

THE EQUALITIES REVIEW

Engendered Penalties: Transgender and Transsexual People's Experiences of Inequality and Discrimination

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Foreword

This research project was undertaken for the Equalities Review between the period of July 14th and September 1st 2006. During this 6 week period, the researchers undertook a mixed quantitative/qualitative approach to collecting and analysing information on transgender and transsexual people's experiences of inequality and discrimination in the UK.

This report is an analysis and summary of the results obtained, and it outlines the levels of inequality and discrimination that trans people face.

The work undertaken is certainly the largest data collection ever analysed and the largest survey response ever received when doing research on trans people's lives. One can never claim that research data is entirely representative of a community, even less so when the community being studied consists of many small sub-communities as is the case with trans people. However, as will be alluded to in the introduction, the reality of the estimated number of transsexual people in the UK means that this piece of work reflects the experiences of a substantial section of the trans community. As such, we are proud of this research, and would claim that it is as near a reflection of the reality of trans people's lives as is possible through data collection.

Acknowledgements

Our contributors, Em Rundall of the Department of International Relations, Politics and Sociology at Oxford Brookes University for her extensive contribution to our understanding of contemporary issues in Employment for trans people. Also Ben Thom, Barrister at Law, who helped again extensively, with our outline of the current position of trans people within the law.

Christine Burns from Plain Sense¹ for providing a significant amount of the qualitative data analysed, and for other key 'memory moments'. Angela Clayton from Press for Change, Emma Cole and Rosie Seymour from the Equalities Review, and Catherine Little and Melanie Latham from Manchester Metropolitan University for their guidance and advice.

The Equalities Review for commissioning this work.

1 <http://www.plain-sense.co.uk/diversity/>.

1 Introduction

Transgender is an umbrella term, coined in the US, used to include people whose lifestyles appear to conflict with the gender norms of society. It includes many types of people and lifestyles. In the use of the broad term, a transgender person crosses the conventional boundaries of gender; in clothing; in presenting themselves; even as far as having multiple surgical procedures to be fully bodily reassigned in their preferred gender role. In this report we will normally use the term 'trans people' to describe those people who might be described as falling broadly within this context, as it has become the term of normal use since the coining of it by Press for Change for their 1996 mission statement: "seeking respect and equality for all trans people".

In this research project, we endeavoured to be as inclusive as possible of different 'types' of trans-identified people. The three categories generally used to describe trans people – transvestite, transgender and transsexual – are very simplistic, and the results of this research will add to the understanding that trans people often have complex gender identities, and may move from one 'trans' category into another over time. The work is intended to provide a snapshot of the current issues raised by trans people as they seek help from the major provider of legal help and advice in this area, alongside a deeper view of their experiences over their lifetimes exploring the means and mechanisms behind the inequality and discrimination that results from prejudice about trans people. As such the work is an analysis of quantitative results combined with qualitative and illustrative words from trans people themselves, analysed in the context of the major legal and social changes of the last 10 years.

The main sources of qualitative data are the **Electronic Materials Databases** (EMDs) of Press for Change and the FTM Network, covering the period 1998-2005. This was supplemented with quantitative and some further qualitative reporting from an **Online Survey** of 873 trans self-identified respondents, which was available for completion during the month of August 2006. Because of the nature of those people who contact Press for Change for advice and information, there is more focus in the qualitative data on those people who live their lives permanently in their preferred gender role. This includes those people who would be identified as transsexual by themselves or others, and who wish to have, intend to have, are having or have had gender reassignment which includes some hormonal therapies and may include surgical gender reassignment.

However, another reason for this focus is that trans people who live permanently in their preferred gender frequently experience victimisation through on-going discrimination, and are treated differently because other people are able to identify them as a trans person, and it is as such that they seek help or support through these groups. The online survey provided some balance as almost 40% of its respondents were not living permanently in their preferred or acquired gender role, thus presenting the views of some of those who identified as temporary cross dressers, transgender individuals and others who self-identify as transsexual but who had not lived, or were not yet living permanently in their new gender role.

1.1 How many Trans People are there?

There has been considerable work on estimating the number of transgender and transsexual people within the UK population (see the discussion in Witten et al, 2003) and the conclusion must be that there is simply no publicly available statistical data on which to make firm estimates. In 2000, after informal consultations with the Passport Section of the Home Office, Press for Change estimated there were around 5,000 transsexual people in the UK, based upon numbers of those who had changed their passports (Home Office 2000), though a Scottish Needs Assessment Survey in 2001 would indicate half that number (Scottish Needs Assessment Programme 2001). As of November 2006, 1,660 people had already been awarded a Gender Recognition Certificate (GRC).² Nevertheless, there is no substantive knowledge of how many people in the UK identify as transgender or transvestite, or use any other gender identity descriptor, but estimates vary considerably, with a quick internet search suggesting figures from about 1 in 100 to as many as 1 in 20 in the male population.

1.2 Experiencing Transphobia

It is the 'transphobic' response of other members of society that results in trans people experiencing inequality or discrimination. Whatever the basis for that response, the evidence from the many cases that have gone before UK tribunals and courts, and the European courts, indicates that trans people's experiences of inequalities and discrimination should not be dismissed as them being 'over-sensitive'.

Recent research by Hill and Willoughby (2005) reviewed the current academic knowledge on the experience of the effects of transphobia in various settings. Most research on the subject of transgender has reported high levels of victimisation including harassment by strangers on the street, verbal abuse, assault with a weapon, and/or sexual assault (Gagne et al. 1996 and Lombardi et al. 2001 cited in Hill and Willoughby 2005), trauma and sexual assault as children and adolescents (Gehring and Knudson 2005, Ryan and Rivers 2003) and this is further supported by the work of Moran and Sharpe 2004, Xavier 2000 and Whittle 2002.

Hill and Willoughby (2005) critique some of the data they review, questioning whether it was representative and whether the results relating mostly to trans women could be transferred to represent the experience of trans men. They also cite a 1986 study which showed that, as a group, health professionals appeared to now:

support the basic human rights of transsexuals with only minor and specific reservations about transsexuals as a group (Franzine and Casinelli 1986).

This assumption is just one of many that this study will challenge.

2 Correspondence between Press for Change and the Gender Recognition Panel Secretariat, November 2006.

It will be taken as an assumption in this study that those people who appear to the onlooker as more 'trans' are more likely to experience prejudice and/or discrimination. Thus whilst the (ftm³) trans man will experience some social problems in the first year or so of transition, these often fade away as they quickly come to look physically very masculine (at least whilst clothed). On the other hand, many (mtf⁴) trans women will face difficulties for many years of their life as they struggle with the limitations of medicine and surgery to facilitate their passing as an ordinary woman in their day to day life. Consequently, they are more likely to become victims of transphobia and are more likely to experience the social stigmatisation that comes with it. That is not to say that trans men do not experience prejudice and its results, but rather that many of them will be more quickly able to escape into a public world where no one knows of their past except in those circumstances such as employment where they are required to prove their identity. However, they also face isolation as for many the 'big secret' they carry with them will quickly limit their social and emotional lives and contacts.

Many trans women who eventually live in their acquired gender, early on in the process will face an often unpleasant divorce and the loss of family home, access to children, and financial problems associated with it. This adds further burdens to their transition.

From the vast amount of data we discovered we could have addressed these issues, as well, many times over, but instead have concentrated on the other aspects of daily life that impact upon personal well being.

1.3 Recent Developments in the Trans Community

The last 16 years have seen a major change in the trans community. The growth of home computer use in the 1990s, and the encouragement of many trans women at the forefront of information technology and internet development was to be crucial in the development of a new, geographically spread but no longer isolated, trans community (Whittle 1998). More recently, it has become a community with an understanding and an awareness of common experiences, through the use of the internet⁵, and the increasing media coverage of trans stories relating to inequalities and discrimination. As such, there is now an awareness of the legal mechanisms which can be used to claim 'rights' and some individuals know that they can successfully seek reporting restrictions within the legal system, so retaining their privacy. This has also led to increasing demands for rights which led, in part, to the Gender Recognition Act 2004, and which is fuelling further demands for discrimination protection in goods, services and housing, better healthcare access and full inclusion within the 'rights' agenda.

