes (3 times more likely to earn

under £10,000 than non-trans respondents, $p<0.05$) and are more likely to be unemployed. In this context, Natasha notes the lack of promotional opportunities and the prejudicial experiences she has to suffer in her current employment. However, as the following quotation shows, there was also a recognition in focus groups that equalities legislation can have a valuable effect in tackling discrimination, if employers are willing, firstly, to develop equalities policies that incorporate equalities for trans people and, secondly, to implement such policies.

Nicola: **One day my boss just called me into his office and said, 'there's no easy way to say this: are you going for a sex change?' I thought I was going to get a P45, but I wasn't really going to live a lie any more, so I said 'Yes'. He just said 'Get a letter from your GP saying you're undergoing gender reassignment, we'll support you 100%'. That's because a policy had just been developed and had addressed trans issues following legislation.**

(Trans focus group 1)

4.4. LGBT scenes

Only 42% of trans respondents, compared with 73% of all respondents, say that they enjoy LGBT venues and events. Trans people are also significantly more likely (25%, n. 9) to have experienced hate crime in an LGBT venue or event than those who are not trans (11%, n. 57) ($p = .01$).

In the trans focus group, respondents discussed rejection and transphobia from others within LGBT communities and scenes.

Susan: **if you've got that [transphobia] within the community from inside, I mean, you know, it's, you know, [you can] talk all you like about an LGBT building or whatever, you know, it won't happen until you get all that squared away.**

(Trans focus group 2)

Marginalisation and exclusion from LGBT scenes can take place through explicitly vocalised transphobia or, as Clare suggests, below, through simply being stared at.

Clare: **Socialise, since the transition hardly. It's a really big problem there's a social scene in Brighton, it's really very focused on the gay scene isn't it, rather than... I think apart from the social thing, and I don't know, I mean [my partner] and I once we said to each other I wish we could just go out, down to the pub or wherever without being stared at. Things like that.**

(Trans focus group 2)

Being the subject of such attention can have a large impact upon the ability to be able to socialise – something that is often taken for granted by others, but that is also crucial to wellbeing.

Clare: **They [a Brighton & Hove gay magazine] did a thing about transsexuals being on the scene and they interviewed a few people and, you know, some of them, like, they just didn't like us at all, you know. Didn't understand us, but they didn't like us... I wrote to the editor, because I sent a letter in saying about it, like, about some of the comments they... he said that was just the ones he could publish. You know, and some of it's quite... he said, some of it was quite hostile, it's deeply ingrained dislike to us... don't matter that we're in... a lot of us are in same sex or bisexual relationships or whatever else is going on, it's, you know, they're... in their little block, you've got your gays and you've got your lesbians, nobody else matters and that's it – and it's not as black and white as that.**

Jean: **I remember seeing kinds of silly things like lesbians saying "Oh, transsexuals are parodies of women and thus shouldn't be tolerated" and other wonderful comments.**

Clare: **Oh, it's different if you're a drag act though, because you're not a parody then!**

(Trans focus group 2)

Transphobia can be experienced by trans individuals even when they are in same sex or bisexual relationships. Lesbians and gay men felt that they could express such hatred of trans people in a gay magazine. This suggests that many lesbians and gay men feel that it is acceptable to air such hostility in public, and that they will not get rebuked for doing so. Moreover, the discussion here of parody and drag acts is interesting in demonstrating the kinds of identities that lesbians and gay men can defend, revealing much about the hostilities that trans people face. The caricaturing of trans people as 'parodies' of women that should not be tolerated not only undermines trans women's claims to be 'real' women (or women at all), but it also has the effect of preserving an idea of femininity as defined by some kind of original reality – biological, bodily and historical. Sarah contrasts this kind of transphobia against the validation that drag acts tend to receive in many LGBT cultures, drawing attention to the slippage that occurs between attacks on trans people for being 'parodies' and the validation of drag acts that explicitly parody gender performances. It might be that parodies in the form of drag performances tend to be celebrated in lesbian and gay culture, but the thought of people changing their gender roles or identities still challenges many lesbians and gay men.

Questionnaire 177 evidences another way in which trans people are excluded from LGBT communities and scenes: after transition, trans people who were previously in gay or lesbian relationships quite often describe their relationships as heterosexual.

> **As I am not really part of the scene, having lived in a heterosexual relationship since 1971, I don't feel qualified to comment.**
>
> *(Questionnaire 177)*

Living a heterosexual life as a trans person can mean 'disqualification' from participating in LGBT scenes and communities, because these scenes and communities are so strongly associated with the lesbian and gay scenes, and so strongly defined in terms of sexuality, rather than gender.

4.5. Straight scene

Yet, trans people often also feel marginalised in straight and cisgender (non-trans) environments. The questionnaire data shows that trans people are more likely to feel uncomfortable in straight venues in Brighton and Hove compared with other LGBT people. Just under a third (30% n. 13) said that they feel uncomfortable in straight venues compared to 16% (n. 123) of non-trans people ($p = .027$).

Table 4.5a: **How comfortable do you feel being LGBT in straight venues in Brighton and Hove? By trans identity**

		Trans identity	Not trans	Total
Comfortable	No.	19	471	490
	%	**44.2**	**62.5**	**61.6**
Uncomfortable	No.	13	123	136
	%	**30.2**	**16.3**	**17.1**
Unsure	No.	11	159	170
	%	**25.6**	**21.1**	**21.4**
Total	No.	43	753	796
	%	100	100	100

4.6. Conclusions

Over half (58%, n. 21) of trans respondents say that they feel marginalised on the basis of their trans identity. The reasons for feeling marginalised include others not recognising their trans, post-trans or chosen gender identity. Feeling unsafe or open to abuse or ridicule in public spaces means that some trans people face difficulties in socialising – with the associated effects on their support networks and general wellbeing. Some respondents discuss their difficulties in passing as their chosen gender

and the visibility of their trans histories, which results in an unwelcome visibility that places trans people as outside of the binary of read gender within male/female. Others discuss the hostility, prejudice and abuse they face from lesbians and gay men, where sexuality is undermined by gender identities or scenes are seen to pertain to sexuality rather than gender identity.

47% of trans people say that they have experienced direct or indirect discrimination from individuals or organisations providing goods, services or facilities on account of their sexual orientation or gender identity in the last five years (this compares to 14% of non-trans people). More generally, 58% of trans respondents say that it is difficult to live in Brighton & Hove as a trans person. Several trans respondents provide accounts of the workplace discrimination they face. Trans respondents in the questionnaire are significantly more likely to have low incomes (3 times more likely to earn under £10,000 than non-trans respondents, $p<0.05$) and are more likely to be unemployed. The evidence from the questionnaire indicates the importance of properly implemented anti-discrimination legislation.

Only 42% of trans respondents say that they enjoy LGBT venues and events. Trans people are also significantly more likely (25%, n. 9) to have experienced hate crime in an LGBT venue or event than those who are not trans (11%, n. 57) ($p = .01$). Many trans people face rejection and transphobia from others within LGBT communities and scenes. Such marginalisation can be experienced by trans individuals even when they are in same sex or bisexual relationships. It also seems that many lesbians and gay men have a feeling of impunity when making derogatory comments about trans people in public. The intolerance of trans people is sometimes constructed as a hostility to 'parodies' of 'real' women and men, an idea that has the effect of fixing a biological basis to gender identities. Some trans people feel 'disqualified' from participation in LGBT scenes because their previously lesbian or gay relationships become understood as heterosexual ones after they have transitioned. This is suggestive of how LGBT scenes are strongly associated with lesbian and gay identities rather than trans (or bisexual). Yet, trans people are also more likely to feel uncomfortable in straight venues in Brighton and Hove than other LGBT people are.

5. Physical Health

5.1. Introduction

Trans respondents are more likely to have poor physical health in the 12 months prior to the research than other LGBT people. They are also less likely to view information on sexual health as relevant to them. Trans people's engagements with health services can be difficult, yet in order to physically transition trans people must approach health professionals either privately or through the National Health Service. West (2004) has investigated trans engagements with health services, and these results should be read in line with her findings. This chapter will also address trans experiences of GPs.

5.2. Physical and general health

Those respondents who identify themselves as trans are significantly more likely to consider themselves as having poor or very poor physical health than those who are not trans. 77% (n. 581) of non-trans respondents say they have either good or very good physical health, compared to less than half (44%, n. 19) of those who identify as trans ($p < .0005$).

Table 5.2a: **Physical health by trans identity**

		Trans identity	Not trans	Total
Good/Very good	No.	19	581	600
	%	**44.2**	**76.8**	**75.0**
Neither good nor poor	No.	11	112	123
	%	**25.6**	**14.8**	**15.4**
Poor/Very poor	No.	13	64	77
	%	**30.2**	**8.4**	**9.6**
Total	No.	43	757	800
	%	100	100	100

5.2.1. Physical activity

43% (n. 15) of trans respondents to the question indicate that a lack of trans friendly spaces stops them being more physically active.

5.3. Alcohol

Those respondents who identified themselves as trans are less likely to drink alcohol than others. Two thirds of trans respondents drink alcohol, compared to 85% overall (p. = .0005). Given that many LGBT venues centre around the consumption of alcohol, if trans people are less likely to engage in such drinking cultures, this could contribute to higher rates of isolation among trans people than among other LGBT people (see chapter 6.4 for a discussion of isolation and chapter 4.4 for a discussion of exclusion from LGBT scenes).

Table 5.3a: **Do you consume alcohol? By trans identity**

		Trans identity	Not trans	Total
Yes	No.	25	633	658
	%	**62.5**	**86.2**	**85**
No	No.	15	101	116
	%	**37.5**	**13.8**	**15**
Total	No.	40	734	774
	%	100	100	100

5.4. Drugs

There is not a significant relationship between trans identity and taking illegal drugs and/or using legal drugs without a prescription. Therefore trans people are just as likely as non-trans LGBT people to take illegal drugs and/or use legal drugs without a prescription.

5.5. Sexual Health

5.5.1. HIV

Although 18 people who identified as trans have been tested for HIV, none of them have tested positive. This compares to the 13% (n. 56) of non-trans people who have tested positive for HIV.

5.5.2. Sexual health check ups

Trans respondents are more likely (24%, n. 10) than non-trans respondents (6%, n. 42) to say that they do not need a sexual health check up (p = .0005) (see table 5.5a). They are also more likely (38%, n. 16) than non-trans respondents (24%, n. 184) to say that they have never had a sexual health check up. 5% (n. 2) of trans respondents have had a sexual health check up within the last 6 months, compared to 21% (n. 158) of non-trans respondents.

Table 5.5a: **When did you last have a sexual health check up? – by trans identity**

		Trans identity	Not trans	Total
Within the last 6 months	No.	2	158	160
	%	**4.8**	**20.9**	**20.1**
Within the last 7 to 12 months	No.	2	102	104
	%	**4.8**	**13.5**	**13**
More than a year ago but within the last 5 years	No.	6	184	190
	%	**14.3**	**24.3**	**23.8**
More than 5 years ago	No.	6	86	92
	%	**14.3**	**11.4**	**11.5**
I don't need a sexual health check up	No.	10	42	52
	%	**23.8**	**5.6**	**6.5**
Never	No.	16	184	200
	%	**38.1**	**24.3**	**25.1**
Total	No.	42	756	798
	%	100	100	100

5.5.3. Finding help around sex/relationships

Table 5.5b illustrates that those who are trans are less likely to know where to find help around sex/relationships. Over half (56%) of those who are trans do not know where to find help around sex/relationships compared to 37% of those who are not trans (p.=0.019). This indicates an area of need that is not being met.

Table 5.5b: **If you needed help around sex / relationships, would you know where to find help, by trans**

		Trans identity	Not trans	Total
Yes	No.	17	464	481
	%	**43.6**	**62.3**	**61.4**
No	No.	22	281	303
	%	**56.4**	**37.7**	**38.6**
Total	No.	39	745	784
	%	100	100	100

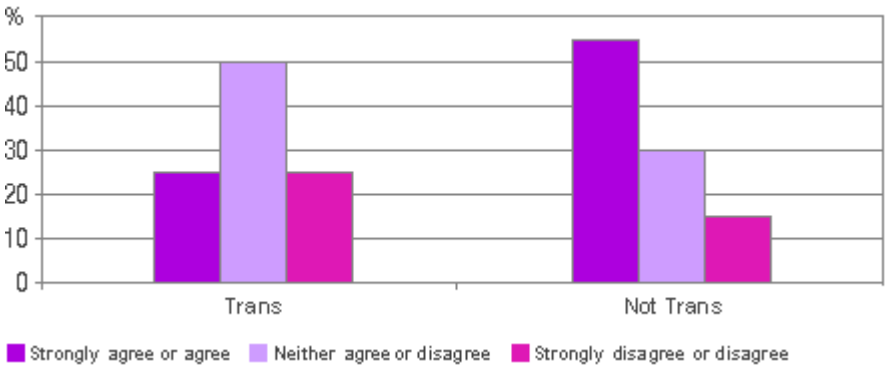
5.5.4. Sexual health information

In common with lesbians and bisexual people, trans people often find that there is a shortage of appropriate sexual health information available, as questionnaire 304 points out.

> **There is lots of good info for gay men, though always room for improvement. Very little for lesbians, bisexuals or trans people. As sexual health info is largely provided by organisations primarily concerned by HIV prevention this isn't surprising but disappointing considering the findings of the last Count Me In survey.**
>
> *(Questionnaire 304)*

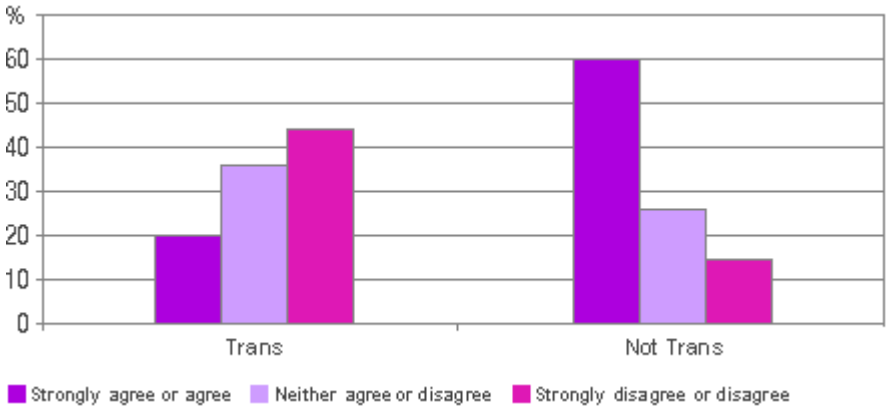
Trans respondents are less likely (25%, n. 6) than non-trans respondents (56%, n. 374) to agree or strongly agree that the information on sexual health available in Brighton and Hove is appropriate to their sexual practices ($p = .011$). They are also more likely to disagree or strongly disagree (25%, n. 6, compared to 15%, n. 97) that such information is appropriate to their sexual practices. 50% (n. 12) of trans respondents, however, neither agree nor disagree that sexual health information in Brighton and Hove is appropriate to their sexual practices, compared to 30% (n. 198) of non-trans respondents (see figure5.5a).

Figure 5.5a: **'Information on sexual health available in Brighton & Hove is appropriate to my sexual practices' by trans identity**



Trans respondents are also much more likely (44%, n. 11) than all other respondents (15%, n. 97) to disagree or strongly disagree with the proposition that 'information on sexual health available in Brighton and Hove is appropriate to my gender identity or sexuality' ($p = .0005$) (see figure 5.5b). They are much less likely (20%, n. 5, compared to 60%, n. 403 for non-trans respondents) to strongly agree or agree with the proposition.

Figure 5.5b: **'Information on sexual health available in Brighton & Hove is appropriate to my gender identity or sexuality' by trans identity**



5.6. GPs

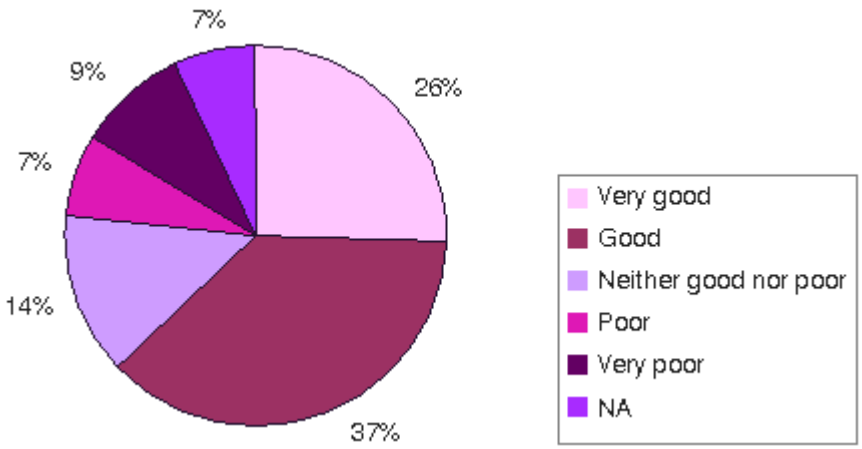
Almost the entire trans sample (88%, n. 37) have disclosed their sexuality and/or gender identity to their GPs, a significantly greater proportion than the rest of the sample (58%, n. 440) (p = .0005), perhaps because of necessity rather than because of feelings of safety. Trans respondents noted that they often have to come out to their GP due to specific questions regarding transitioning.

GPs can act as a very important initial point of contact for trans people seeking to transition or in need of support regarding their trans identities. They can be invaluable in supporting trans people in accessing appropriate services. Bad experiences with GPs can make trans people wary of the health system and disengage from services that are there to support them. Table 5.6a shows that the majority (62%) of trans people think that their current GP is good or very good, with 16% saying that their GP is poor or very poor. Interestingly 7% said that the question was 'not applicable' suggesting a disengagement from these services. The finding of good GP provisions was key to trans people's experience and the positive reflection of GP services must be read in light of the journey trans people undertake in order to find a GP service that they can use.

Table 5.6a: **Overall, how do you rate the quality of care delivered by your GP?**

	Frequency	Percent	Valid %
Very good	11.0	25.0	**25.6**
Good	16.0	36.4	**37.2**
Neither good nor poor	6.0	13.6	**14.0**
Poor	3.0	6.8	**7.0**
Very poor	4.0	9.1	**9.3**
Not applicable	3.0	6.8	**7.0**
Total	43.0	97.7	100
Missing	1.0	2.3	
Total	44	100	

Figure 5.6a: How do you rate the quality of care delivered by your GP?



The qualitative data offers important insights into this data and how experiences with GPs can lead to finding safe GPs, as well as 'lucky' moments:

Heidi: **I was very fortunate in that I got pointed to probably one of the best GPs in Brighton in terms of knowledge-ability on trans health issues so I pretty much fell on my feet there. But prior to moving to Brighton, my GP was very helpful and when I came out to her I didn't have any change in reaction, in the way that I was treated towards. It wasn't a negative, you know, it wasn't kind of... "I can't deal with this patient any more". So I was fortunate there that in how that was – how smoothly that went really. There were definitely, to me, LGBT friendly. Coming back to the present now – the NHS obvious always had me as, you know, male since birth really. But my current practice [they] put me down in their files as being female and so kind of all the stuff they send out to me was, you know, ensured that it was the title when it was addressed to me was appropriate and also sort of ask me what did I want to be referred to as Miss, Ms, etc. which I think is kind of very taking into sort of trans issues more. They had to kind of swiftly get things changed on my NHS card, which I was slightly surprised about but they were able to kind of help get things amended without you having to kind of write up loads and loads of letters or give any weird explanation there to help you through that.**

(Trans focus group 1)

For Heidi, a reaction that 'wasn't negative' was considered 'LGBT friendly'. It is clear that she experienced these interactions with her GP as positive and she considers herself 'lucky'. The GP surgery asked about pronouns, which is a key area of recognition for some trans people, and Heidi found that they were helpful and did not require 'weird explanations'. In many ways this can be seen as an example of good practice. Yet, consistency of

GP care for trans people was lacking, and finding 'safe' GPs is a key issue for many trans people. Trans people are, thus, sometimes forced to search for friendly GPs, finding them through social networks and services for trans people:

Sarah: **She [our GP] was recommended to me by [name] at Gender Trust and it's basically it's a question of who you know, and it's not as if there's some central point, just have a list of friendly GPs, friendly consultants and things like that. When I went to my own GP, my own GP at the time was [name] her reaction was somewhat negative to say the least**

I think she just genuinely understands, because [Gender Trust worker] was acutely aware of how little support trans people had from other general practitioners and she [name of doctor] decided [that] she wanted to take these trans people under her wing. She studied and read up as best she could, so she knew what it was all about, but when it became clear in fact that trans people in her previous practice in [name of place] were not too happy with general attitude of reception staff there and other patients, what does she do? She sets up her own practice in [name of street] and that's a big step, it's a big step, it's a relatively small practice compared to the one in [name of place], it has made a big difference. I'm much happier there...

Anne: **I don't think she picks out trans people and offers them extra care, but she just treats everybody the same, you know, and that comes across in the way she talks to you, you know.**

(Trans focus group 2)

Throughout the qualitative research it was clear that information on health care was being passed through social groups and networks in order to enable trans people to access non-discriminatory services that would adequately care for their needs. The lack of information regarding trans issues is a key area of need. 47% of trans people in this research said that their transition would have been improved by better information:

Susan: **For me there was very, very little information, I had to find a lot out myself, I don't even know to this…. I don't know how I found my way to [name of doctor], which I did. So for my personal experience there isn't easily or readily available information that I can go and pick things up about trans.**

(Trans focus group 2)

It could be argued that the lack of available information has in part been addressed by internet access. However, there still continues to be a need to develop information for trans people to support them throughout their lives, including but not limited to periods of transition.

Being treated 'the same' as non-trans people is something that not all trans people experience from their GPs. Sarah, above, experienced discrimination both from her GP and from reception staff at her 'friendly' GP office. For many trans people, these experiences with their GPs can be alienating, with health professionals being unaware of how to deal with trans issues and acting in inappropriate ways towards trans people. The choice of a trans friendly GP may not be an option for everyone and this has serious implications:

Kate: **[There] was a GP in this case, who I assume was a quite strong Roman Catholic who told me 'why couldn't I just be an ordinary gay man instead of wanting to be trans-gendered?' as if I had a choice about it. Another one who had to examine my legs and proceeded to cover my body with the white bit that we normally lie on because she couldn't actually look at my genital areas which, you know, my penis hadn't been removed at that stage, and then proceeded to tell me that I was a sinner, etc. Since I've been in Brighton most of the people I've related to either at the front desk or the GPs have actually been relaxed about me being trans-gendered on the service. My major concern is access. When I go to GP surgery I had absolutely no choice at all of whether I can investigate, is this GP friendly to me or are they not friendly. It's rather like playing Russian Roulette and we've already explained, twice I got shot in the head and maybe an equal amount of times I got lucky. I was fortunate in that I could afford to pay for my transition privately, if I hadn't and I had to stay with one of my negative experiences then I think it would have been incredibly painful and very stressful and maybe damaging to my transition.**

(Trans focus group 1)

Trans people are more likely to experience mental health difficulties, suicidal distress as well as having particular physical health needs. When Kate says that "it's rather like playing Russian Roulette" the impact of not identifying trans-friendly GPs becomes clear. Choosing an inappropriate and ill-informed GP can for some trans people be life threatening. Although Kate has been 'lucky' she knows the risks she is taking. She is also aware of her previous experiences and how these inform her current use of services.

For some trans respondents, their trans identities and lives may be important in their diagnosis and treatment:

Kate: **I've got a whole part of mind stream which is not heterosexual, part of it that's bisexual, but there's a bit of it that's trans. So unless the heath providers understand that and they understand the issues around that, it's very hard for them to diagnose what the hell's wrong with me. I think respect talks about do they take into account in their diagnosis, you know, the fact that**

I'm trans-gendered and that fits other parts of my health system. They don't take that into account and even when I tell them it's important they still don't take it into account.

(Trans focus group 1)

Kate highlights how trans needs should be taken into consideration where they are identified as important in the treatment of medical conditions. It should be emphasised, however, that Kate and other trans participants did not want all their physical and mental health difficulties to be reduced to only their trans status. They were clear that whilst this should be taken into account, it should not be taken as the reason for all physical and mental health difficulties.

As GPs cannot directly refer patients to the gender identity clinic, there are particular procedures that have to be followed in order to engage with gender identity services in the NHS. These stages can be unknown to local services who often have to be educated by their trans clients, who are in turn informed by trans support groups:

Anne: **As I was about to say, in my case when I mentioned to the local psychiatric team what the problem was, they said 'I hadn't a clue about this, don't know anything about gender identity problems, what can they do to help you?' Now, that is so rare that I actually get asked that question by medical profession, 'what can I do to help you', it is very, very rare. And if I hadn't have known from [Gender Trust worker] about Charing Cross and about how to get into the national health system I wouldn't have had a clue but I said, right, what I need is for you to refer me up to Charing Cross hospital, explained, no problem. But I also needed the support of my GP who was not willing to give that support, so I changed GP, and [name of gender trust worker] said to [name of doctor] has pushed, pushed and pushed and I got an appointment eventually at Charing Cross. But again [name of doctor] had to write to the local mental healthcare team to prompt them, and then I had another psychiatrist at Brighton...**

(Trans group 2)

Rather than offering an informed service regarding trans care, Anne discusses an ill-informed service who relied on the patient. Anne herself acquired the information from the Gender Trust; however, even at this stage she had to change her GP in order to be supported to receive appropriate care.

As trans people are forced out of certain locations, they move into and through different healthcare systems, this has implications for the quality and consistency of care that they receive:

Sarah: **Every time I moved address my psychiatrist changed. So I moved from [name of town] to Brighton, I moved there because people were coming round my friends' houses with baseball bats, because they were associated with me. They were threatening my friends because of their association with me and they were wanting to find out where I lived, so I moved to Brighton very quickly indeed. It was a real, real risk that I would be at home and so I literally abandoned a lot of my possessions, grab what I could get and in a week gone. Once I went to Brighton I thought, 'okay, we'll carry on', and they said 'you've got to have an appointment with the Brighton health team now'. All that and then I moved to Hove, I moved, moved to Hove and I got told I have to have an appointment with the Hove mental health team. It was ridiculous. [It] is a postcode lottery, it's flipping ludic... it's ridiculous.**

(Trans focus group 2)

Due to her experiences of hate crime that targeted her friends as well as threatened her own personal safety, Sarah had to move to Brighton 'quickly'. Not only does hate crime have implications for mental health (see Browne and Lim 2008 a, b), for trans people it can result in a set back in terms of care and transitioning processes. Therefore, experiences of hate crime, which trans people are more vulnerable to (see Browne and Lim, 2008a), can have direct implications on the care given to trans people, and effect their transition. It also makes them once again vulnerable to the 'Russian Roulette' choices in terms of GP care.

One of the options suggested to all LGBT respondents as a way of addressing the problems presented by health services in accessing appropriate health care was an LGBT Healthy Living Centre. Some trans respondents thought such a centre might be beneficial.

Natasha: **I think the idea of having something like this would be highly beneficial, but it shouldn't be something that we would have to rely upon. I think we should be able to go to, no matter where we are, our local GP and be able to receive the services that we need without having to be told 'Oh, well, if you go down to the community centre you'll be able to get yourself sorted out there'. Although it would be good to have it as a specialist kind of centre for health purposes and also for those people who kind of don't feel they can pluck up the courage to talk about these sorts of problems to their GP, but are able to go somewhere and talk about the problems that they face**

(Trans focus group 2)

5.7. Experiences of Transition

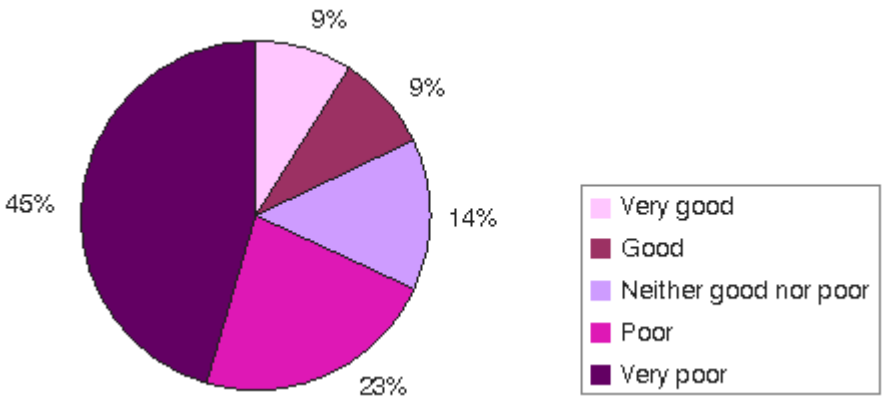
5.7.1. Gender Identity Clinic

For those who seek to transition, NHS gender identity clinics tend only to be relied upon by those who cannot afford private services. Table 5.7a illustrates that 48% of trans people say that a question regarding the quality of care delivered by NHS gender identity clinic is 'not applicable', indicating a use of private services and/or a disengagement from health services by trans people. Over 68% of trans people who have used NHS gender identity clinics say that the quality of care they received was poor or very poor.