3 Female to Male.

4 Male to Female.

5 See the websites of Press for Change www.pfc.org.uk and TransgenderZone www.transgenderzone.com.

The most obvious results of this are court judgements which require action from government or other public or private bodies, and the increasing use of consultation processes to 'talk back' to the public and private sector. The Gender Trust⁶, a support group primarily for trans women, now has 26 corporate sponsors including, amongst others; CapGemini, Morgan Stanley, HM Prison service and Sefton Council for Voluntary Services. Activists from Press for Change have become 'experts' in acting as stakeholder consultees in relation to government functions, and actions, and have access via email to over 2000 trans identified people.

This legal and lobbying expertise of the community was clearly evident in 2002, when proposals for new 'UK relevant standards of care' for transsexual people were thrown out after successful lobbying and public demonstration (Whittle, 2006b). The physician group which provides Gender Identity Clinic services was forced to turn to the Royal College of Psychiatry for help, and new proposals are now being drawn up in full consultation with all providers and the community itself.

Many members of the trans community now participate fully in policy development whether at local parish council level, or government departmental level. This is evident through the work of the Parliamentary Forum on Transsexualism on new Health Commissioning Guidelines (Parliamentary Forum 2005), through every stage of the drafting and implementation of the Gender Recognition Act, and the Royal College of Psychiatry working group.

1.4 Trans People Seeking Equality Now

Many trans people feel strongly about equality issues. As will be seen from this report, they experience high levels of inequalities and discrimination in all walks and aspects of life. Ever since the victory in the European Court of Human Rights in *P v S and Cornwall County Council*,⁷ many members of the trans community have felt disappointed at the apparent unwillingness to extend the principle of non-discrimination in the workplace to the other aspects of life: goods, services, facilities and housing, and to other trans people: cross dressers, transgender people and those whose gender representation is simply different from that of the expected 'norm'.

This disappointment was first expressed on a wide scale when, with only 3 weeks' notice of submission, Press for Change was able to broaden the consultation on the proposed Sex Discrimination (Gender Reassignment) Regulations' 1999 to incorporate the trans community (DfEE 1998). The initial proposals included extending the right to managers to decide when a transsexual person looked 'reasonable enough' to use the appropriate gender toilets; a general exclusion from working with children, and an exclusion for trans doctors and nurses providing any personal care. Over 800 trans people responded within the 3 weeks, showing a new-found confidence and determination to no longer be marginalised members of modern society. Though many of the worst aspects of the proposals were eventually abandoned, they set the tone for the debates on trans equality that have continued to this day.

6 www.gendertrust.org.uk.

7 *P v S and Cornwall County Council* [1996] IRLR 347.

The public debates around the Gender Recognition Act 2004 provided little reassurance, and the Government's apparent deference to the Religious and Faith lobby, particularly in The Gender Recognition (Disclosure of Information) Order,⁸ has not helped to reassure a community which feels that nothing will be given to it without extensive lobbying and, often, a victory at the senior courts.

This general disappointment was compounded after the Equality Act 2006 only included minor provision in the public sector gender duty and did not include proposals, as for sexual orientation, to provide protection against discrimination in goods and services. Similarly, the amendments to the Sex Discrimination Act 1975 (Women and Equality Unit 2006) to implement the Equal Treatment Directive⁹ were felt to be minimal. Now, after the pension victory of the trans applicants Richards¹⁰ and Grant¹¹ in the European Courts, older trans people have become politically active. They contend that the Pension Service is very much dragging its feet over the possibility of backdated pensions for those trans women who had to stop working at 60, but who were advised that they could not claim a pension until 65.¹² One letter sums it up:

like all politicians they quote official regulation and subsection and attempt to baffle the recipient with officialise. However, the bottom line is that I was conned tend (sic.) years ago, by them, into not claiming and they are now using that as a weapon. Fairly typical of these sort (sic.) of people. Despite my making sure they were fully informed that I did not claim because of their instructions in 1995/96. (Personal correspondence to Press for Change, from pensioner, dated 5/09/06)

Several of the pensioners who were advised not to claim when they reached 60 are also married, and have not yet decided to apply for a gender recognition certificate, and all that comes with it – the complications of applying for an annulment and then applying for a civil partnership. As one put it:

we are now 75 and 76. We can't risk a trip out to town to get unmarried and then just trot over to another building to get partnered – we might drop dead on the way. (Personal discussion with author 14/09/06)

The letters this individual is now receiving from the Pension Service state:

Because no Gender Recognition Certificate has been issued in your case you are still regarded as a man for the purposes of a claim to State Pension ... (further) as there was no claim to State Pension at the age 60, the claim was made after the time for claiming. (Correspondence from the Pension Service to applicant for backdated pension, 1/09/06)

8 The Gender Recognition (Disclosure of Information) Order 2005.

9 Equal Treatment Directive (2002/73/EC).

10 Richards v Secretary of State for Work and Pensions (Case C-423/04) ECJ (2006).

11 Grant v The United Kingdom (Application No. 32570/03) ECtHR (2006).

12 Extensive private correspondence between the 'Pensioners Group' and Press for Change, May – September 2006.

This is despite both the Richards¹³ and Grant¹⁴ judgements being about the right to receive a pension when living as a woman for all purposes, regardless of legal gender recognition (which was not available at the relevant time to the applicants). More specifically, Richards extended the principle of equal work-related benefits which are now determined under the precedent in *P v S and Cornwall County Council*¹⁵ and therefore the principles relate to those "intending to undergo, undergoing or having undergone gender reassignment" and not to legal recognition in the acquired gender. The final decision of the Social Services Commissioner, as to the national position, in the Richards case was unfortunately not forthcoming as the parties settled rather than seek a final decision.

The proposed Single Equality Act (SEA) is seen as surely, the place where provision would be made to end all arbitrary and unreasonable discrimination, no matter on what grounds. The six strand approach has however, once again, left the trans community feeling left out, despite the reassurances that that is not the intention. In early discussions between Press for Change, the transition body of the Commission for Equality and Human Rights, implied that the SEA would not meet the level of protection trans people had hoped for. Trans people instead are left hoping that the European Equal Treatment Directive implementing the principle of equal treatment between men and women in the access to and supply of goods and services,¹⁶ in which it was minuted that:

*the Council and Commission recall the jurisprudence of the Court of Justice in case C-13/94 P v S and Cornwall County Council, where the Court held that the right not to be discriminated against on grounds of sex cannot be confined simply to discrimination based on the fact that a person is of one or other sex, and may include discrimination arising from the gender reassignment of a person.(re item 3, para 2)*¹⁷

might enthruse the Government to consider extending some substantive goods and services protection beyond the currently restrictive grounds of gender reassignment used in employment cases. This could confirm that legal recognition for all purposes, can now be obtained without medical treatment, as such, and it will only be with such an extension of the legal principle beyond gender reassignment that we shall see the vast majority of the UK's trans people, who are not transsexual, obtain rights as individuals, which they can enforce.

13 Richards v Secretary of State for Work and Pensions (Case C-423/04) ECJ (2006).

14 Grant v The United Kingdom (Application No. 32570/03) ECtHR (2006).

15 P v S and Cornwall County Council [1996] IRLR 347.

16 2004/113/EC Equal Treatment Directive banning gender discrimination in the area of goods and services.

17 Minutes of the 2606th meeting of the Council of the European Union (EMPLOYMENT, SOCIAL POLICY, HEALTH AND CONSUMER AFFAIRS), held in Luxembourg on 4 October 2004.