Table 5.7a: **Overall, how do you rate the quality of care delivered by your NHS Gender Identity Clinic?**

	Frequency	Percent	Valid %	% without the n/a category'
Very good	2	4.7	**4.8**	**9**
Good	2	4.7	**4.8**	**9**
Neither good nor poor	3	7.0	**7.1**	**13.6**
Poor	5	11.6	**11.9**	**22.7**
Very poor	10	23.3	**23.8**	**45.4**
Not applicable	20	46.5	**47.6**	
Total	42	97.7	100	100
Missing	1	2.3		
Total	43	100		

Figure 5.7a: **How do you rate the quality of care delivered by your NHS Gender Identity Clinic? Excluding n/a category**



The qualitative data supported the key quantitative findings regarding gender identity clinics. Some trans people did not access services; poor health, use of alcohol and cigarettes can mean trans people are not provided with treatment:

Susan: **I've never really accessed any services at all really with regards [PAUSE] transition, well, no that's not strictly true, I did, I did go to some doctors in London and I did have a date for surgery but I'm going back about 11 or 13 years now, and but I chickened out is the word I suppose, quite at the last minute, you know. So, I've never really accessed services only up to that point, and I mean I did take hormones for a while but they wouldn't prescribe them to me, because I was drinking, you know, really heavily and still smoking and so they wouldn't prescribe them. So I bought them myself but that was too expensive, so I packed that up. So I don't... from when I left London I hadn't accessed any services whatsoever, you know.**

(Trans focus group 1)

Sustained support for transitioning is clearly absent from Susan's story. She used services in the past but then chose not to access health services, buying hormones privately until they became unaffordable. Her narrative points to an absence of care for her health, both from Susan, and from other health care providers who refused treatment due to smoking and alcohol consumption. Her disengagement from services meant that for over ten years she has not accessed health care services.

For those who have used health care services, specifically those dealing with gender identity, Charing Cross Gender Identity Clinic was frequently mentioned and never in a positive way:

Soraya: **Yeah, and the thing is that I recently asked the head of the Claybrook Centre if he considered me to be mentally ill and he said, basically yes; and also...**

Sarah: **And they're the people who are supposed to be looking after us. It's a reason why a lot of people take off to other distant countries and get through the operation and all the rest of it and some of them don't pick the right person and then they have all sorts of complications. And, you know, it's why a lot of people won't go through Charing Cross, you know, they're rather sort of take chances like, go to Thailand and find a half cheap, you know, back street surgeon, like, you know.**

Soraya: **Absolutely, so the thing is that this... the system that's in place now damages people, quite extensively. That's the truth of it, it isn't even that we are not cared for, we are damaged by the system. So despite that I think that if we had a special centre then at least it would be somewhere where people could always go and know that they would get decent treatment, if they weren't just sent off to Charing Cross all the time. To be sent off 70 miles to go and see some unsympathetic jerk, I mean...**

Georgina: **I admit, I've had trouble at Charing Cross, [name of doctor] there he's a complete arsehole to be honest.**

Soraya: **There's consistency of consultants, one tells one thing, one tells the next. I mean what is it? Society is really, really very cruel often and the thing is it's not... and going to Charing Cross to meet somebody like [name of doctor] is, makes it worse, not better.**

Sarah: **We keep beating on about Charing Cross but that is, that is a big, big, big sticking point in the trans community.**

(Trans focus group 2)

The equation of trans identities with mental health 'illness' by medical professionals was a common theme throughout the focus group. Participants argued that their mental health difficulties were not necessarily related to their trans identities and that trans identities were not mental health difficulties. The way in which health service providers conflate trans issues with mental health issues means that services such as Charing Cross are avoided by many trans people. As Charing Cross is the sole NHS provider in the South of England, trans people are restricted to using its services or else seeking private care, at times in unsafe overseas locations. More than this, Soraya argues that the system itself is damaging with doctors that do not care for trans individuals, instead considering them 'mentally ill' because of their trans status. The lack of adequate care and the reliance on one facility can mean that trans people must subject themselves to poor treatment by doctors or risk losing their care. Charing Cross as the key provider for transitions is perceived to have damaging effects on trans people, and there is also perceived to be a lack of consistency between the treatment and advice offered by its different departments and professionals. Poor service can relate to inappropriate procedures as well as poor care:

Sarah: **[Charing Cross] doesn't seem to be looking out for our health. No, I had the exact opposite experience [compared to with my GP] in that the first piece of correspondence that I got from them was all in my now new name as it were, since I changed it and was appropriately addressed to me and they wanted me to send back a copy of my change of name and from the moment they got a copy of my change of name they have referred to me with my old name but as "Ms". I'm kind of like don't quite understand where they're coming from on that one and after the first piece of correspondence I spoke to them about it in person and they said "I'll, right, okay, speak to the receptionist, we'll make sure that gets done". Well, my next piece of correspondence I've had from them since then nothing's happened and so they still refer to me as "Ms" but with my old name. I think it's kind of appalling for someone who's supposed to be there the whole [PAUSE] significant part of my transition and healthcare provider that they can't even get something like that**

right [PAUSE] and it kind of… it does reflect upon their services that they're providing.

(Trans focus group 1)

Using the correct names is important in recognising gender identities and enabling a trans person to live in their chosen gender. Experiences such as this from the very service that is supposed to be helping trans people are not only inappropriate, they undermine the service and support being offered. Perhaps unsurprisingly, then, trans people perceived Charing Cross as unhelpful, damaging and not actually dealing with 'the problem':

Anne: **The only mainstream services that I've kind of experienced in terms of my gender identity would be Charing Cross and they deemed my transsexuality to be a mental disorder, yet they don't actually seem to be doing anything to help if, you know, as a mental disorder and as in treating it as a mental disorder, as they kind of pointed out last week, just kind of measuring how you are fairing up in society and whether you are kind of taking an active role within society, they're not actually bothering to deal with sort of what you're there for really, you know, if it's a mental disorder why aren't they giving you the appropriate treatment for that? You know, to me it's not a mental disorder, it's a physical one, but they're not taking that on board.**

(Trans focus group 2)

5.7.2. Improving transition

Figure 5.7b: What do you feel could have been done to improve your transition?

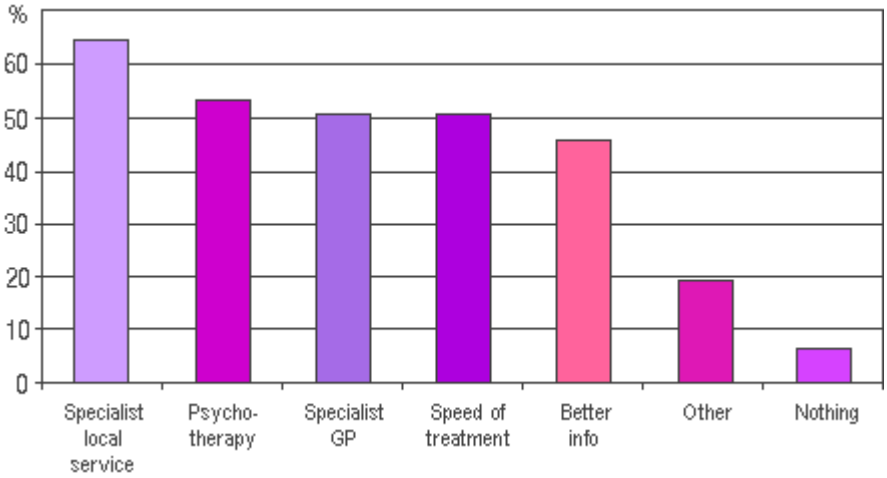


Figure 5.7b shows that when trans respondents were asked what could have been done to improve their transition, over 65% say that a specialist local service is needed and 51% cite the need for a specialist GP. 53% say

that psychotherapy could have improved their experience of transition, and 51% say the speed of treatment needed to have been faster.

The qualitative data from the questionnaire (table 5.7b) supports these quantitative findings.

Table 5.7b: **Summary of responses: 'What do you feel could have been done to improve your transition/journey?'**

Categories	No. of responses
Negative comments re: GIC generally	3
Negative comments re: Charing Cross GIC	2
Pathologisation of trans – link with psychiatry (having to automatically be treated by psychiatrists); presumption of being mentally ill	2
Ignorance throughout NHS (cultural issue?) – reliance on individual clinicians learning re: trans issues	1
Need for individualised care	1
Need for choice (local – i.e. not Charing Cross?)	1
Focus on body and help needed in its transition (funding for this)	1
Experiences of transphobia – from public bodies to work/employment	1
Transitioning in 1969	1
Liaising between existing services	1
Access to housing	1

Some respondents suggested that the various services involved in the transitioning process could liaise better.

> **It more a case of liaising between services that are already there that could be improved.**
>
> *(Questionnaire 261)*

Another respondent lamented the ignorance of trans issues and transitioning within the NHS. Similar to the argument in questionnaire 261, it is an ignorance that is addressed in a piecemeal fashion only on the basis of individual clinicians taking it upon themselves to learn.

> **The fundamental problem is almost total ignorance throughout the NHS. We are utterly reliant on an individual clinician taking it upon themselves to learn help and to learn about our issues**
>
> *(Questionnaire 465)*

Again, there were some negative comments about experiences at Charing Cross Gender Identity Clinic.

> *[Do you have any suggestions/comments for how things can be improved for Trans people across Brighton & Hove?]*
>
> **Charing Cross not being arseholes.**
>
> *(Questionnaire 354)*

Questionnaires 275 and 718 both suggest that a local gender identity clinic service be established in Brighton and Hove.

> **Depathologise transgenderism. For the local PCTs to give some choice (ideally locally), rather than force Charing Cross GIC upon people like a plague & remove the Psychiatrists from Charing Cross GIC & replace them with caring endocrinologists! According to their own figures, 20% commit suicide waiting in the GIC system.**
>
> *(Questionnaire 275)*

> **Local service that does not treat us as mentally ill - so we are not treated by psychiatry, but given real and specific care according to the individual**
>
> *(Questionnaire 718)*

Both of these respondents also echo frustrations mentioned before that the transitioning process defines trans individuals as suffering from a mental illness, which pathologizes trans people and forces a one-size-fits-all psychiatric driven approach to the transitioning process rather than a service tailored to the individual's needs.

The desire for local services was apparent throughout the trans focus groups. The absence of local services was seen as one of the main reasons for the failings of the Gender Identity Clinic and for trans individuals taking risks with their health.

Soraya: **The way the NHS treats us in this... from this community. But I don't think it's just the NHS I think that the PCT should work with the council to provide an overall consciousness of needs for trans people in this community. At the moment the services aren't joined up, they're not joined and, you know, for example in housing, you know, it's not everybody that needs housing but because the... but it's to understand, like [Susan] said during transition people can be very, very vulnerable as well as being in an unsafe place and just to know that is true could... maybe would help some people. Do you know what I mean, because generally we come out and we come out and live lives, you know what I mean.**

Researcher: **What would you like to see in Brighton and Hove, what would you like to change?**

Heidi: **Have our own centre, nothing to do with Charing Cross.**

Clare: **Well, yes, that would be better,**

Heidi: **Nothing to do with Charing Cross, we should have our own medical professionals with the knowledge.**

(Trans focus group 2)

However, although location is very important, the desire behind the calls for a local gender identity clinic is to see change in how trans people are treated and an engagement with trans issues:

Kate: **One of the really key factors that needs to be dealt with as to what needs to be changed is how the equivalent of the gender clinics whether it be at Charing Cross or wherever else it is, in how they deal with our medical condition and not treating it as a psychiatric illness and not being this kind of gender dysphoria but actually treating it as the condition that it is, because to me gender dysphoria is something wrong with the person's mind as to how they perceive them to be, rather than actually have them accepting the possibility that it could be an actual physical condition rather than a mental condition and how they and kind of in the service that they provide us at the gender clinic and they way they provide it.**

(Trans focus group 1)

Rethinking the services provided to trans people could improve trans medical care as well as the health and wellbeing of trans people. Kate argues that this is the key to developing health services for trans people.

5.7.3. Ongoing care

Although transitioning is often understood as a finite period of time, in the trans focus groups respondents acknowledge the continued need for health care beyond the period of 'transition':

Soraya: **I'd like to talk about, about... the other thing is about the system now, it's heading for surgery and once you've had surgery there's nothing and the... that for example, through [name of doctor] I get a yearly endocrine check. But I was told by the PCT that this would be finishing soon. Now the endocrinologist considers it vital that this sort of regular look at my body to see whether... to see my blood pressure's good, to see whether I have the right levels of various things in my system. In other words the post-surgical, it's not finished then, we still need a maintenance programme of simple care...**

Susan: **It's not like having your appendix out, you're given some pain killers and that's it on you go.**

Soraya: **Right, yeah. And often there's even later complications with surgery...**

Susan: **This is a life long thing, this goes on till the day you die, you know.**

Anne: **The other problem I think is that if a trans person has some problems and doesn't tell anybody about them, or just holds them in I mean it's not just trans people, it's everybody who has health problems and is reluctant to actually say anything, the system only acts when it all explodes in their faces.**

(Trans focus group 2)

Ongoing care for trans people relates to physical and mental health care. Support for those who have transitioned and are living in their chosen gender is clearly as important as supporting those who are transitioning. The full extent of these needs have yet to be established and further work is needed to examine the ongoing health and wellbeing needs of trans people.

5.8. Conclusions

This chapter has highlighted some of the key areas of concern regarding health care for trans people. Access to GPs, being able to find non-prejudiced GPs, and effective referral systems to ensure that appropriate care is received are among the key issues for improving health service provision for trans people. 16% (n. 7) of trans respondents think that the quality of care delivered by their current GP is poor or very poor, while 62% (n. 27) think it is good or very good. The major issue revealed in the focus group data is trans people's concerns about the difficulties and happenstance that characterise trying to find a trans-friendly (or, at least, non-transphobic) GP.

One of the main criticisms that trans respondents have of the NHS is of Gender Identity Clinics, in particular Charing Cross. This has numerous facets including, not feeling listened to, presumption of 'one-size fits all' treatment and being treated badly at the hands of doctors and administrators that are supposed to be working for their care. In addition to this, the care offered by these clinics presumes that a desire to transition is automatically a sign of mental illness. Engagements with health services, in particular Gender Identity Clinics, are often problematic, and many respondents blame these services for further stigmatising trans individuals and for worsening their mental health. Over 68% of trans people who used NHS gender identity clinics said that the quality of care they received was poor or very poor. Trans people have voiced a desire for improved local services that cater for them, specialist GP services, psychotherapy, and better information to improve their transition. There is also a need to provide ongoing (potentially lifetime) support for trans people in terms of their physical and mental health needs.

Engagement with sexual health services and information also remains an area of some concern. Trans people are more likely (38%, n. 16) than non-trans people (24%, n. 184) to say they have never had a sexual health check up. Trans people are more likely (56%, n. 22) than non-trans people (37%, n. 281) to not know where to find help around sex and relationships. This is significant as trans people struggle with legislation regarding the Gender Recognition Certificate and marriage/civil partnerships, and transitioning can bring up difficult issues within relationships (see chapter 2). Trans

respondents are more likely (25%, n. 6) than non-trans respondents (15%, n. 97) to disagree or strongly disagree that information on sexual health available in Brighton and Hove is appropriate to their sexual practices. They are also much more likely (44%, n. 11) than all other respondents (15%, n. 97) to disagree or strongly disagree with the proposition that 'information on sexual health available in Brighton and Hove is appropriate to my gender identity or sexuality'

6. Mental health

6.1. Introduction

It is important to consider trans people's mental health needs, their vulnerabilities to particular mental health difficulties and how experiences of health service provision can have a detrimental impact on their mental health. This chapter discusses the likelihood of trans people experiencing mental health difficulties, both generally and in terms of specific mental health difficulties. It examines in more depth trans people's particular vulnerabilities to experiencing difficulties with isolation and with suicidal distress. It also considers trans people's arguments regarding the way in which trans phenomena are effectively conceptualised within medical understandings as a sign of mental illness, and discusses how this can, paradoxically, have a detrimental effect on trans people's mental health and the management of extant mental health difficulties.

6.2. Prevalence of mental health difficulties overall

Trans people consider themselves to have had significantly poorer emotional and mental wellbeing in the last 12 months than those who are not trans ($p < .0005$). 26% of trans people describe themselves as having good / very good emotional and mental wellbeing in the last 12 months compared to 62% of all respondents. 42% of trans respondents say they have had poor or very poor emotional and mental wellbeing, compared to less than a fifth of respondents overall. Those who identify as trans are significantly more likely (84%, n. 36) to have experienced mental health difficulties than those who do not identify as trans (68%, n. 504) ($p = .03$).

In the trans focus groups, the links to mental health were discussed and the pathologisation of trans people addressed. These discussions offer some understanding of the statistics:

Clare: **I mean if a trans person has mental health difficulties the first thing is to assume it's related to their transition – well that's rubbish. A lot of rubbish! People seem to think "Oh, it's because they're trans".**

Sarah: **If you get somebody that goes to the GP and says "I'm gay" and they say "Go to mental health". I mean that would be appalling, but with us, oh it's what they do. It's normal. It's almost similar to [saying] they must be completely mad. The thing is we don't need psychiatry anyway, we are not mentally ill. So the thing is the whole of the system is based around us being mentally ill. So the thing is that then people make decisions for us to judge whether we are suitable as they consider to have treatment. The whole of the system is so basically rotten and in treating people as mentally that that is the cause of most of the mental illness.**

There's no consistency, there's no overall strategy so that people… Mental health, every time, mental health, mental health – it's not a mental health issue. This causes distress, distress is then a mental health issue. It's caused by the system not by the trans-sexuality and the thing is that if this could be understood so that then people could really work with the people who are giving local treatment, the treatment is being given along way away from here. There's no way that they could match up with it. The whole system is splintered, broken up, inconsistent and not joined in any way and does not work, for people's safety, for their health, for their well being or anything.

Susan: **You can't be, you know, as much as you might look like it and it's always going to be there, it's always going to be there in the back of your mind. I'm 50 now and I've had it in my brainbox for, I don't know, 40 of them 50 years and it's been there constantly. Day in, day out, every waking moment and that must be the same for like, you know, the gay and lesbian people as well. It's possibly a different realisation like because you're gay, you're lesbian, that's it. If you come out and you're happy with yourself and you're okay in that respect, then fine. But we've still got hurdles to cover even though we come out. You know, we've still got stuff to face day in, day out, you know, it all comes down to that again.**

(Trans focus group 2)

The respondents in the trans focus groups were at pains to point out that mental health difficulties did not necessarily arise from their gender identifications. Sarah argues that defining trans identifications as needing to be dealt with through mental health services effectively conceptualises trans people as mentally ill. She contends that the automatic presumption of the need for psychiatric intervention is 'appalling' and would not happen to others within the LGBT collective. Effectively classifying trans people as mentally ill reduces their autonomy and the possibilities of deciding for themselves the treatments they receive. She goes on to explain how the splintering of health services, lack of local services and their disparate and

inconsistent work fail to support trans people. Susan describes the daily feelings of difference that also contribute to mental health difficulties. She suggests similarities with coming out and alternative sexual identifications, but emphasises the different everyday hurdles that are faced by trans people once they have come out.

6.3. Specific mental health difficulties

Trans people are significantly ($p < 0.05$) more likely to have had difficulties in the last five years with significant emotional distress, depression, anxiety, isolation, anger management, insomnia, fears/phobias, panic attacks, addictions/dependencies, suicidal thoughts. They experienced similar levels of difficulties with confidence / self-esteem, problem eating / eating distress, self harm as non-trans respondents. Only 2 trans people (5%) had not experienced any of the difficulties listed.

6.3.1. Significant emotional distress

60% (n. 25) of trans respondents report having experienced significant emotional distress, compared to 33% (n. 245) of non-trans respondents ($p = .001$).

6.3.2. Depression

76% (n. 32) of trans respondents have had difficulties with depression, compared to 44% (n. 322) of respondents who did not identify as trans ($p = .0005$).

6.3.3. Anxiety

Trans respondents are significantly more likely (71%, n. 30) to have experienced difficulties with anxiety over the past five years than non-trans respondents (44%, n. 327) ($p = .001$).

6.3.4. Isolation

Using the measure of isolation taken from the question regarding the experience of mental health issues over the last five years (rather than using the question 'Do you feel isolated in Brighton and Hove?'), trans respondents are significantly more likely (74%, n. 32) to have experienced isolation than non-trans respondents (26%, n. 189) ($p = .0005$).

6.3.5. Anger management

Trans respondents are significantly more likely (27%, n. 11) to have experienced difficulties with anger management than non-trans respondents (11%, n. 80) ($p = .005$).

6.3.6. Insomnia

Trans respondents are significantly more likely (51%, n. 22) than non-trans respondents (33%, n. 245) to have experienced difficulties with insomnia over the past five years ($p = .025$).

6.3.7. Fears/phobias

Trans respondents are significantly more likely (41%, n. 17) than non-trans respondents (13%, n. 92) to have experienced difficulties with fears or phobias over the past five years ($p = .0005$).

6.3.8. Panic attacks

Trans respondents are significantly more likely (36%, n. 15) to have experienced difficulties with panic attacks than non-trans respondents (18%, n. 133) ($p = .009$).

6.3.9. Addictions/dependencies

Trans respondents are significantly more likely (24%, n. 10) to have experienced difficulties with addictions or dependencies than non-trans respondents (11%, n. 83) over the past five years ($p = .029$).

6.3.10. Suicidal thoughts

Trans respondents are also significantly more likely (50%, n. 21) than non-trans respondents (21%, n. 153) to have experienced difficulties with suicidal thoughts ($p = .0005$).

6.4. Isolation ('Do you feel isolated in Brighton & Hove?')

This section focuses on responses to the question 'Do you feel isolated in Brighton and Hove?' rather than the measure of isolation taken from the question regarding the experience of mental health difficulties over the last five years. Perhaps unsurprisingly given the figures and data in earlier chapters regarding exclusion, marginalisation and prejudice, trans respondents are just under twice as likely to state they feel isolated than other respondents ($p<0.0001$). 60% of those who are trans say that they feel isolated, compared to 32% of those who are not trans.

Table 6.4a: **Isolation by trans**

		Trans identity	Not trans	Total
Yes/sometimes	No.	25	239	264
	%	**59.5**	**31.8**	**33.2**
No/unsure	No.	17	513	530
	%	**40.5**	**68.2**	**66.8**
Total	No.	42	752	794
	%	100	100	100

Such feelings of isolation can arise from implicit and explicit practices of exclusion or discrimination, and they can also be related to not being able to find others of the same identity. Therefore, although some trans people might argue that they no longer feel isolated (see chapter 3, section 2, above), many others can feel very isolated due to a lack of trans networks:

I can't seem to find any other trans people

(Questionnaire 284)

Although the LGBT collective in Brighton and Hove can offer some solidarity, this respondent suggests that there is also a desire for trans specific spaces and interactions with those who are the 'same'. Trans people however are not homogenous, as this respondent suggests:

No trans male community

(Questionnaire 142)

The existence of multiple identities within the rubric LGBT means that there is a need to address diverse needs and experiences. It cannot be assumed that a homogenous LGBT 'community' will cater for all of those who may fall under this label. Therefore, it is important to consider difference as well as similarities when addressing LGBT isolation and mental health difficulties.

6.4.1. Different reasons for ways of being kept isolated

Trans people were as likely as other LGBT people to cite reasons for isolation as: fear of not fitting in, can't afford to go out and venues not being accessible. However, there were differences related to discrimination, lack of confidence and fear of abuse.

Table 6.4b: **Trans identity and what keeps you isolated**

%	Trans	Not trans	Chi Square (Continuity Correction*)
Discrimination/exclusion	56	27	P=0.006
Lack confidence	25	51	P=0.028
Fear of abuse etc.	44	16	P=0.002

When asked about what keeps people isolated, trans respondents are more likely (56%) than non-trans respondents (27%) to cite 'Experiences of discrimination' (p=0.006). They are also more likely (44%) than non-trans respondents (16%) to select 'Fear of not fitting in/abuse etc' as a reason for their isolation (p=0.002). Trans respondents are less likely (25%) than non-trans respondents (51%) to say that a lack of confidence is why they are kept isolated (p=0.028).

6.5. Suicide

Trans respondents are more at risk of suicide. Those who identify as trans are twice as likely to have had serious thoughts of suicide, more than three times as likely to have attempted suicide in the past five years and over five times as likely to have attempted suicide in the past twelve months than non-trans people. The trans focus groups highlighted the vulnerability of trans people due to the lack of support systems and also pointed to the awareness of the levels of suicide amongst trans people:

Bridget: **If you're transsexual and because of the lack of support that you get from people and because you don't know where to turn, you know, some people would turn to drink, some people might turn to drugs, and then if they do get support, because of that, because of the alcoholism or the drug addiction then they say, "Oh it's because you're a transsexual," it's not because they didn't the help in the first place. And that can, lead you to think, you know, I mean it can lead people to suicide.**

Sarah: **It can and does.**

(Trans focus group 2)

6.5.1. Serious thoughts of suicide in the past five years

The table below (table 6.5a) shows that, amongst those who have experienced mental health difficulties, those who identify as trans are twice as likely (56%, n. 22) than non-trans respondents (28%, n. 168) to have had serious thoughts of suicide in the last five years ($p = .0005$).

Table 6.5a: **Serious thoughts of suicide in the last five years by trans identity**

		Trans identity	Not trans	Total
Yes	No.	22	168	190
	%	**56.4**	**28.3**	**30**
No	No.	17	426	443
	%	**43.6**	**71.7**	**70**
Total	No.	39	594	633
	%	100	100	100

6.5.2. Attempted suicide in the past five years

26% (n. 10) of trans respondents who have experienced mental health difficulties have thought about and attempted suicide in the last five years, making them much more likely to have done so than non-trans respondents (8%, n. 45) ($p < .0001$).

Table 6.5b: **Attempted suicide in the last five years by trans identity**

		Thought about suicide but not attempted	Thought about and attempted suicide	Not thought about or attempted suicide	Total
Trans identity	No.	11	10	17	38
	%	**28.9**	**26.3**	**44.7**	**100.0**
	%	8.3	18.2	3.8	6.0
Not trans	No.	122	45	427	594
	%	**20.5**	**7.6**	**71.9**	**100.0**
	%	91.7	81.8	96.2	94.0
Total	No.	133	55	444	632
	%	21.0	8.7	70.3	100.0
	%	100.0	100.0	100.0	100.0

When the entire sample is included, table 6.5c (below) shows that the difference between trans and non-trans respondents in the likelihood of thinking about and attempting suicide in the last five years is still very significant ($p < .0001$). 25% of trans respondents have thought about and attempted suicide in the last five years, compared to 6% of non-trans respondents ($p < .0001$). In this analysis, 43% of trans people say that they have experienced mental health difficulties but have had no serious thoughts of suicide, compared to 58% of non-trans respondents. This is, of course, related to the prevalence of mental health issues within this grouping, but it emphasises the increased risks of suicide.

Table 6.5c: **Attempted suicide in the last five years by trans identity including respondents who have not experienced any mental health difficulties**

		No mental health difficulties	Thought about and attempted suicide	Thought about, but no suicide attempt	MH difficulties but no thoughts of suicide	Total
Trans identity	No.	2	10	11	17	40
	%	**5.0**	**25.0**	**27.5**	**42.5**	**100.0**
Not trans	No.	135	45	122	413	715
	%	**18.9**	**6.3**	**17.1**	**57.8**	**100.0**
Total	No.	137	55	133	430	755
	%	18.1	7.3	17.6	57.0	100.0

6.5.3. Attempted suicide in the last 12 months

Among those who have experienced mental health difficulties, trans respondents are more likely (16%, n. 6) to have thought about and attempted suicide in the last twelve months than non-trans respondents (3%, n. 17) ($p < .0001$).

6.6. Suicidal risk among those identifying as of no gender or other genders

Those who identified as having no gender or an 'other' gender than male or female are more likely to have had serious thoughts of suicide in the past five years and to have attempted suicide in the past five years. The likelihood of those of no gender or an 'other' gender than male or female attempting suicide in the past twelve months is not significantly different from male or female respondents.

6.6.1. Serious thoughts of suicide in the past five years

Table 6.5d shows that those who identified as having no gender or as of an 'other' gender than male or female are more likely (57%, n. 12) to have had serious thoughts of suicide in the last five years than either men (27%, n. 94) or women (31%, n. 85) (p = .01).

Table 6.5d: **Serious thoughts of suicide in the last five years by gender**

		Male	Female	No gender or 'other'	Total
Yes	No.	94	85	12	191
	%	**27.0**	**31.4**	**57.1**	**29.8**
No	No.	254	186	9	449
	%	**73.0**	**68.6**	**42.9**	**70.2**
Total	No.	348	271	21	640
	%	100	100	100	100

6.6.2. Attempted suicide in the past five years

Those who identify as of no gender or of an 'other' gender are more likely (14%, n. 3) to have thought about and attempted suicide in the last five years than female respondents (10%, n. 28) or male respondents (7%, n. 24) (p = .03). This is important in this context as not all trans people identify as male/female and these figures indicate that existing outside these binaries can mean that people are more at risk of suicide, than LGBT people who define within the binaries of male/female.

Table 6.5e: **Attempted suicide in the last five years by gender**

		Male	Female	No gender or other	Total
Thought about suicide but not attempted	No.	69	56	9	134
	%	**51.5**	**41.8**	**6.7**	**100**
Thought about and attempted suicide	No.	24	28	3	55
	%	**43.6**	**50.9**	**5.5**	**100**
Not thought about or attempted suicide	No.	254	186	9	449
	%	**56.6**	**41.4**	**2.0**	**100**
Total	No.	347	270	21	638
	%	100	100	100	100

When respondents who have not experienced any mental health issues are included in the analysis there are no significant differences; 13% of those of no gender or of an 'other' gender have thought of and attempted suicide in the last five years, compared to 9% of female respondents and 6% of male respondents (p = .05).