1.5 InEqualities InAction: The case of the Prison Service disappearing Guidelines

Action counts. In 1996, a report was prepared at the invitation of the Home Office, by members of the Gender and Sexuality Alliance¹⁸ and Press for Change as part of a proposed review of Prison Service Guidelines relating to the treatment of Transsexual Prisoners. In an answer to the House of Commons in 1997, the Prison service stated that it was

currently engaged in drawing up guidelines for issue to establishments on the care, management and treatment of prisoners with gender dysphoria (Hansard, Written Answers: 9 Dec 1997 col.503)

In 2000 the Prison Inspector, Sir David Ramsbotham stated that trans prisoners risked serious health problems "because they have been denied treatment and should be given the same access to surgery as members of the public" (Goodchild 2000). And in 2001, the Home Office Research Directorate commissioned a pilot study relating to the Probation Service and questions of incarceration (Stephens, Whittle 2001). The resulting report made quite clear proposals for guidelines.

During that time, Press for Change has been asked to advise on 5 separate versions of the 'new' Prison Guidelines, most recently in early 2006. A letter to Press for Change arrived while we were writing this report. The letter was from a trans woman, a prisoner, still housed in a male prison despite having received a gender recognition certificate. She says:

I am in a male prison, but have recently been granted my full gender recognition certificate, and am now seen as female. As this is a new thing for the prison service no one knows what to do as there are no guidelines or anything for them to follow. ...

... there about 20-30 transgender-ed (sic) prisoners ... and more people will have their gender recognition certificates granted. So, if the prison service and relevant authorities are at a loss with how to deal with ... Gender recognition certificates then I can only see this problem escalating in the future and this is why I believe something needs to be done about this by creating guidelines etc. (Personal correspondence to Press for Change, from prisoner, dated 25/09/06)

So 10 years later the promised Prison Guidelines have yet come to nought.¹⁹ In the meantime, another prisoner in the same position contacted one of the authors in July 2006 asking for advice on how to take the Prison Service to task through the courts in order to have her legal recognition recognised, citing their ongoing failure to do so as 'cruel and unusual punishment'. How long before the courts become involved, as has happened in the numerous prisoners' cases in the USA?

¹⁸ The Gender and Sexuality Alliance, Middlesborough, is now no longer in existence having closed in 1998.

¹⁹ 13 November 2006, A letter from Patrick Hunter on behalf of Gerry Sutcliffe, the Under-Secretary for Justice, states the Prison Service is "working towards publication in the new year".

1.6 The Future of Trans Equality and Non-Discrimination

The Gender Recognition Act 2004 is a great step forward, but it was not given freely. Every legal gain made by the UK trans community has been through the courts rather than through the good will of a government pledged to equalities for all.

This report, and what the Equalities Review makes of it, will be a rare opportunity to influence future policies to recognise the existence of trans people as citizens. It is the largest and most definitive overview ever taken of trans people's experiences of inequalities and discrimination. As such it will hopefully be used as a central reference point, highlighting issues and informing decisions which would hopefully, like the Gender Recognition Act, 'push the envelope' for trans people's equality, regardless of their gender identity, expression and presentation.

To date the history of trans equality in the UK has been a case of Inequalities Inaction. The authors of this report had expected there to be significant reporting of inequalities and discrimination, but the extent of what we have discovered far exceeded the expectations even of the lead author, who has been working in the field and providing legal advice to trans people for over 15 years. The future needs to be different.

2 Executive Summary

2.1 Summary report

This report is based upon

- a qualitative review of 86,000 emails to Press for Change and 16,000 online postings to the FTM UK email list.
- A quantitative analysis of responses from 872 self-identified trans people, to an online survey.

We are satisfied that the analysis of the Electronic Materials Database (EMD) produced results which were representative of the issues raised with Press for Change, by trans people seeking advice or information over the period 1998 to 2005. We are further satisfied that the respondent group to the online survey correlated closely to previous research, and is significant enough in size to draw the conclusions we highlight.

The categories transvestite, transgender and transsexual are commonly understood as discrete. This research has found that trans people have complex gender identities, often moving from one 'trans' category into another over time. Our survey found that 44% of respondents not living permanently in their preferred gender (who would be understood as transvestites), intended to do so in the future. This has implications for current law which offers some legal protections only for those who are understood as transsexual.

Appendix two shows the method of analysis of the Online Survey and the Electronic Materials Database analysis. This was done using keywords to discover in what **sectors** and **spheres of life** people experienced the results of prejudice and the **trigger points** which resulted in those prejudices being manifested, leading to the trans person experiencing inequalities and discrimination.

2.2 Trigger Points

The main trigger point for inequality or discrimination was discovered, not surprisingly, to be the point of transition in the workplace. Transition takes a lengthy period of time for most people. It commences on the day they start work or full-time education in their new gender role and finishes when they are happy that all of the procedures they require are complete. The period of transition may be as little as one year for someone who accesses their health care privately, but may be as long as 6 to 10 years for someone seeking gender reassignment surgery through the NHS.

Other trigger points were

- when a person started cross dressing publicly,
- during the periods of gender reassignment surgery, or
- when a person's intention to cross dress or to transition to living permanently in their acquired gender was discovered within the family home.

These were all crisis points when other people acted on their prejudices. The trans person experienced inequality, and in many cases, unlawful discrimination as a consequence.

2.3 Sectors and Spheres of Life

The sectors of life in which discrimination and inequality most impacted trans people's lives were employment and the workplace, healthcare access and leisure and education. The spheres (times) of life which were problematic were, again, in employment, when young people were in their own accommodation without family support, or during a marriage when the cross gender identity became a significant relationship issue.

2.4 The Workplace

We found that despite the over-representation of trans people in the senior occupation classes compared to the UK National average, the workplace affords a poor experience for many trans people. Bearing in mind that working is a crucial part of the transition process, it is worrying to discover that 42% of people not living permanently in their preferred gender role were prevented from doing so because they feared it might threaten their employment status.

This is not surprising when we find that almost 1 in 4 trans people are made to use an inappropriate toilet in the workplace, or none at all, in the early stages of transition. At work over 10% of trans people experienced being verbally abused and 6% were physically assaulted. As a consequence of harassment and bullying a quarter of trans people will feel obliged to change their jobs. More research is needed to discover why employers are failing to protect their trans employees.

2.5 Changing Documents

The changing of one's documentation is a crucial part of the transition process, which should be relatively easy in this time of automated computerised systems. Banks and other financial institutions all too often fail to promptly change the details on people's records. The proposed new NHS Spine, which will be key to providing electronic NHS Care Records for every patient, will have failed badly if it does not manage to resolve the problem of changing people's gender and name on records.

The arrival of the Gender Recognition Act and certificate has added another layer of complication. For many years a whole range of institutions have routinely changed people's details on production of a doctor's note and a formal change of name. The Gender Recognition Act has confused this process. Many organisations, including universities, the police and health authorities now falsely claim that no change of name, gender or pronouns can be made without a gender recognition certificate. There is a real need for government to provide an easily accessible point of information for employers and others to reinstate a simple process which had been in existence for many years.

2.6 Confidence in the NHS

The health care system of the UK is key to many trans people managing to fulfil their lives. Clearly for some the expertise, help and care they receive is very positive. Around 21% of trans people start the process by seeking help from a knowledgeable GP to begin the process of obtaining GRS, or other relevant services.

However this research also found, that another 21% of respondents' GPs either did not want to help, or in 6% of cases actually refused to help. This is an improvement of 50% compared with the experience of services over 15 years ago, but it still presents a considerable barrier. In the more general health care sector 17% of respondents had experience with a doctor or nurse who did not approve of gender reassignment, and hence refused services. Some 29% of respondents felt that being trans adversely affected the way they were treated by health care professionals.

Trans people continue to face problems receiving funding for treatments from PCTs and waiting times for assessment or treatment have not improved over the last 15 years.

2.7 Safety in Public Spaces

Trans people fear for their safety, to the extent that those not yet living permanently in their new role do not go out into public spaces in their preferred gender.