Table 6.5f: **Attempted suicide in the last five years by gender, including respondents who have not experienced any mental health issues**

		No mental health difficulties	Thought about and attempted suicide	Thought about, but no suicide attempt	MH difficulties but no thoughts of suicide	Total
Male	No.	83	24	69	244	420
	%	**19.8**	**5.7**	**16.4**	**58.1**	**100**
Female	No.	52	28	56	183	319
	%	**16.3**	**8.8**	**17.6**	**57.4**	**100**
No gender or 'other'	No.	4	3	9	8	24
	%	**16.7**	**12.5**	**37.5**	**33.3**	**100**
Total	No.	139	55	134	435	763
	%	18.1	7.3	17.6	57.0	100

6.7. Management of and support for mental health difficulties

Trans people sometimes have specific mental health needs, but despite often being seen by psychiatrists through their transition, they still may not be having their mental health needs addressed:

Rosa: **So one of the issues around trans, there's the issue of identification in the first place, particularly amongst our young people. [There] is a whole mental health space, because that process from childhood through to completing one's change is a very, very painful, confusing, depressing a lot of the time, situation. We know that there's very, very high instance of suicide within the trans community, even post completing the process. So I think we need a huge support system that goes from identification, through to coming to terms [with it], to post coming to terms with ones change and how we can mitigate some of the stress in that system through informed GPs, blah-de-blah, about this particular condition.**

(Trans focus group 1)

6.7.1. What has been unhelpful in managing or overcoming your mental health difficulties?

The qualitative data pointed to specific issues that can shed some light on trans people's engagement with health services and the effects the quality of this engagement has on their mental health and wellbeing:

> **Firstly, at a very vulnerable time, with the lifelong damn built to hold back the 'trans' waters finally breaking, I was confronted by an unsympathetic, obstructing & patronising GP. This was followed by the PCT's insistence on using a single care pathway to Charing Cross GIC. An unimaginable delay through the system and worst of all actually attending the draconian Charing Cross GIC. Then having to fight my PCT & the GIC the whole time for the simplest of care. There is so much wrong with the PCT/GIC system, there is not enough space on here. That's what has made me suicidal.**
>
> *(Questionnaire 275)*

> **I have always been reluctant to seek help from medical professionals, therapists, counsellors, etc, because of their beliefs about the causes of transsexualism and how it should be treated. Although there are some enlightened professionals, nowadays, many still treat trans people as though we have no rights and are incapable of making our own decisions.**
>
> *(Questionnaire 328)*

6.8. Conclusions

42% of trans respondents say they have had poor or very poor emotional and mental wellbeing over the past twelve months, compared to less than a fifth of respondents overall. Those who identify as trans are significantly more likely (84%, n. 36) to have experienced mental health difficulties than those who do not identify as trans (68%, n. 504) ($p = .03$). However, the respondents in the trans focus groups were at pains to point out that mental health difficulties did not necessarily arise from their gender identifications. Trans respondents argue that medical understandings of trans identifications pathologise trans people, by conceptualising them as mentally ill, irrespective of how individuals present with regard to their mental health. Effectively classifying trans people as mentally ill reduces their autonomy and the possibilities of deciding for themselves the treatments they receive. Bad experiences of health service provision, especially with their GPs and at Charing Cross GIC, are unhelpful for, or even harmful to, the management of mental health difficulties for trans people who use these services.

Trans people are significantly ($p < 0.05$) more likely to have had difficulties in the last five years with significant emotional distress, depression, anxiety, isolation, anger management, insomnia, fears and phobias, panic attacks, addictions and dependencies, and suicidal thoughts. 60% of those who are trans say that they feel isolated ('Do you feel isolated in Brighton and Hove?'), compared to 32% of those who are not trans. Trans respondents are more likely than non-trans respondents to cite discrimination and fear of abuse or not fitting in as reasons for feeling isolated. Those who identify as trans are twice as likely to have had serious thoughts of suicide, more than three times as likely to have attempted suicide in the past five years and over five times as likely to have attempted suicide in the past twelve months as non-trans people.

7. Housing

7.1. Introduction

This chapter considers trans people's specific vulnerabilities when it comes to housing. Given that almost a third of trans respondents to the questionnaire live in social housing and that over a third of trans respondents have experienced homelessness, trans people needs are an important consideration for housing services. The chapter discusses trans respondents' perceptions of the Council's housing services and how such services deal with trans people's vulnerabilities. It also considers the particular vulnerabilities trans people experience regarding transphobic landlords and accommodation owners, in both the private sector and council supported accommodation. The difficulties that trans people experience in getting accommodation will be discussed, as will trans people's levels of satisfaction with their accommodation. The effects of civil partnership legislation on trans people's housing situation will also be assessed.

7.2. Who do you live with?

Trans people are less likely (41%) to live with a same-sex partner compared to non-trans people (59%). Those who are trans are significantly ($p<.05$) more likely to live with a different-sex partner (18%) than those who are not trans (2%).

7.3. Housing tenure

There are disparities in housing tenure by gender identity. Almost a third of the trans respondents (29%, n. 12) to the questionnaire live in social housing, indicating that this is an important area of consideration for housing services (see table 7.3a). This should be read alongside the findings of other studies regarding trans people, especially regarding the loss of income, families and housing related to their transition (see Whittle et al, 2007; Cull et al., 2006).

This highlights a need for housing services to be aware of trans issues and include understanding of transitioning and gender identity in their training. Work on this has commenced: in 2007, Spectrum presented a position paper to the Council's Equalities Forum proposing an inclusive definition for and proposals for addressing trans issues (Spectrum, 2007). Spectrum

also highlighted the inadequacies of how the Council was addressing trans issues; since then there has been ongoing work to address this shortfall. This was also used the housing report and key findings (Browne and Davis, 2008).

39% of trans people own their own homes. A smaller proportion of trans people are homeowners compared to those who are not trans (48%, p.<.0001); however, it does indicate that not all trans people will require tenancy support. Nevertheless, trans homeowners may still be vulnerable to experiences of transphobia and other measures of exclusion and vulnerability and can still encounter problems in relation to community safety and other related housing issues.

Table 7.3a: **Trans identities by social housing**

		Trans identity	Not trans	Total
social housing	No.	12	61	73
	%	**29.3**	**8.1**	**9.2**
privately owned	No.	16	364	380
	%	**39.0**	**48.1**	**47.7**
privately rented	No.	10	232	242
	%	**24.4**	**30.7**	**30.4**
all others	No.	3	99	102
	%	**7.3**	**13.1**	**12.8**
Total	No.	41	756	797
	%	100.0	100.0	100.0

7.4. Social housing, benefits and civil partnerships

Only 52% of those with trans identities have entered or would enter into civil partnerships compared to 80% of non-trans people. As has been examined in chapter 2, acquiring a Gender Recognition Certificate requires that trans people have to annul marriages and create civil partnerships if their relationship is subsequently redefined as 'same sex' under the legislation. Similarly those defined as heterosexual relationships can only partake in marriage under Gender Recognition Certificate legislation and restrictions. When trans people enter into a civil partnership, the lack of transitional arrangements, coupled with a lack of understanding of trans issues among agencies can mean trans people entering into civil partnerships end up being moved into temporary accommodation or housing in areas of the city perceived as unsafe:

> **No notice, no transitional relief, £400 a month worse off and a Council determined to have us evicted and living in a bed 'n ' breakfast in Whitehawk because they don't understand the issues of trans people and the need to live in a safe area. In Kemptown I feel safe but how long can we afford to live here?**
>
> *(Questionnaire 212)*

It is clear from this quote that it is believed that civil partnership legislation will force vulnerable trans people to live in areas where they do not feel safe due to a loss of benefits and a lack of finances. This is perceived as hugely problematic, and may be life threatening. Not only does this data reflect these fears, it also points to a lack of accurate available information for LGBT people (for example, the Council has no bed and breakfast accommodation in Whitehawk). For vulnerable trans people, however, fears of moving away from a settled and safe home, fears of harassment elsewhere, and fears of financial loss can form a considerable disincentive to reporting that they have entered into a civil partnership. The heightened level of fear is unhelpful for all involved and the perceived risks of both temporary accommodation and life in the city's outlying estates may be underpinned by misconceptions that can be addressed by the Council. Particular areas of Brighton and Hove are often perceived as dangerous or even life-threatening for LGBT people; yet, police data indicates that Kemptown, despite being perceived by this respondent as safe, may be one of the city's hate crime hotspots for LGBT people (see chapter x). There are, however, also risks of benefits overpayment, and of later recovery, or even of prosecution for 'benefit fraud', if trans people who are required by the new legislation to report their relationships and living arrangements to the relevant agencies do not do so.

7.5. Accommodation

7.5.1. Satisfaction with accommodation

Only 63% of trans people say that they are happy with their accommodation, compared to 84% of non-trans respondents (p. =.001).

7.5.2. Difficulties getting accommodation

56% of trans people have had problems with accommodation, compared to 24% of non-trans people (p<.0001). Trans people are almost twice as likely to struggle getting accommodation compared to other lesbians, gay men and bisexual people. One trans respondent relied on their partner to find them privately rented accommodation because:

> **I couldn't view the accommodation. I got my partner to do that because landlords discriminate against trans people**
>
> *(Questionnaire 212)*

In this quote, it is clear that transphobia can be an issue when seeking accommodation in the private rented market. Those who experience such forms of discrimination may have to use others in order to secure their housing. Whilst this respondent had their partner to rely on, this is an area of vulnerability for trans people. National and local research demonstrate that it is common for trans people to experience homelessness or difficulty finding safe, suitable accommodation, particularly during their transition (see Whittle et al, 2007; Cull et al., 2006). This should be accounted for in providing housing support to trans people. It should be acknowledged that housing support needs are not limited to the social housing sector, but

also, as in this instance, encompass the private rented sector. Whilst those intending to undergo, undergoing or having undergone gender reassignment are now covered under the new goods and service provision legislation[1], this has only been the case since 6th April 2008 – a year and a half after this survey was completed.

7.6. Homelessness

Over a third of trans people have experienced homelessness. 36% of trans people have experienced homelessness compared to 21% of non-trans individuals; however, this result is slightly above the significance level used in this research ($p=0.055$).

Reports of poor treatment went homeless from trans people indicate their vulnerability and the further distress that can result from unacceptable experiences when in temporary accommodation:

> **Shabbily – when I was in Council B&B and complained about transphobic victimisation by hotel owners, Council sided with them**
>
> *(Questionnaire 828)*

The powerlessness in this quote is apparent. Where hotel owners are transphobic, it is not acceptable to suggest that trans people stay in such accommodation, and it is inappropriate for the Council to use such accommodation for vulnerable people. This quote may also indicate a need for specific accommodation where vulnerable trans people can feel safe and respected.

Housing services may have to broker conflicts between tenants and landlords in ways that maintain properties for social housing. However, the perception here is that of 'siding' with transphobic landlords against a client. Trans people can find the private rented sector hostile difficult due to transphobic landlords. This can also be the case when living in council supported accommodation. This indicates a clear need for education around trans issues to tackle transphobia, and a need to engage with trans people in terms of how social housing is provided.

7.7. Conclusions

This research found that trans people have experienced discrimination in all areas of housing provision. Almost a third of the trans respondents to the questionnaire live in social housing, indicating that this is an important area of consideration for housing services. Several trans respondents note their perceptions of the Council's housing services as being poor at dealing with trans people's vulnerabilities. Such vulnerabilities include living in council supported accommodation, where transphobic landlords

[1] See The Sex Discrimination (Amendment of Legislation) Regulations 2008: http://www.opsi.gov.uk/si/si2008/pdf/uksi_20080963_en.pdf

and property owners can present particular difficulties. This indicates that trans people may be vulnerable in ways that are not currently addressed in their assessment for housing support. Trans people can also find the private rented sector hostile due to transphobic landlords, and this can have an effect on securing accommodation. Indeed, 56% of trans people have had problems in getting accommodation and over a third of trans people have experienced homelessness. Those who are trans are less likely to say that they are happy with their accommodation than those who are not trans. Trans people entering into civil partnerships are vulnerable to being forced to move due to a loss of benefits and changes in entitlements. This may result in them living in areas where they do not feel safe, often in temporary accommodation. Clearly there is a need for awareness raising for housing services to understand the level of service that is needed and to develop an awareness of trans lives.

8. Safety

8.1. Introduction

This chapter discusses trans people's experiences of hate crime, their likelihood of reporting hate crime, and their safety fears and avoidance behaviours. These issues are crucial given that trans people are more likely to have experienced all forms of hate crime (except teasing) than non-trans people. The chapter considers some of the factors influencing trans people's vulnerability to hate crime. It also looks at the location and sources of hate crimes against trans people. Importantly, hate crime perpetrated in LGBT venues, from LGBT venues, and from other LGBT people figure strongly in the data.

The reporting of hate crime to the police and other safety services is discussed, including how previous experiences of reporting to the police continues to affect perceptions of the police service among trans people. Finally, the chapter will consider trans people's safety fears and the measures they take in order to avoid perceived threats to their safety.

8.2. Hate crime

The Association of Chief Police Officers define hate incident and hate crime as:

2.2.1 A Hate Incident is defined as: Any incident, which may or may not constitute a criminal offence, which is perceived by the victim or any other person, as being motivated by prejudice or hate.

2.2.2 A Hate Crime is defined as: Any hate incident, which constitutes a criminal offence, perceived by the victim or any other person, as being motivated by prejudice or hate.

2.2.3 It is vitally important to note that all hate crimes are hate incidents. However some hate incidents may not constitute a criminal offence and therefore will not be recorded as a hate crime. For example, making inappropriate reference to the colour of someone's skin, in a non-confrontational social setting, may well be perceived as a racist incident. However

there may be insufficient evidence that it would constitute a racist crime. It is important to understand this distinction....

2.3.3 Homophobic Incident Any incident which is perceived to be homophobic by the victim or any other person.

2.3.4 Transphobic Incident Any incident which is perceived to be transphobic by the victim or any other person[1].

For this study, the question on hate crime was related to experiences of particular forms of violence, harassment and abuse. The question posed was: Have you experienced any of the following in the last 5 years that was due to your sexual orientation or gender identity:

- verbal abuse
- physical violence
- criminal damage
- harassment
- sexual assault
- negative comments
- teasing
- bullying
- other

Therefore, the definition of hate crime used here is the experience of any of these forms of violence and abuse where the violence or abuse was related to the gender identity and/or sexuality of the respondent. Only the experience of hate crime in the past five years was considered in the study.

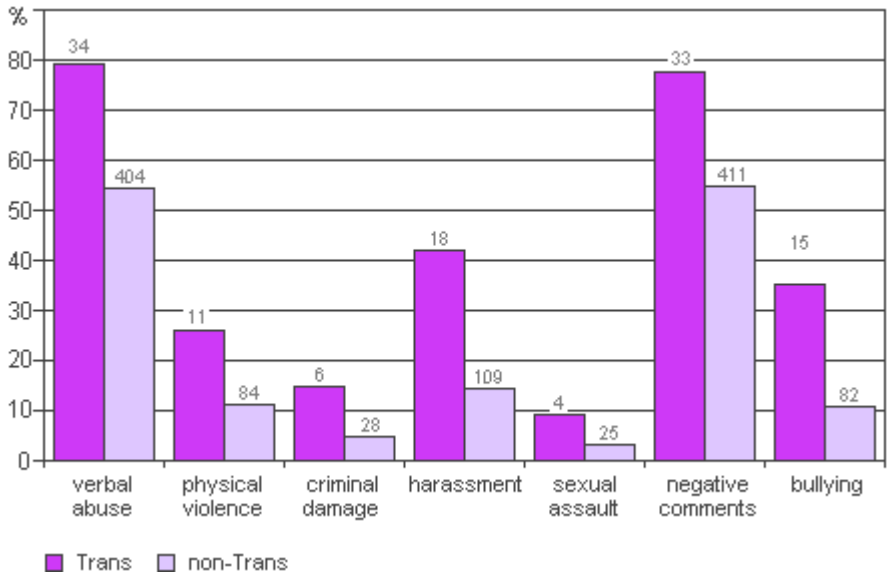
8.3. Experiences of hate crime

Trans people are more likely to have experienced all forms of hate crime except teasing than LGBT people who are not trans. Trans people are less likely to say that they had not experienced hate crime in the past five years (14% compared to 28%, p=.05). Trans people are more likely than non-trans people to have been victims of:

- **verbal abuse** (79%, n. 34 compared to 54%, n. 404; p = .001);
- **physical violence** (26%, n. 11 compared to 11%, n. 84; p = .004);
- **criminal damage** (14%, n. 6 compared to 4%, n. 28; p = .001);
- **harassment** (42%, n. 18 compared to 14%, n. 109; p < .0001);
- **sexual assault** (9%, n. 4 compared to 3%, n. 25; p = .04);
- **negative comments** (77%, n. 33 compared to 54%, n. 411; p = .004);
- **bullying** (35%, n. 15 compared to 11%, n. 82; p < .0001).