73% of respondents experienced harassment, with 10% being victims of threatening behaviour when out in public spaces. General confidence in the police among members of the trans community is quite high, however, 18.5% of those who actually had interactions with the police felt they were not treated appropriately.

2.8 Goods, Services and Housing

Accessing goods and services figured high on the list of sectors in which trans people face problems. We found that 47% of trans people do not use public social or leisure facilities for fear of discriminatory treatment – by being refused access, or having their access limited in some way.

Trans people are also situated in the most vulnerable of housing provision. We found that one in four trans people live in private rented accommodation, which is double the figure for the UK general population. Private sector housing provision is often of poorer quality with less security of tenure.

2.9 The School Experience

The young trans person, who is forming their identity in school, faces bullying and harassment. Some 64% of young trans men and 44% of young trans women will experience harassment or bullying at school, not just from their fellow pupils but also from school staff including teachers. These are higher rates than shown in many studies on young lesbians and gay men at school. The research also counters the commonly held belief that there is less tolerance of 'sissy' boys than tomboys, finding that females who become trans men later in life faced the most harassment and bullying at school.

The research shows a major difference in final educational achievement levels in the trans population compared to the UK average. Many trans people leave school after completing Level 2, but 34% obtain a degree or higher degree (later in life), compared to the UK national average of only 27%.

2.10 In the Home and Neighbourhood

We found that trans people experience many problems at home and in their neighbourhood, with some losing their family support network, their home and friendship circles. Some 45% of respondents reported family breakdown which was due to their cross gender identity. 37% are excluded from family events and have family members who no longer speak to them because they have transitioned to their acquired gender, and 20% of respondents felt informally excluded from their local community and neighbourhood since their transition.

2.11 Conclusion

This research is the most comprehensive study ever undertaken of trans people and their lives. It raises questions about the impact of government policy and legislation to date and challenges existing knowledge and beliefs about who makes up the trans community and the important issues they have to face in life.

It demonstrates the need for effective solutions to be developed, as to date the solutions presented appear to have changed the quality of trans people's lives very little.

Anti-discrimination legislation, as seen with the Sex Discrimination Act, the Race Relations (Amendment) Act and other Acts, is the first step in a much larger educational programme of creating acceptance of diversity and difference. This research clearly demonstrates the need for the government to act upon various recommendations made throughout the report.

One of the aims of the Equalities Review is that everyone be enabled to reach a 'capability threshold' in order to have a role that they value in modern society – for example having reached a minimum standard of education as well as an entitlement to work (when able) and a decent place to live. Our research has found that many trans people exceed this criteria in their level of educational achievement (see Figure 6.8) and occupational class (Figure 4.10). Yet, more are living in the most vulnerable of housing compared to the national average (Figure 6.1). Our findings suggest that post-transition, trans people's ability to play an autonomous role in society can diminish, through discrimination in employment and access to healthcare, difficulties changing documentation, harassment in the workplace and public spaces and neighbourhoods, as well as a potential loss of the support systems of family and friends.

Another aim of the Equalities Review is to remove the unfair penalties associated with gender, race, disability or sexual orientation. We hope that based on the evidence of this report, gender identity will also be included in this list and that policy makers take into account the penalties that trans people face.

Many of our recommendations offer simple solutions and some are long-term projects requiring further research and policy development. However without these, young trans people will continue to face a lifetime of inequalities and discrimination which, as the attempted suicide figures show, puts lives at risk. We hope that our recommendations will be implemented to improve the life chances, equality of aspiration, opportunity and achievement for all trans people.

2.12 Recommendations

The Workplace

- More research needs to be done on why employers are failing to comply with the law and protect trans employees.
- Trans awareness raising and training for employers and those working in Human Resources.

Our research finds that high numbers of trans people (38% of our sample) fall outside of the legal definition of 'transsexual' and are not offered that legal protection. We have also found people within this group are intending to transition but current workplace conditions are preventing them from doing so. We further recommend:

- That the legal limitations defined under statutory law should be revised so as not to be as definitive or exclusionary, and should be extended to protect many more trans people including those not intending to undergo gender reassignment surgery.

Changing Documents

- That a government resource be made easily accessible to trans people and others, which stipulates the legitimate protocol for name and gender changes and the legal consequences for failing to comply.

Confidence in the NHS

All healthcare providers, including ancillary and support service staff need:

- A staff development structure that regularly raises training about trans people's issues;
- An understanding that because someone is presenting with a trans issue, there is no basis, such as a conscience clause, for any doctor to refuse help whether referring onwards, providing regular hormone prescriptions, or ordinary health care;
- Education on what it is to be a trans person, on trans patient's rights, including the right to dignity, decency and respect, and especially the right to privacy as afforded by the Gender Recognition Act 2004;
- Training to ensure an awareness that once a person's trans issues have been addressed, they will still have the ordinary health problems that other people face;
- Training on recognising that trans people, when presenting with non-trans related health problems, need treating equally alongside other patients;
- Simple education and leaflet guidance for doctors, nurses and other health care staff on how to work with trans patients on issues of dignity, particularly the right to be treated as a member of their new gender, and privacy obligations.

Safety in Public Spaces

- Police services should make a priority response when a trans person calls for help;
- Police services should not assume the trans person is the cause of any incident;
- Police services need further informing and educating about the nature of trans identities;
- Transphobic Crime should be recorded in all police authorities;
- The CPS needs information to enable it to determine whether it is in the public interest to prosecute a trans person who has been a victim of a crime, in the same incident;
- More research is needed to determine the basis of transphobic crime, to develop responsive policies and to ensure appropriate intervention when individuals are vulnerable e.g. providing alternative housing;
- Education on trans lives needs to start in school, and transphobic bullying or language needs quick action to curb it.

Goods, Services and Housing

- Legislation is needed to ensure trans people are protected from discrimination in the provision of goods, services, housing and facilities;
- Because of under-reporting due to the acceptance that there is no legal protection, the true extent of discrimination is unknown. Consequently more research is needed to evaluate how far-reaching discrimination is;

- Priority in housing needs to be afforded to trans people experiencing abuse and harassment in their accommodation;
- Clear guidance needs to be given to ensure service providers are encouraged to welcome trans people.

Schools

- Transphobic bullying is rife and there is a need for education, not just of children but also school staff and other workers.
- Research needs to be done into the experience of trans identified or masculine female adolescents, and their need for protection from bullying.
- There is a need for projects to ensure trans identified young people are helped to stay on at school, rather than leave and seek education later as 'second chancers'.
- Research should explore the reasons why trans people appear so well educated as adults, and to discover whether less able trans identified youth are ill-equipped to fully transition later in life.

In the Home and Neighbourhood

- Families need access to good straightforward information about what is going to happen to their family member;
- There need to be opportunities for families to meet with other families; and for
- 'Family' information, workshops and other activities to encourage the retention of the family structures.

3 Background to the Report

3.1 Other Recent Research on Inequalities and Discrimination

There has been little evidence-based research on the nature of inequality and discrimination experienced by trans people, but the available evidence suggests that discrimination and prejudice are pervasive (Lombardi et al 2001; Hill and Willoughby 2005). Research has shown that inequality and discrimination are experienced by trans people in employment (Whittle 2000) and that prejudice and marginalisation are barriers to accessing health care (Scottish Needs Assessment Programme 2001; Inclusion Project 2003; Lombardi 2001) and housing (Xavier 2000). Trans people are over-represented in the prison population in proportion to the estimated trans population and in every sphere of life, are subject to high levels of abuse and violence (Genderpac 1997; Xavier 2000; Lombardi et al 2001).

3.2 Defining Inequalities and Discrimination

3.2.1 Transphobia

Transphobia is now recognised by the police service as a factor in Hate Crimes and Hate Incidents. The national True Vision initiative launched in 2004, to encourage the reporting of Hate Crimes against minority communities, records Transphobia as a separate category of hate crime. In this context, transphobic hate crime is defined as:

Any incident which is perceived to be transphobic by the victim or any other person. (http://www.online.police.uk/english/description_hate_crime.asp).