[1] ACPO, Hate Crime: Delivering A Quality Service, March 2005. http://www.acpo.police.uk/asp/policies/Data/Hate%20Crime.pdf

Figure 8.3a: Experience of hate crime by gender identity



These findings are supported by discussions within the trans focus group. Experiences of hate crime were pervasive and almost daily, particularly where trans people didn't 'pass' (see also chapter 3):

Rosa: **I think that being transgendered has been a continual process of exclusion, pain and suffering. For most probably about 90% of my life it's been a lot easier since I completed my transition and I am able to walk down the street without people pointing, shouting, becoming verbally and physically abusive.**

Natasha: **The issue here is that I know I don't pass and I never will. It makes me a bit more self-conscious than I would be normally, yeah, yeah. Yeah, I'm always aware that people are going to look at me, you know, and say. I mean they do, I mean if I go into a shop say and by some tobacco or whatever, you know, if it's. it depends who it is. I mean it's not everybody, but sometimes you know, they say "Oh, that'll be £2.50, sir" and they emphasis the "sir", because they want you to know that they know, you know. It is an almost an everyday thing. It's like, you know, if you took on board everything, you'd go mad, you would, you know. So you do learn to sort of cast it out from your mind.**

(Trans focus group 1)

Rosa points out that being transgendered is a 'continual process of exclusion, pain and suffering'. She emphasises that now that she has completed her transition and can 'pass' she is able to walk down the street without continually experiencing hate crime and transphobia. This

experience of hate crime in the streets is supported by the quantitative data. 89% (n. 32) of trans people have experienced hate crime in the street and they are significantly more likely to have experienced hate crime in the street than those who are not trans (74%, n. 386) (p = .04). For Natasha, she says she will never 'pass' and is therefore resigned to such daily transphobia and the deliberate misrecognition of her gender. She points to the need for mental toughness in order to survive these daily ordeals and for coping strategies that 'cast it out' in order not to 'go mad'.

8.4. Hate crime in LGBT venues/events and from other LGBT people

As already discussed in chapter 3, trans people often face being marginalised from LGBT spaces and scenes because of discrimination, prejudice and abuse. Some of this marginalisation takes the form of hate crimes towards trans people. Trans people are significantly more likely (25%, n. 9) to have experienced hate crime in an LGBT venue or event than those who are not trans (11%, n. 57) (p = .01).

LGBT spaces can be less than welcoming to trans people, as discussed in the focus groups:

Rosa: **if you've got that [transphobia] within the community from inside, I mean, you know, it's, you know, [you can] talk all you like about an LGBT building or whatever, you know, it won't happen until you get all that squared away. You know, it's deeply ingrained dislike to us... [and it] don't matter that we're in... a lot of us are in same sex or bisexual relationships or whatever else is going on. They're... in their little block, you've got your gays and you've got your lesbians, nobody else matters**

(Trans focus group 1)

This narrative is supported by the quantitative data. 19% of trans people who have experienced hate crime say that an LGBT person had perpetrated the abuse compared to 8% of non-trans people (p=.02). 8% (n. 3) of trans people compared to 2% of non-trans people (n. 10) have experienced hate crime from an LGBT venue (p=.02). 5% (n. 2) of trans people have experienced hate crime from an LGBT service or group, compared to 1% (n. 6) of non- trans people.

Some respondents in the trans focus group requested more understanding of trans people from across services, businesses and individuals, especially those within LGBT communities (see Chapters 2 and 3).

8.5. Reporting of hate crimes

Trans people are significantly more likely (51%, n. 19) to report an incident of hate crime than those who do not identify as trans, of whom only 24% (n. 129) of those who have experienced hate crime reported the incident ($p < .0001$). Whilst these figures might suggest that attitudes towards the police and the reporting of hate crime are changing, there continues to be a wariness related to experiences of past police actions.

Rosa: **Prior to the last, six, seven years since we've seen the police trying to be active. I had a landlord who punched me physically in the face because I was trans, give me a load of verbal abuse in his shop, when the police arrived I was the one who was then threatened with some sort of order which meant I couldn't go near his shop, on the basis of me being trans gendered. Another example in central London where I was living, we had people next door who were bringing in guys at 4 o'clock in the morning, the guy punched me in the face, we had the police in, I was the one who was made to feel as if I was the freak, because I was trans. Recently, I haven't seen that in the sense that the police seem to be trying really hard with the LGBT community. The point is though there are no trans coppers, so that would be nice. But I actually think I'm getting, you know, I'd like to say, I actually think that the police are actually trying to treat us like a complete community. I think they are trying to treat us as an LGBT community.**

Researcher: **Would you, after all those experiences, would you be happier reporting what happened if something happened...**

Rosa: **Well, that's a really good point. I would... no, that I'm quite clear about. I would really like to have reported those things to a transgendered copper, no doubt about that at all, because they would have understood that from me. I think yeah, I would have been more comfortable with that.**

Researcher: **Will you report things now though?**

Rosa: **No. I mean that is a really excellent bloody measure of my real trust in the police. Would I report it now? No, most probably not. I just feel that in some way I would be victimised still. We know there's massive homophobia still within the police force but what we do know is that they're trying to do something about it. So no, I don't think I would, I just don't know that I would, end of story.**

(Trans focus group 1)

Knowing that the local authority, the police and the judiciary are institutionally and personally (i.e. directed at me and others know) transphobic has faded my trust

(Questionnaire 167)

Rosa and questionnaire 167 identify their wariness of the police following previous poor responses to reporting incidents. Rosa emphasises that her experiences with the police continue to make her wary of reporting incidents that can only be described as 'serious'. Although she recognises the improvements that the police have made, she still fails to see anyone who is visibly trans that she would feel comfortable reporting to and who would perhaps indicate that the police are now safe to report to. Understanding that the police are trying, she still fears victimisation and being labelled the perpetrator as has happened in previous incidents that she has reported. Clearly, histories of experiences with the police continue to play through in current decisions regarding reporting. Although police attitudes have changed and there have been improvements, this continues to be a barrier to reporting.

Trans people (42%, n. 15) are more likely to say that there is prejudice towards LGBT people by or from the police service than non-trans people (24%, n. 129, p= .02). For a group that is more vulnerable to hate crime than the average among LGBT people collectively, this clearly has problematic implications for reporting and for trust in the police and safety services.

8.6. Safety fears

8.6.1. Feelings of safety

Only a third (n. 12) of trans respondents felt very safe at home. Trans people are less likely than non-trans people to feel safe outside in Brighton and Hove at night ($p < .0005$ in both cases). Only 25% (n. 10) of trans respondents feel safe outside at night, compared to 39% (n. 293) of non-trans respondents. 33% (n. 13) of trans respondents feel unsafe, and 18% (n. 7) of trans respondents feel very unsafe outside at night. This compares to 13% (n. 99) of non-trans respondents who feel unsafe outside at night, and the 3% (n. 21) of non-trans respondents who feel very unsafe outside at night.

8.6.2. Feeling safe in Brighton and Hove

Those who identify as trans are significantly more likely (79%, n. 27) to feel unsafe in places, services or facilities in Brighton and Hove than those who do not identify as trans (53%, n. 288) ($p = .007$).

In the trans focus group, fear of violence and abuse related specifically to fears of transphobia:

Rosa: **You just get worried about walking down the street, and am I passing you know? Do they recognise me as a**

man or a woman and if I feel uncomfortable in myself am I going to get hit by these people?

Natasha: **Well, I've been assaulted a couple of times. But at the time I sort of said to myself... I blame myself actually, because it was both times were sort of early in the morning and the truth was I was walking in an area where I shouldn't have been walking.**

(Trans focus group 1)

8.6.3. Avoidance behaviours

Those who identify as trans are less likely to at least sometimes avoid public displays of affection (56%, n. 18) compared to non-trans people (80%, n. 434). However, trans respondents are much more likely (63%, n. 27) to at least sometimes avoid going out compared to non-trans respondents (31%, n. 165). The data (before recoding into bigger groupings) shows a significant relationship between trans identity and avoidance of going out at night ($p < .0001$). Trans people are much more likely to 'always' avoid going out at night (9%, n. 3) compared to 2% (n. 11) of non-trans respondents; and much more likely to 'often' avoid going out at night (29%, n. 10) than non-trans respondents (6%, n. 34).

8.7. Conclusions

Trans people are more likely to have experienced all forms of hate crime except teasing than non-trans people and are less likely to say that they had not experienced hate crime in the past five years than non-trans people. The trans focus groups indicate that some trans people experience hate crime on an almost daily basis and this can be linked to whether they pass as their chosen gender. Trans people are more likely than non-trans people to have experienced hate crime in the street. Trans people are also more likely to have experienced hate crime in an LGBT venue or event than non-trans people and are also more likely to have experienced hate crime *from* an LGBT venue. 19% of trans people who have experienced hate crime say that an LGBT person had perpetrated the abuse compared to 8% of non-trans people. The data suggests a need for greater understanding of trans people from LGBT services, businesses and individuals. Trans people are more likely to report an incident of hate crime than non-trans people. Nevertheless, despite recognition that the police service have made efforts to improve how they treat trans people, trans people's willingness to report hate crime is influenced by past negative experiences of how they were treated by the police. Trans people are more likely to say that there is prejudice towards LGBT people by or from the police service, than non-trans people. Only a third of trans people feel very safe at home. Trans people are less likely than non-trans people to feel safe outside in Brighton and Hove at night, and more likely to feel unsafe or very unsafe outside at night. Trans people are also more likely to feel unsafe in places, services and facilities In Brighton and Hove. Those who identify as trans are more likely than non-trans people to at least sometimes avoid going out, especially at night.

9. Relationships & Sex

9.1. Introduction

In chapter 4, it was clear that trans people do not know where to find support for sex/relationships. This chapter considers trans people's relationships with partners, family and others who are close to them. It looks at the proportions of trans people who are in relationships and the sex or gender of their partners. It also considers the number of trans people who have not had sex with someone in the past three years. The chapter then moves on to consider relationships trans people have with their families of origin. Finally, this chapter discusses the vulnerabilities of trans people to domestic violence and/or abuse from family members, partners or some other person or persons close to them.

9.2. Relationships

Just over half (51% n. 18) of trans respondents say they are not in a relationship. This compares to 36% of non-trans LGBT people. Given that trans people who took part in this research are more likely to be older and those who are older in this research are more likely to be in relationships, this is a substantial difference. This adds weight to the evidence in previous chapters regarding trans people's isolation (see chapter 5, section 4). 17% (n. 6) of trans respondents are in relationships with members of the opposite sex or gender, and 6% (n. 2) are in relationships with those of a different sex or gender. 26% (n. 9) of trans respondents are in a relationship with somebody of the same sex or gender (table 9.2a).

Table 9.2a: **Are you in a relationship now? by trans identity**

		Trans identity	Sample total
No	No.	18	267
	%	**51.4**	**35.5**
Yes - same gender/sex	No.	9	450
	%	**25.7**	**59.8**
Yes - opposite gender/sex	No.	6	22
	%	**17.1**	**2.9**
Yes - different gender/sex	No.	2	8
	%	**5.7**	**1.1**
Yes - with more than one person	No.	0	6
	%	**0.0**	**0.8**
Total	No.	35	753
	%	100.0	100.0

9.3. Sex

26% of trans respondents have not had sex in the past 3 years; this compares with 5% of those the overall sample (see table 9.3a).

Table 9.3a: **Have you had sex with someone in the last 3 years? By trans identity**

		Trans identity	Sample total
Yes	No.	31	746
	%	**73.8**	**93.6**
No	No.	11	51
	%	**26.2**	**6.4**
Total	No.	42	797
	%	100.0	100.0

Of those who have had sex in the past three years, 71% of trans people have had sex with one person in the past twelve months, while 19% have had sex with between two and five people in that time period. As table 9.3b shows this differs from other LGBT people, but counts are too small to make tests significantly valid. It should be noted that sex for trans people can be a difficult area, particularly prior to or whilst undergoing periods of transition. Where bodies are seen as 'wrong' or undesirable, the desire for sexual contact can be reduced (see Whittle et al., 2007).

Table 9.3b: **How many people have you had sex with in the last 12 months? By trans identity**

		Trans identity	Sample total
One	No.	22	334
	%	**71.0**	**45.0**
2 - 5	No.	6	183
	%	**19.4**	**24.6**
6 - 10	No.	1	70
	%	**3.2**	**9.4**
11 - 15	No.	0	33
	%	**.0**	**4.4**
16 - 20	No.	0	28
	%	**.0**	**3.8**
21 -25	No.	0	16
	%	**.0**	**2.2**
26 or more	No.	0	57
	%	**.0**	**7.7**
None	No.	2	22
	%	**6.5**	**3.0**
Total	No.	31	743
	%	100.0	100.0

9.4. Family of origin

41% of those who are trans described their relationship with their family of origin as poor or very poor, compared to 11% of other LGBT people. Only 41% described it as good or very good, compared to 76% of other LGBT people ($p < 0.001$, see table 9.4a).

Table 9.4a: **How would you describe your relationship with your family of origin? By trans identity**

		Trans identity	Not trans	Total
Very good	No.	5	309	314
	%	**12.8**	**41.8**	**40.3**
Good	No.	11	252	263
	%	**28.2**	**34.1**	**33.8**
Neither good nor poor	No.	7	95	102
	%	**17.9**	**12.8**	**13.1**
Poor	No.	8	43	51
	%	**20.5**	**5.8**	**6.5**
Very poor	No.	8	41	49
	%	**20.5**	**5.5**	**6.3**
Total	No.	39	710	749
	%	100	100	100

This indicates a distance from families of origin and problematic relationships with these families. One trans respondent said:

> **They completely rejected me and have requested I make no further contact with them.**
>
> *(Housing and relationship questionnaire, Brighton, 8)*

During key periods of their lives where trans people are in need of most support it is not unusual for significant support networks to disappear and reject trans people (see Whittle et al., 2007).