One useful conceptualisation of prejudice towards trans people, by social psychologists, identifies three elements: 'transphobia', 'genderism' and 'gender-bashing'. Transphobia is defined as follows:

Transphobia is an emotional disgust toward individuals who do not conform to society's gender expectations... Note that the use of the "-phobia" suffix does not imply that a transphobic person suffers clinical phobic reactions; nor does it imply that the transphobic person is suffering from a disorder. The "phobia" suffix is used to imply an irrational fear or hatred, one that is at least partly perpetuated by cultural ideology. (Hill and Willoughby 2005: 91).

Thus transphobia is an irrational reaction to those who do not conform to the socio-cultural ideology of gender conformity. 'Genderism', the belief that non-conformity to conventional notions of masculinity and femininity is pathological, can be forced upon others or internalised. Hill and Willoughby (2005) argue that Gender-bashing is the violent manifestation of transphobia in the harassment or assault of trans people. Although there is a paucity of research on the prevalence of transphobia, recently conducted research on attitudes toward trans people found that anti-transgender views were neither rare, nor difficult to elicit. One study of a sample population of well-educated residents of a cosmopolitan city with a reputation for liberal attitudes towards sexuality and gender, demonstrated 'extremely intolerant attitudes toward gender variance' (Hill and Willoughby 2005: 99). This evidence is backed up by another empirical study conducted in the UK which found that an ideology of gender conformism based on biology was strongly linked to an opposition to trans people's civil rights (Tee 2006).

As will be seen, this report supports much of this data, though by concentrating on aspects of life other than those which might form the basis of criminal prosecution, it throws up some new and interesting data highlighting the aspects of life which are most impacted, at which stages of life, and the trigger point that causes the irrational reaction to take place.

3.2.2 Violence

The first national survey on violence against trans people conducted in the US, and the largest sample on record, documents the high levels of violence and abuse that trans people face. The study found that 48% of respondents had been victims of assault, including sexual assault and rape, and 78% had experienced verbal harassment (Genderpac 1997). Other research conducted in the US found that 43% of the participants had been a victim of violence or crime, with 75% of those attributing a motive of either transphobia or homophobia to it (Xavier 2000). It has also been suggested that young trans people are particularly vulnerable to victimization and harassment, compared to adults (Ryan and Rivers 2003).

3.2.3 Employment Discrimination and Prejudice

Although little empirical work has been done in the area of employment, available studies provide strong evidence that 'harassment and other forms of discrimination in the workplace, from recruitment to promotion, is endemic when it comes to transsexual people' (Whittle 2000: 12). Despite the legal obligations of employers to comply with the sex discrimination legislation introduced between 1996 and 1999, a survey of transsexuals in employment found that many employers of transsexuals failed to have anti-discrimination or anti-harassment policies for gender (Whittle 2000). This neglect was demonstrated most acutely in the failure by many employers to provide toilet facilities appropriate to participants' new gender role at the time of transition. Half of respondents reported that they were denied access to toilets appropriate to their gender role when they began their transition (Whittle 2000).

This research also found discrimination in terms of retention, promotion and recruitment, pay and evidence of harassment and abuse. In terms of retention for example, over half of respondents had changed employers either because they were forced to leave by their previous employer, or felt compelled to leave due to the working conditions post-transition. Respondents to a survey also reported that they were now doing lower paid work since their gender transition. Moreover, 38% had experienced harassment at the time of transition and 25% had experienced it at work for a period after transition. Some reported experiencing verbal abuse (23%) and physical abuse (6%). In terms of recruitment, 49% of respondents who had transitioned after the legal protection for transsexual people in employment was introduced, reported that they were discriminated against frequently in recruitment on the basis of their gender change.

Research in the US also found that 37% of transsexuals taking part in a survey had been demoted at work or lost their jobs due to their gender transition (Lombardi et al 2001), and another US study found only 58% of trans people in paid employment, with 15% of respondents reporting their trans status as the reason they lost their job (Xavier 2000). The overall socio-economic discrimination experienced by trans people, as a result of poor pay, job loss or low income support has been strongly linked with experiencing a transgender-related violent incident (Lombardi et al 2001), suggesting that poor employment protection for transgender people can compound their vulnerability to discrimination and harassment in the workplace and violence in other spheres

3.2.4 Criminal Justice

Research has found that trans people are over-represented in the prison population – more than twice what would be expected with the available estimates of the size of the trans population in the UK as a whole (Poole et al 2002). Many of the offences trans people were incarcerated for involved gaining money for surgery (for example, handling stolen goods). Poole et al's research called for transgender people to be included in diversity policies in the criminal justice system and for training on transgender issues for probation and prison officers.

There has been no statistical collection of data in the UK concerning the trans prisoner's experience of violence, however there have been several high profile trans prisoner claims made in the USA which sought damages after a prisoner had faced brutal violence, including rape, after being knowingly placed in a vulnerable situation (Peek 2004). One of the authors of this report has had regular contact with 8 UK prisoners and (now) ex-prisoners over the last 15 years, and can report that in all but one case they were a victim of assault by other prisoners. In one case this led to a 5 figure out of court settlement from the Prison Service.

3.2.5 The Vulnerability of Young Transgender People

Young transgender people are particularly vulnerable to discrimination and harassment. In the US, research has found that transgender youth are particularly vulnerable to harassment and abuse in school and community settings (Ryan and Rivers 2003; Haldeman 2000). One study found that school psychologists have little understanding of transgender issues, as much literature in the field of psychology has a tendency to pathologise young people who are non-conforming in their gender (Haldeman 2000). In another study, Jeltova and Fish (2004) highlight the need for systemic change in schools with the establishment of anti-harassment and LGBT-friendly environments in schools.

Other work has suggested the need for a knowledge-base of good practice to be incorporated into the social work curriculum, as social work practitioners have very limited knowledge or training to inform their work with young transgender people (Mallon 1999). Other research in the US suggests that young trans people are highly at risk of victimisation, violence and multiple health problems which are strongly related and cumulative. For example, in the US, the rates of HIV infection among transgender youth are the highest at 14.3% compared with African American young men – the next highest group amongst HIV+ young people – at 14.1% (Ryan and Rivers 2003).

3.2.6 Accessing Gender Reassignment Services and other Health Care

There is strong evidence that access to good healthcare for trans people is sporadic in the UK. At best, there is widespread ignorance of the healthcare needs of trans people and at worst, there is prejudice. Two studies of the health needs of trans people in Scotland found services for treatment and support were haphazard, with many GPs having no knowledge of transgender issues and a lack of information in health centres. One of the studies found that professional isolation and ignorance of gender identity problems are widespread:

Professionals hold widely polarised views of transsexualism and gender dysphoria, ranging from strong moral disapproval to considerable empathy. (Scottish Needs assessment Programme 2001:15).

This research recommended the establishment of an integrated programme of audit and research on transsexualism in Scotland and that 'services should be community-based and patient-centred, taking into consideration a social model of health'.

Another study of transgender healthcare in Scotland found that many health professionals confused transgender issues with issues of sexual orientation and that prejudice and discrimination were common experiences for trans people. It concluded that:

the health needs and service experiences of Scotland's Transgender population remain one of the most neglected areas of research in relation to LGBT health. This reflects the marginalisation of Transgender individuals and groups in Scotland. (The Inclusion Project 2003:18)

Both studies in Scotland have recommended further research and a range of initiatives have been launched to improve understanding of the healthcare needs of trans people.

4 Findings – A Tale of Ordinary Folk

4.1 The Where and When of Discrimination

The Figures below illustrate the top sectors and spheres in which trans people experienced discrimination, drawing from the Electronic Materials Database (EMD), as well as the most frequent trigger points. Figures 6.1–6.3 show that the most problematic areas for trans people are transitioning at work, healthcare and being a young person in one’s own accommodation. These will be analysed in more detail in the appropriate sections of the report.