9.5. Domestic violence and abuse

For the purposes of this research, the term 'domestic violence and abuse' is used to represent the experiences of those who answered 'yes' to the question ;have you experienced abuse, violence or harassment from a family member or someone close to you?'. This means that survivors of domestic violence and abuse are defined as those who have experienced domestic violence and abuse as an adult, as well as when they were children. It should be noted from the outset that the abuse and/or violence considered here may have taken place (or be taking place) within the context of any personal relationship, including those with family members, partners or others who are defined by respondents as 'close'. The motivations for this violence are not addressed in the research. However, it is noted that some of this abuse may be attributed to homophobia,

transphobia and biphobia (by all kinds of perpetrators – including partners).

9.6. Prevalence of domestic violence and abuse experienced by Trans people

There is a statistically significant relationship ($p<0.0005$) between sexual / gender identities and the likelihood of having experienced some form of abuse, violence or harassment from a family member or from someone close. 64% of trans respondents have experienced domestic violence and/or abuse, compared to 29% of non-trans respondents (see table 9.6a).

Table 9.6a: **Experiences of domestic violence and abuse by trans identities**

		DV&A	Not DV&A	Total
Trans	No.	25	14	39
	%	**64.1**	**35.9**	**100**
Not trans	No.	217	524	471
	%	**29.3**	**70.7**	**100**
Total	No.	242	538	780
	%	31.0	69.0	100

P<0.0005 (Continuity Correction)

Qualitative data from the questionnaire indicates that this abuse can be due to violent, aggressive and abusive reactions to trans identities. For some trans respondents, their families of origin rejected them because of their sexual identity or gender identity.

This is an area that needs further in depth investigation and policy development in order to help tackle and prevent this form of abuse. However, these findings also contest the assumption that family violence and abuse can solely be attributed to homophobia and partnered violence attributed to other more traditional motivations. Emerging research in this area notes that trans people can experience domestic violence and abuse from a range of 'family members' including parents, partners, children as well as other forms of rejection and exclusion (see Whittle et al., 2007). Services that cater for domestic violence and abuse may not cater for trans people, and should ensure that they have in place a policy for dealing with trans clients.

9.7. Conclusions

Despite their age demographic, the majority of trans respondents are not in a (sexual or romantic) relationship. 17% of trans respondents are in a relationship with a member of the opposite sex or gender. Most trans people have relationships with one person in a monogamous relationship. Over a quarter of trans respondents have not had sex with someone in the past three years.

41% of trans respondents describe their relationship with their family of origin as poor or very poor. Trans respondents are much more likely to have experienced domestic violence and/or abuse from someone close to them than non-trans respondents: in fact, 64% of trans respondents report having experienced domestic violence and/or abuse. Such domestic violence and abuse can be associated with a rejection of their trans identities. Services that cater for domestic violence and abuse may not cater for trans people, and should ensure that they have in place a policy for dealing with trans clients. Similarly services catering for trans people need to be aware of Domestic Violence and Abuse issues and have the capability of supporting trans people in dealing with these experiences.

10. Use of services and monitoring

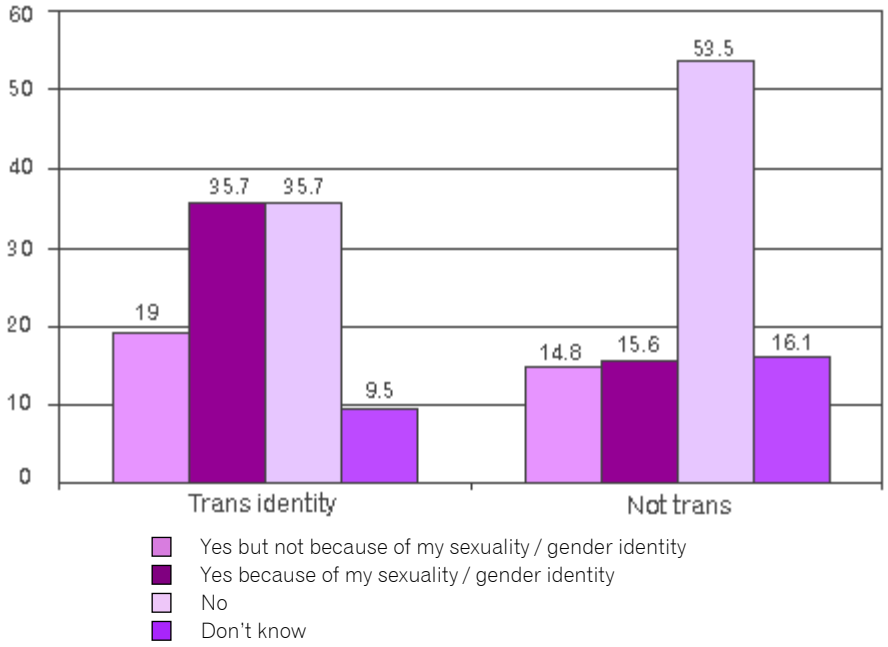
10.1. Introduction

Service provision can be a key area particularly where informal support networks such as families are unwilling or unable to care for individuals. As the previous chapter has shown trans people are more likely to experience rejection from their family of origin, as well as domestic violence and abuse. Furthermore, this report has indicated that trans people experience discrimination, abuse and violence from within as well as outside LGBT communities. Finally the report has indicated that housing, health and safety services are experienced as problematic by many trans people. Consequently, how friendly trans people find public services is key to understanding how they receive and access support. This chapter considers trans people's overall perceptions regarding the mainstream public services they use. In order to improve services, monitoring is crucial. This chapter will finally address monitoring of trans identities and preferences regarding the collection of data about trans people.

10.2. Mainstream services

Trans people (36%) are more likely than other LGBT people (16%) to feel uncomfortable because of their sexual or gender identity when using mainstream services. Figure 10.2a illustrates the contrasts between those who identify as trans and those who do not identify as trans, in their comfort in using services. Over half of those who are not trans say that they do not feel uncomfortable using mainstream services, compared to 36% of trans people. 36% of trans people feel uncomfortable using mainstream services because of their sexual or gender identity ($p<0.05$), compared to only 16% of non-trans respondents.

Figure 10.2a: **Do you ever feel uncomfortable using mainstream (public but not LGBT specific) services by trans identity?**



Trans people are also more likely to say that they find the council and other public services very unfriendly (8% compared to 1%) than other LGBT people (p=.001).

Table 10.2a: **How LGBT friendly do you find the following services? Council and other public services? By trans identity**

		Trans identity	Not trans	Total
Very friendly	No.	8	119	127
	%	**20.5**	**16.8**	**17.0**
Friendly	No.	10	259	269
	%	**25.6**	**36.5**	**35.9**
Neither friendly nor unfriendly	No.	17	308	325
	%	**43.6**	**43.4**	**43.4**
Unfriendly	No.	1	19	20
	%	**2.6**	**2.7**	**2.7**
Very unfriendly	No.	3	5	8
	%	**7.7**	**.7**	**1.1**
Total	No.	39	710	749
	%	100	100	100

10.3. Monitoring

Trans people are less likely than non-trans people to offer information for monitoring purposes unconditionally ($p<0.05$). 21% of trans people said that they would always give such information. This rises to 68% if the information is anonymous and confidential and the service in question is understood to be LGBT friendly. Trans participants are more likely to say that they will sometimes give information about their sexual or gender identity (17% compared to 9%). This group is also significantly ($p<0.05$) more likely to say never, don't know or give another answer (12% compared to 5%). These results are in line with Dean (2006).

When examining consultation methods, there was no significant differences between trans people and non-trans respondents in relation to questionnaires, Open public meetings, LGBT community forums, Community events, Citizens panel. However, respondents who identify as trans are more likely (58%, n. 19) than those who do not identify as trans (40%, n. 207) to like to be consulted via LGBT focus groups ($p = .04$).

10.4. Conclusion

Trans people are more likely than non-trans people to feel uncomfortable using mainstream public services because of their sexual or gender identity. They are also more likely than non-trans people to say that they find the council and other public services very unfriendly.

Trans respondents are less likely than non-trans respondents to be willing to offer information for monitoring purposes unconditionally. 68% of trans people say they would give information for monitoring purposes if the information is anonymous and confidential and the service in question is understood to be LGBT friendly.

11. Conclusions

11.1. Introduction

Despite recent gains in recognition from the state, broader advances in the rights of LGBT people and improvements in the provision of appropriate services for lesbians and gay men, many trans people remain very much marginalised within, and beyond, Brighton & Hove. Trans people tend not only to be marginalised from LGBT scenes and communities, but from the wider community, too, often suffering from prejudice, discrimination and abuse. Many trans people experience particular vulnerabilities around health care, mental health and the appropriateness of mental health care provision, housing, and safety. They experience marginalisations from formal and informal support networks and often rely on 'passing' to avoid forms of abuse, stigmatisation and prejudice. Where this is not possible, their contestation of male/female binaries results in negative experiences and stereotyping. These conclusions will summarise the main findings of this research, providing an overview of each of the chapters. This overview will outline the key issues facing both trans people and the policy makers and service providers who can help reduce the marginalisation faced by trans people.

11.2. Summary of the chapters

11.2.1. Demographics

Trans people make up 5% of the total sample in this research. The majority (n. 29, 67%) of trans respondents identify as female. 21 % (n. 9) identify as male. 9% (n. 4) of trans respondents identify as of no gender or of an 'other' gender (than male or female). The main response given when trans people are asked about their sexual identity is a sexuality 'other' than lesbian, gay, bisexual, queer or heterosexual (30%, n. 13). Trans respondents are significantly more likely to be aged over 45 and significantly less likely to be aged under 36 than other respondents in this research. Trans respondents are more likely to be disadvantaged in terms of income, being over three times as likely as non-trans respondents to have an income of less than £10,000 a year. Only 26% of trans respondents are in full-time employment, and 12% of trans respondents do not have any educational qualifications. This was much lower than 2006 figures released from the Department of Work and Pensions for the general population. 35% (n. 14) of trans people say they are disabled or have a long-term health impairment, making them more likely to than non-trans people. None of the trans respondents are HIV positive.

11.2.2. Trans identities

Trans respondents have various and complex relationships with the identity 'trans' and also with the identity 'LGBT'. Many trans respondents indicate that they agree with the use of the term 'trans', understanding its importance in gaining services and achieving political equality purposes. However, there is a general recognition that trans identities are only part of the person. Several respondents point out that the term is problematic. While the term 'trans' is seen by some respondents as broad enough to encompass a variety of experiences and subject positions, many respondents also offer a variety of other ways to describe their identities. In some cases, respondents prefer to use these identities alongside the term 'trans', while other respondents do not necessarily recognise themselves as 'trans' and use alternative identities instead. Some of these respondents feel that they have completed their transitions and are thus no longer 'trans', but rather definitively either women or men. Trans identities are thus complex, involving the particularities of individuals' experiences and practices.

17% (n. 7) of trans respondents who answered the question say they do not intend to apply for a Gender Recognition Certificate. 48% (n. 20) say they intend to apply for a Gender Recognition Certificate, and 26% (n. 11) say they already have one. Among those who do not intend to apply for a Gender Recognition Certificate, some respondents cited legal uncertainties and difficulties – for example, regarding existing marriages – as a reason for not wanting to apply.

Trans people often have different interests, needs and demands from lesbians, gay men or bisexual people, although this is not to deny that they also share many, too. Respondents point to the benefits that accrue to trans people from being part of the LGBT grouping. Such benefits occur, in part, because there is a perception of a higher level of acceptance of gender and sexual diversity in Brighton and Hove than in most other parts of the UK. This degree of acceptance is attributed to the city's various communities generally, and to the council, in particular. However, it is clear from the respondents' comments that whist there is an acceptance in principle of gender and sexual difference, this is not the same as knowledge about trans communities and the needs of trans people. Indeed, this lack of knowledge about trans needs and issues, especially on the part of politicians, is one of the complaints repeated in the trans focus groups and has serious implications for inclusion and for service provision. Trans people also face hostility from some lesbians and gay men, which can contribute to their marginalisation within LGBT communities.

11.2.3. Discrimination, prejudice and abuse

Over half (58%, n. 21) of trans respondents say that they feel marginalised on the basis of their trans identity. Among the reasons for feeling marginalised is how others do not recognise their trans, post-trans or chosen gender identity. Feeling unsafe or open to abuse or ridicule in public spaces means that some trans people face difficulties in socialising – with the attendant effects on their general wellbeing. Some respondents

discuss their difficulties in passing as their chosen gender, and others discuss the hostility, prejudice and abuse they face from lesbians and gay men.

47% of trans people say that they have experienced direct or indirect discrimination from individuals or organisations providing goods, services or facilities on account of their sexual orientation or gender identity in the last five years (this compares to 14% of non-trans people). More generally, 58% of trans respondents say that it is difficult to live in Brighton & Hove as a trans person. Several trans respondents provide accounts of the workplace discrimination they face. Trans respondents in the questionnaire are significantly more likely to have low incomes (3 times more likely to earn under £10,000 than non-trans respondents, $p<0.05$) and are more likely to be unemployed. The evidence from the questionnaire indicates the importance of properly implemented anti-discrimination legislation.

Only 42% of trans respondents say that they enjoy LGBT venues and events. Trans people are also significantly more likely (25%, n. 9) to have experienced hate crime in an LGBT venue or event than those who are not trans (11%, n. 57) ($p = .01$). Many trans people face rejection and transphobia from others within LGBT communities and scenes. Such marginalisation can be experienced by trans individuals even when they are in same sex or bisexual relationships. It is also perceived that many lesbians and gay men have feelings of impunity when making derogatory comments about trans people in public. The intolerance of trans people is sometimes constructed as a hostility to 'parodies' of 'real' women and men, an idea that has the effect of fixing a biological basis to gender identities. Some trans people feel 'disqualified' from participation in LGBT scenes because their previously lesbian or gay relationships become understood as heterosexual ones after they have transitioned. This is suggestive of how LGBT scenes can be strongly associated with lesbian and gay identities rather than trans (or bisexual). Yet, trans people are also more likely to feel uncomfortable in straight venues in Brighton and Hove than other LGBT people are. This indicates a dearth of social spaces where trans people can feel comfortable.

11.2.4. Physical Health

Access to GPs, being able to find non-prejudiced GPs, and effective referral systems to ensure that appropriate care is received are among the key issues for improving health service provision for trans people. 16% (n. 7) of trans respondents think that the quality of care delivered by their current GP is poor or very poor, while 62% (n. 27) think it is good or very good. The major issue revealed in the focus group data is trans people's concerns about the difficulties and happenstance that characterise trying to find a trans-friendly (or, at least, non-transphobic) GP.

One of the main criticisms that trans respondents have of the NHS is of Gender Identity Clinics, in particular Charing Cross, and of how the care offered by these clinics presumes that a desire to transition is automatically a sign of mental illness. Engagements with health services, in particular Gender Identity Clinics, are often problematic, and many respondents blame these services for further stigmatising trans individuals

and for worsening their mental health. Over 68% of trans people who used NHS gender identity clinics said that the quality of care they received was poor or very poor. Trans respondents have voiced a desire for improved local services that cater for them, specialist GP services, psychotherapy, and better information to improve their transition. There is also a need to provide ongoing (potentially lifetime) support for trans people in terms of their physical and mental health needs.