Figure 4.1: Top sectors in which people experienced discrimination

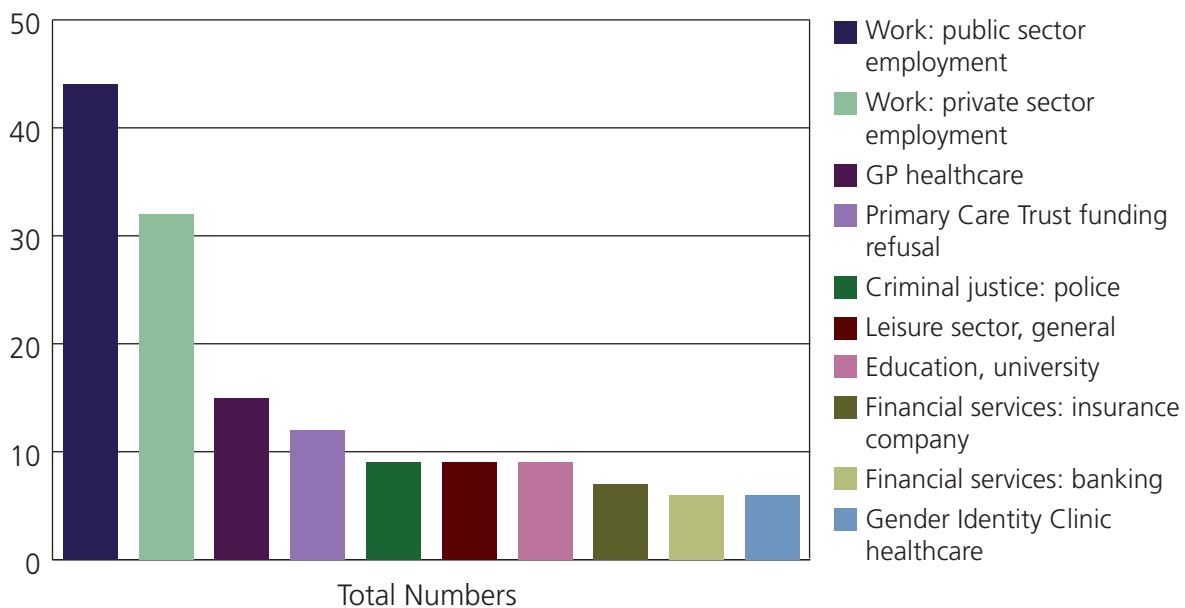


Figure 4.2: Top 9 spheres of life in which people experienced discrimination

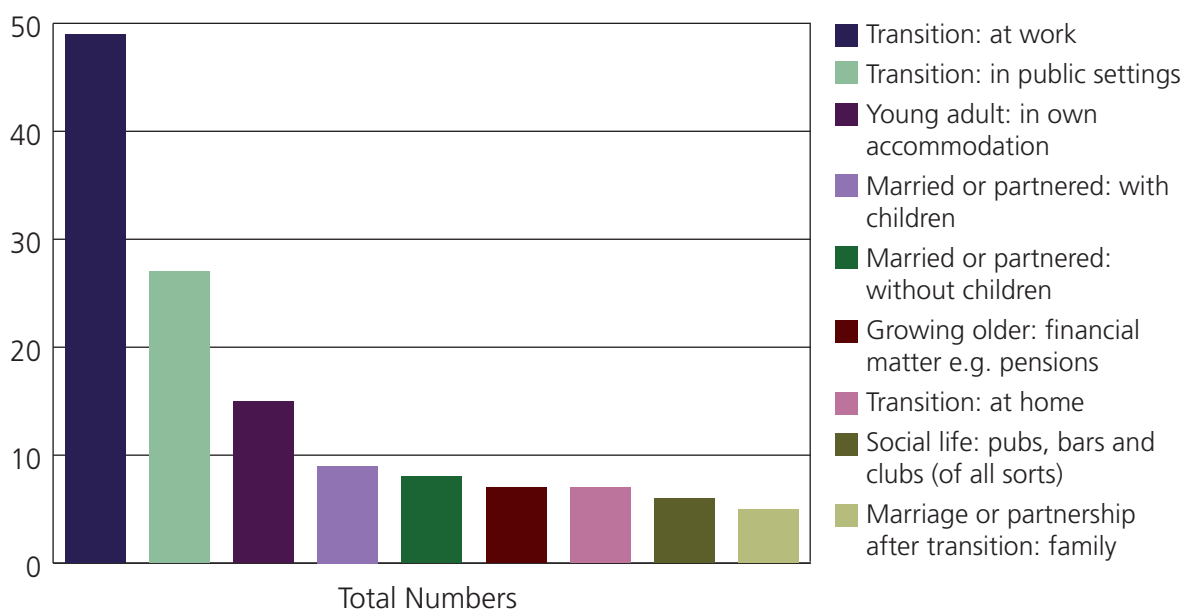
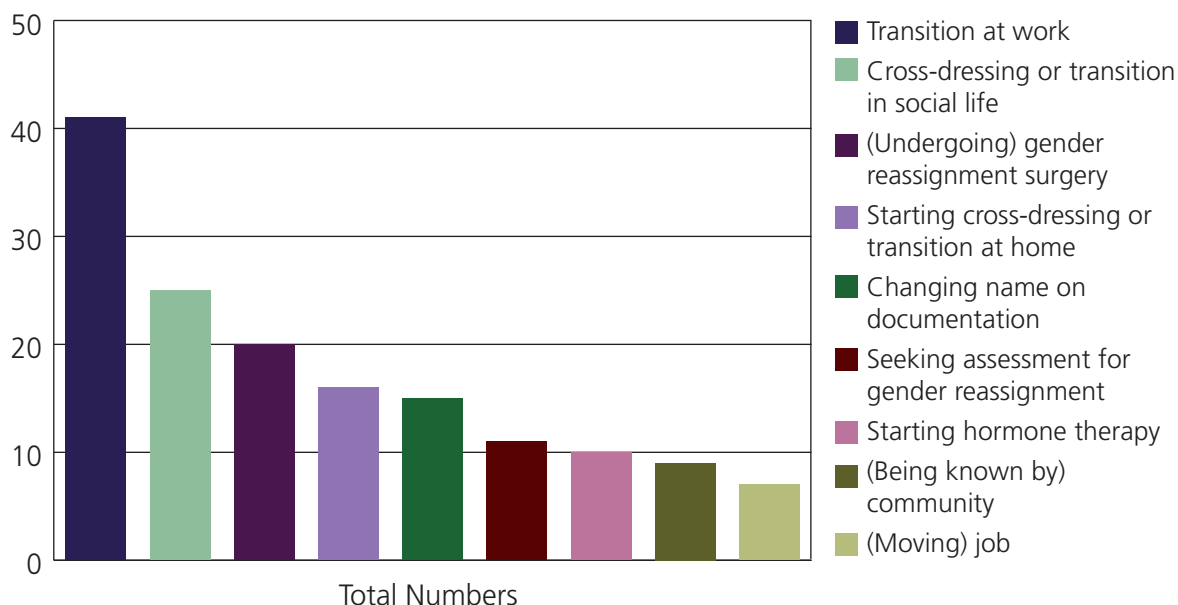