Engagement with sexual health services and information also remains an area of concern. Trans people are more likely (38%, n. 16) than non-trans people (24%, n. 184) to say they have never had a sexual health check up. Trans people are more likely (56%, n. 22) than non-trans people (37%, n. 281) to not know where to find help around sex and relationships. Trans respondents are more likely (25%, n. 6) than non-trans respondents (15%, n. 97) to disagree or strongly disagree that information on sexual health available in Brighton and Hove is appropriate to their sexual practices. They are also much more likely (44%, n. 11) than all other respondents (15%, n. 97) to disagree or strongly disagree with the proposition that 'information on sexual health available in Brighton and Hove is appropriate to my gender identity or sexuality'

11.2.5. Mental Health

Trans respondents are more likely to have had poor or very poor emotional and mental wellbeing over the past twelve months and to have experienced mental health difficulties than those who do not identify as trans. However, in the trans focus groups it was highlighted that mental health difficulties did not necessarily arise from their gender identifications. Trans respondents argue that medical understandings of trans identifications pathologises trans people by conceptualising them as mentally ill, irrespective of how individuals present with regard to their mental health. Effectively classifying trans people as mentally ill reduces their autonomy and the possibilities of deciding for themselves the treatments they receive. Bad experiences of health service provision, especially with their GPs and at Charing Cross Gender Identity Clinic, are unhelpful for, or even harmful to, the management of mental health difficulties.

Trans people are significantly ($p < 0.05$) more likely to have had difficulties in the last five years with significant emotional distress, depression, anxiety, isolation, anger management, insomnia, fears and phobias, panic attacks, addictions and dependencies, and suicidal thoughts. 60% of those who are trans say that they feel isolated ('Do you feel isolated in Brighton and Hove?'), compared to 32% of those who are not trans. Trans respondents are more likely than non-trans respondents to cite discrimination and fear of abuse or not fitting in as reasons for feeling isolated. Those who identify as trans are twice as likely to have had serious thoughts of suicide, more than three times as likely to have attempted suicide in the past five years and over five times as likely to have attempted suicide in the past twelve months as non-trans people.

11.2.6. Housing

Almost a third of the trans respondents to the questionnaire lived in social housing, indicating that this is an important area of consideration for housing services. Several trans respondents note their perceptions of the Council's housing services as being poor at dealing with trans people's vulnerabilities. Such vulnerabilities include living in council supported accommodation, where transphobic landlords and accommodation owners can present particular difficulties. Trans people can also find the private rented sector difficult due to transphobic landlords, and this can have an effect on securing accommodation. Indeed, 56% of trans people have had problems in getting accommodation and over a third of trans people have experienced homelessness. Those who are trans are less likely to say that they are happy with their accommodation than those who are not trans. Trans people entering into civil partnerships feel vulnerable to being forced to move to live in areas where they do not feel safe, often in temporary accommodation. Moving accommodation in these cases is forced due to a loss of benefits and changes in entitlements.

11.2.7. Safety

Trans people are more likely to have experienced all forms of hate crime except teasing than non-trans people and are less likely to say that they had not experienced hate crime in the past five years than non-trans people. The trans focus groups indicate that some trans people experience hate crime on an almost daily basis, often linked to the ability to pass in their chosen gender. Trans people are more likely than non-trans people to have experienced hate crime in the street.

Trans people are also more likely to have experienced hate crime in an LGBT venue or event than non-trans people and are also more likely to have experienced hate crime *from* an LGBT venue. 19% of trans people who have experienced hate crime say that an LGBT person had perpetrated the abuse compared to 8% of non-trans people. The data suggests a need for greater understanding of trans people from LGBT services, businesses and individuals.

Trans people are more likely to report an incident of hate crime than non-trans people. Nevertheless, despite recognition that the police service have made efforts to improve how they treat trans people, trans people's willingness to report hate crime is influenced by past negative experiences of how they were treated by the police. Trans people are more likely to say that there is prejudice towards LGBT people by or from the police service than non-trans people.

Only a third of trans people feel very safe at home. Trans people are less likely than non-trans people to feel safe outside in Brighton and Hove at night and more likely to feel unsafe or very unsafe outside at night. Trans people are also more likely to feel unsafe in places, services and facilities. Those who identify as trans are more likely than non-trans people to at least sometimes avoid going out, especially at night.

11.2.8. Relationships

The majority of trans respondents are not in a (sexual or romantic) relationship, indicating further isolation and disengagment. 17% of trans respondent are in a relationship with a member of the opposite sex or gender. Most trans people have relationships with one person in a monogamous relationship. Over a quarter of trans respondents have not had sex with someone in the past three years.

Trans people are more likely to lack support from their families and experience domestic violence and abuse. 41% of trans respondents describe their relationship with their family of origin as poor or very poor. Trans respondents are much more likely to have experienced domestic violence and/or abuse from someone close to them than non-trans respondents: in fact, 64% of trans respondents report having experienced domestic violence and/or abuse. Such domestic violence and abuse can be associated with a rejection of their trans identities. Services that cater for domestic violence and abuse may not always cater for trans people and should ensure that they have in place a policy for dealing with trans clients. Similarly, trans services need to be able to support trans people in dealing with such experiences.

11.2.9. Use of services and monitoring

Trans people are more likely than non-trans people to feel uncomfortable using mainstream public services because of their sexual or gender identity. They are also more likely than non-trans people to say that they find the council and other public services very unfriendly.

Trans respondents are less likely than non-trans respondents to be willing to offer information for monitoring purposes unconditionally. 68% of trans people say they would give information for monitoring purposes if the information is anonymous and confidential and the service in question is understood to be LGBT friendly.

11.3. Conclusion

Overall, these findings indicate considerable areas of need for trans people. They highlight disengagement from key services (such as health, housing and mental health), considerable experiences of marginalisation, exclusion and hate crime, as well as distance from informal support networks such as families, LGBT networks and communities. There is a clear need to address this situation across services, scenes and communities in ways that help and support some of the most vulnerable in the LGBT collective.

12. Recommendations

12.1. General recommendations

It is recommended that:

- **Statutory services and community groups and individuals should work together to establish a city-wide trans strategy in dialogue and cooperation with trans communities - in order to meet the needs of trans people that have been identified in this report and that may be identified more broadly. This strategy should facilitate and set out procedures for cross-service working and collaboration, and should facilitate and set out procedures for monitoring the effectiveness of efforts to meet the needs of trans people. In order to build and maintain the trust and confidence of trans communities in such a strategy, reporting to and cooperating with trans communities must be undertaken regularly, as part of implementing and monitoring this strategy. The recommendations below should feed into this strategy.**

- **Funding and support is obtained from a variety of sources, including the corporate sector, charitable trusts, and statutory bodies, for trans groups and networks. This should allow trans organisations to retain autonomy and provide appropriate services for trans people.**

- **A local trans resource guide be produced in dialogue and cooperation with trans communities. This guide should include trans friendly GPs, as well as social groups, meeting places and housing providers that are trans-friendly.**

- **A bibliography of materials and references that can assist service providers and statutory bodies in more appropriately meeting the needs of the city's trans people is created and widely distributed.**

- **Statutory organisations develop positive and comprehensive understandings of the diversity of trans identities, experiences and needs, in dialogue and cooperation with trans communities, to develop effective strategies that will deliver appropriate services to trans people.**

- **There should be dialogue and cooperation with trans communities in the process of developing strategies, research and monitoring relating to the delivery of services to trans people, and to this end, it is also recommended that statutory organisations undertake to follow appropriate guidelines regarding community consultations.**

- An audit be conducted, in dialogue and in cooperation with trans communities, of the training undertaken by frontline managers and workers in the relevant services, to identify how to improve their ability to work with and deliver services to trans people. This should be regularly updated and reported back to the LGBT communities.

- Effective independent monitoring is undertaken, in dialogue and cooperation with trans communities to measure the success of service delivery to trans people

12.2. Trans-inclusivity

It is recommended that:

- The City Council conduct outreach work in dialogue and cooperation with trans communities to raise consciousness about the discrimination, abuse, hate crimes and hate incidents that many trans people can face on a daily basis. This outreach work might include education schemes within schools, campaigns in public places, or other appropriate measures.

- Efforts be undertaken to build awareness of trans lives and communities among lesbians and gay men in the city. Awareness of the effects of transphobic hate crime by lesbian and gay people should also be built up, for example in the LGBT press and venues.

- Businesses and services, including LGBT business and services, become more trans inclusive in their practices and policies.

- When the LGBT acronym is used, it is always expanded fully, to include trans people or transphobic, not just gay & lesbian or homophobic.

12.3. Safety

It is recommended that:

- The Partnership Community Safety Team produce a safety action plan relating to trans people every three to four years with regular public feedback events.

- The 2020 Community Partnership should include within its definitions, on its web site and in all other material it produces regarding hate crimes, transphobia as a hate crime.

- Local statutory bodies, local MPs and other local bodies bring pressure to bear on national policy makers in order to amend or replace The Crime and Disorder Strategies (Prescribed Descriptions) Order 1998 so that the list of organisations that local government authorities are obliged to invite to participate in the formulation and implementation of crime and disorder strategies

includes organisations that promotes the interests of, or provides services to 'transgender' persons (Section 3(2)(m)). In lieu of such an amendment, a local agreement to include organisations that represent trans persons should be brought into effect in dialogue and cooperation with the trans communities by the Brighton and Hove Crime and Disorder Reduction Partnership.

12.3.1. Safety services

It is recommended that:

- Safer reporting systems are developed for trans people to report hate crimes and hate incidents. These new reporting mechanisms should allow trans people multiple first reporting points including bodies other than the police or the Partnership Community Safety Team in the first instance. These diverse reporting points should operate an agreed reporting system in dialogue and cooperation with the trans communities and be supported by the police and other safety services.

- Training regarding the definition of hate crimes and hate incidents be undertaken in dialogue and cooperation with the trans communities by police, security guards, venue owners and other relevant bodies.

- The police tagging of reports of crimes allow for such reported crimes to be tagged as 'transphobic' hate crimes at the first reporting of the incident. The 'transphobic' tag should be available as a subset of a tag for hate crimes against LGBT people, which once selected would require a subsequent tagging of one or more of the tags that can differentiate between hate crimes against lesbians, gay men, bisexual people and/or trans people. Training should be provided in dialogue and cooperation with the trans communities to police officers in the use of such tags.

- Trans-friendly policies and practices on the part of the police are developed in dialogue and cooperation with the trans communities, publicised widely, and used to encourage reporting.

- Victims of transphobic hate crimes should receive support from statutory services, and that providers of victim support should receive training on how to provide appropriate support to such victims. This training should be provided by local trans organisations.

- Further research be conducted into trans people's experiences of domestic violence and abuse. This should address how such abuse can be prevented and the provision of services for trans survivors.

12.4. Physical health and mental health

It is recommended that:

- **'Transition' is understood as an individual pathway that does not assume uniformity regarding surgical or hormonal interventions.**
- **The PCT should develop a flexible pathway with multiple points of entry and multiple possible outcomes, designed to include all those who need health services related to gender identity.**
- **Psychiatry become only one part of the approach to trans people's health needs, and that the lead professional in transition cases should no longer necessarily be a psychiatrist.**
- **All professionals and others involved in the assessment and treatment of trans people should never pathologise trans identities.**
- **Guidance and training should be sought through dialogue and cooperation with the local trans communities in order to prevent professionals and others from pathologising trans identities.**

12.4.1. Services supporting Transition

It is recommended that:

- **A local gender identity clinic service be established.**
- **The Primary Care Trust (PCT) and trans communities and bodies cooperate on the Gender Reassignment Policy and investigate how both to address trans people's concerns regarding the Gender Identity Clinic at Charing Cross hospital and to meet trans demands for a local gender identity service.**
- **That the PCT and trans communities and organisations cooperate under the auspices of the continued development of the Gender Reassignment Policy to identify and implement ways to address trans people's concerns regarding the current mental health pathway into gender identity services.**
- **As above - 'transition' is understood as an individual pathway that does not presume uniformity regarding surgical or hormonal interventions.**

12.4.2. Ongoing care

It is recommended that:

- **Improvements be made in how trans people access and enter into health service provision.**

- **Ongoing and appropriate care is provided for trans people beyond transition.**

- **A local LGBT specific GP service be commissioned following dialogue and cooperation with trans communities regarding what specifics are required from a trans-friendly GP service.**

12.4.3. Improving health provision

It is recommended that:

- **Resources and attention be allocated to tackling, preventing and mitigating secondary illnesses that arise from gender identity issues.**

- **Trans identities be no longer pathologised with respect to definitions of gender identity issues and with respect to the diagnosis and treatment of gender identity issues. Psychologists or psychiatrists are not automatically be assigned as the primary care giver in the diagnosis and treatment of gender identity issues.**

- **Better mental health support be provided for vulnerable trans people.**

- **A list of trans-friendly GP services be published and distributed.**

- **Local health and other statutory bodies, local MPs and other local organisations work to garner national support for a change in GP contracts so that these contracts allow GPs to be held accountable for the appropriateness of their treatment and care of trans people and other minority groups, and so that these contracts allow GPs who are found to be underperforming in their provision of appropriate care to trans people and other minority groups to be compelled to undertake training in dialogue and cooperation with trans communities to improve their performance in such regards.**

- **Further investigation be conducted to assess the different kinds of sexual health risk faced by different groups of trans people and, consequently, how sexual health services would best be targeted at different groups of trans people.**

12.5. Housing

It is recommended that:

- **Health and housing services develop liaison and training strategies and policies between themselves, in dialogue and cooperation with trans communities. These should be accountable and visible to trans communities. They should strive to minimise the risks – including homelessness, isolation, discrimination and victimisation at work, harassment, bullying and hate crime, poor mental health,**

and suicidal thoughts – that may be associated with the health and housing pathways offered to trans people by those services.

- A multi-agency assessment tool should be developed in dialogue and cooperation with the trans communities to assess these risks as a standard part of the trans healthcare pathway.
- All frontline housing needs staff have comprehensive and regular trans awareness training.
- The housing department of Brighton and Hove City Council work with Temporary Accommodation providers to ensure that they are safe and suitable for trans people.
- A requirement for staff awareness training and dealing with transphobic, biphobic and homophobic-abuse is built into contracts with Temporary Accomodation providers.
- An LGBT specialist worker works to make cooperative links with trans community groups and perhaps with a view to providing housing options surgeries at local trans community projects.
- A local connection policy be established in dialogue and cooperation with the trans communities to support trans people who move to Brighton and Hove (see also Browne and Davis, 2008). These develop an understanding of the vulnerabilities of trans people and include these in housing assessments.

12.6. Employment

It is recommended that:

- Discrimination against trans people in employment be addressed by all responsible statutory bodies, in dialogue and cooperation with the trans communities and that these bodies make greater efforts to meet their statutory obligation.
- Statutory bodies take measures in dialogue and cooperation with the trans communities to support the aspirations of trans people to find suitable employment and to realise their career potential.

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Your feedback

We welcome any comments and suggestions.

Please email your feedback to us at:
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Downloadable copies of this and other resources are available from the Count Me In Too website including a directory of local LGBT support organisations and groups.