Figure 4.3: Top 9 trigger points

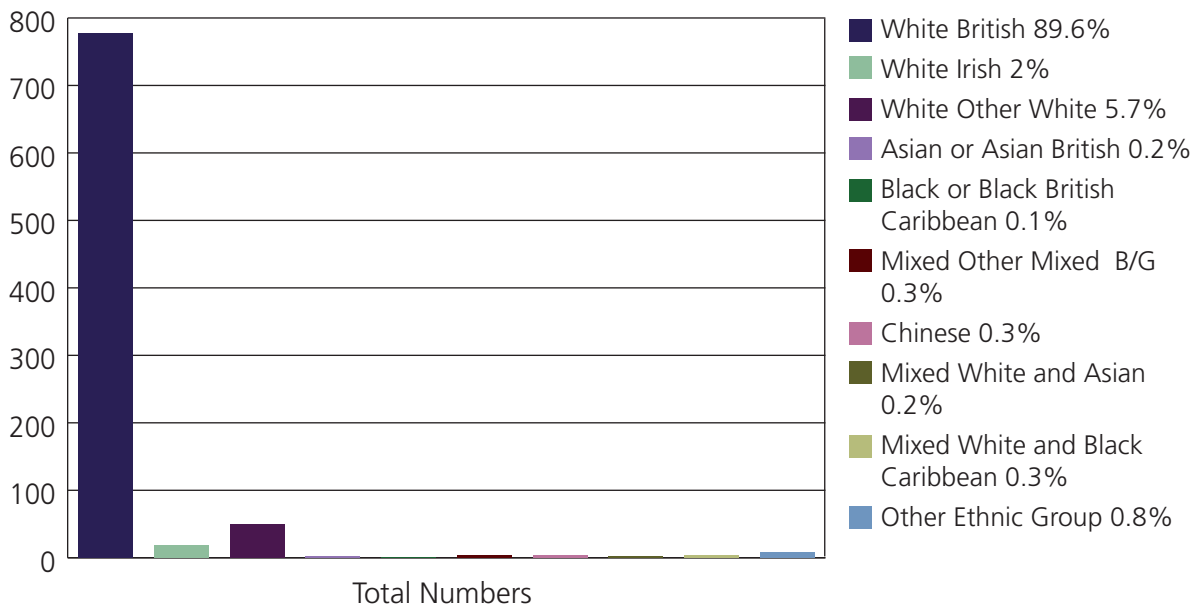
4.2 Great Expectations: the Online Survey Response

The response to the online survey exceeded our expectations. With a final total of 872 respondents (after removal of duplicates and incomplete responses), the survey constitutes the largest sample to date of any sociological study conducted on trans people globally. The national survey on trans violence in the US had 402 respondents (Genderpac 1997); the Washington needs assessment of the health and housing needs of the transgender residents of the District to Columbia had 252 respondents (Xavier 2000); Whittle's (2000) survey of employment discrimination of transgender people in the UK had 208 respondents. The only other large scale study was conducted by Pflafflin and Junge (1992) which was a literature review of over 70 clinical studies on sex reassignment from 1961 to 1991 of 2000 patients in 13 countries.

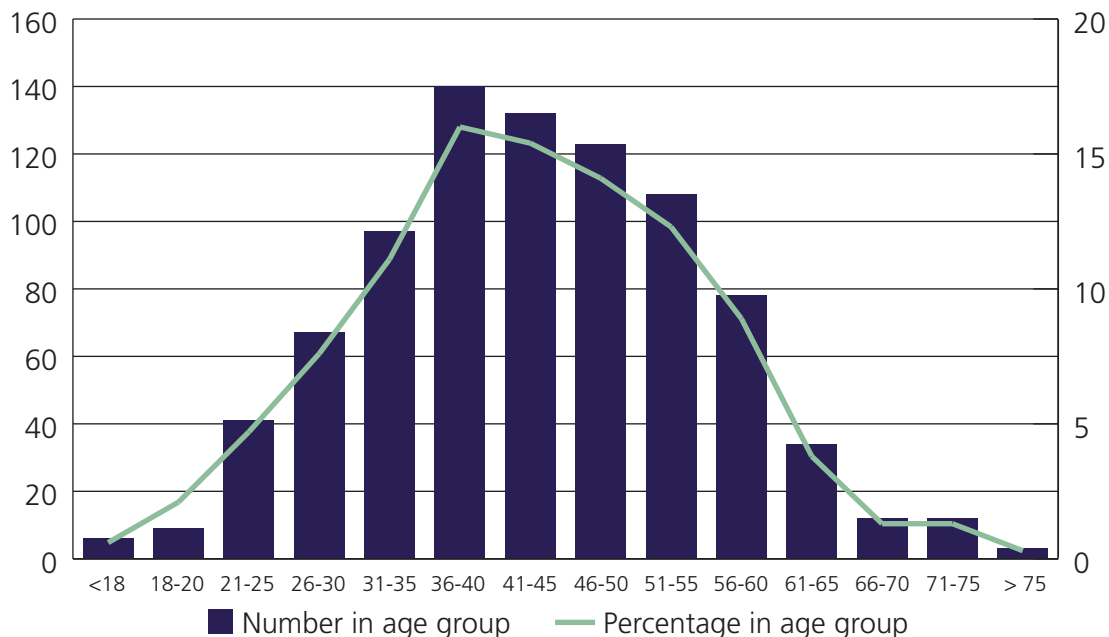
4.2.1 Who Responded: A tale of Ordinary Folk?

The online survey data was analysed statistically using Excel and was compared with our findings from the EMD to see if there was a commonality of trans people's experiences in sectors and spheres of life. The sections of the survey where we asked respondents to describe an incident or explain an answer were extracted and used for the case studies.

The respondent group was not completely representative of the UK population: for example, the survey was under-representative of non-white people (Figure 4.4).

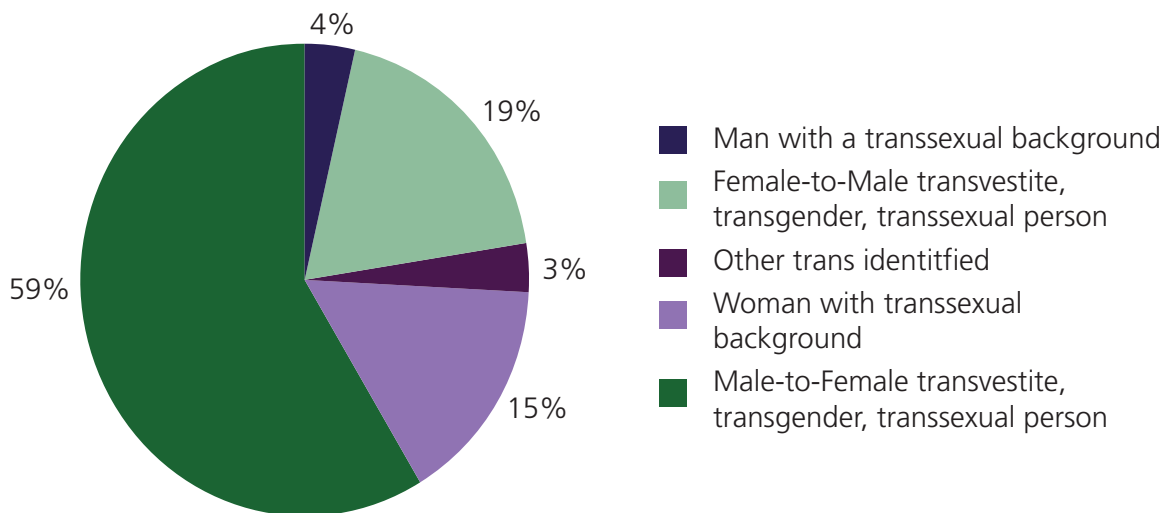
Figure 4.4: Ethnicity of respondents

However, the respondents did, on the whole, mirror the bell curve of age in the general population. Of course there were very few young respondents, and there was a slight upward shift, with transsexual women being on average older than the general population figures.

Figure 4.5: Age of respondents

Our sample is comparable to other data on trans people. The majority of respondents were aged 36-40 and had transitioned permanently to their acquired gender less than 10 years ago. The majority age of respondents for Genderpac's (1997) study was 30-44. A longitudinal demographic study in the Netherlands (Van Kesteren et al 1996; found that the majority of female-to-males transition at 20-25 years old and male-to-females at 25-30 years old. Another longitudinal study in Germany of applications for gender reassignment following the German Transsexuals' Act found that the average age was 33 (Weitze and Osburg 1996, based on 1422 judicial decisions).

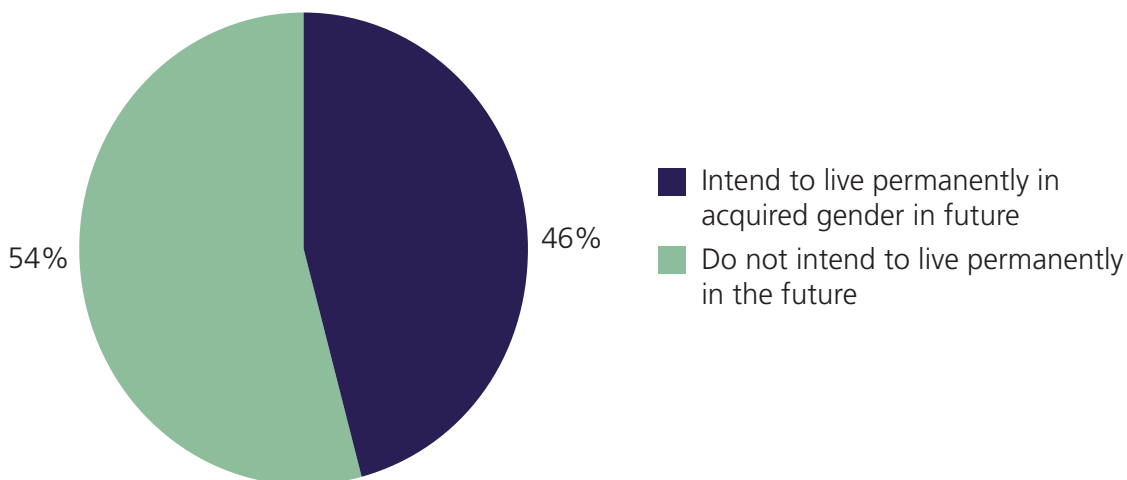
Figure 4.6: How respondents identified their trans selves



The largest respondent group in our sample, 74% (646) identified as a male-to-female transvestite, transgender, transsexual or trans person, or woman with a transsexual background and 22.6% (197) of respondents identified as a female-to-male transvestite, transgender, transsexual or trans person or man with transsexual background. This gender ratio of 1:3.46 corresponds with surveys in other European and North American states in the expected ratio of trans women to trans men, between 1:4 (Pauly 1968) to 1:3 (Walinder 1968, 1971) (Gooren et al. 1992) (Weitze and Osburg 1998).

39.3% (342) of respondents were not living permanently in their acquired gender, in other words they would currently be classified or identified by the outside world as cross-dressers or transvestites. We analysed what the future intentions were of these people, to evaluate whether they would continue to identify as a cross dresser or whether they would prefer to move on into the transsexual grouping.

Figure 4.7: The intentions of the 329 respondents not living permanently in their acquired gender



These findings suggest that the categories 'transvestite' and 'transsexual' may not be such discrete groups – 46% of those not living permanently in their new gender answered 'yes' when asked if they intended to live permanently in their acquired gender in the future. This group would currently be categorised as 'transvestite' or 'cross dresser' and as a consequence not benefit from the recent legal protection that being categorised as 'transsexual' grants.

We compared characteristics of the survey respondents with those expected for the UK population. Some sections of our sample matched UK statistics quite closely, others were significantly different. For example, the percentage of respondents who stated that they were disabled corresponded with UK population statistics (see Figure 4.8), as did the percentage in receipt of social security benefits.

Figure 4.8: Percentage of respondents who were disabled compared with disabled people in the UK²⁰

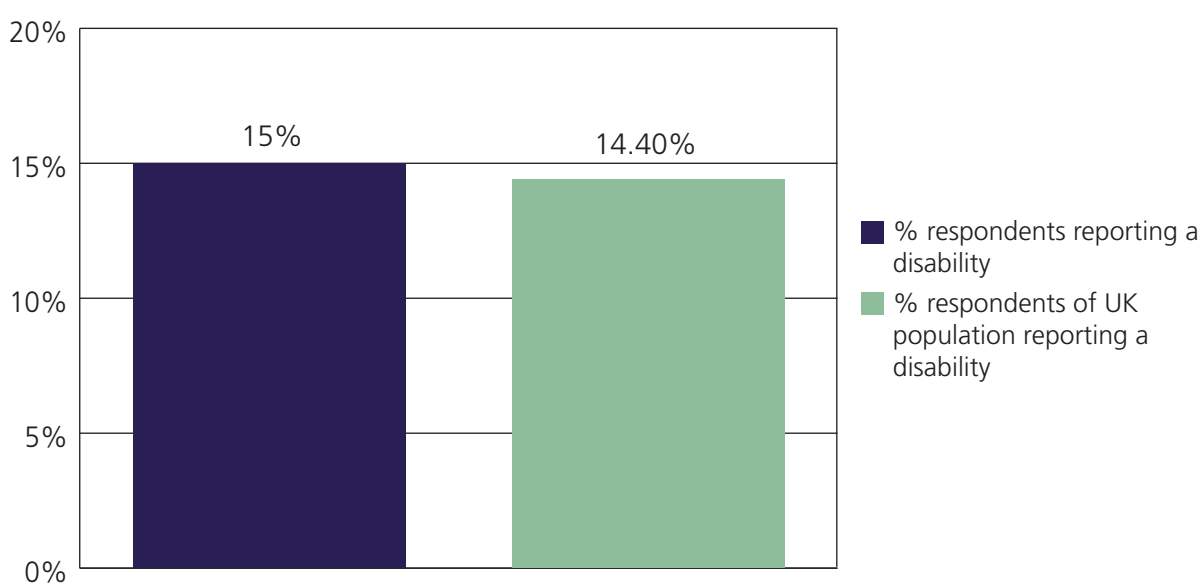
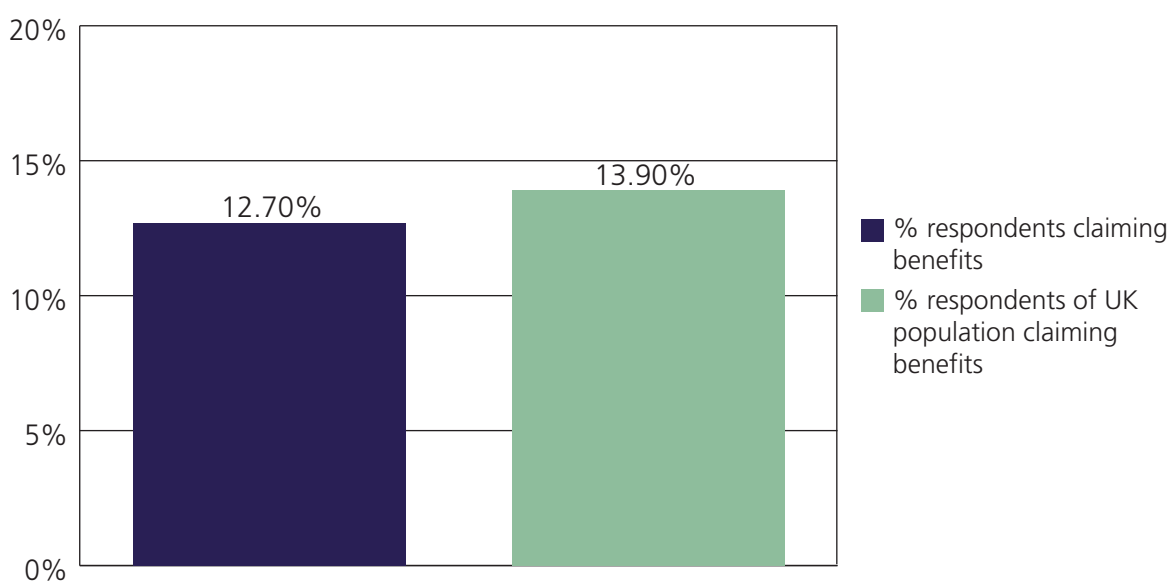


Figure 4.9: Percentage of respondents claiming benefits compared with percentage of UK population claiming benefits²¹

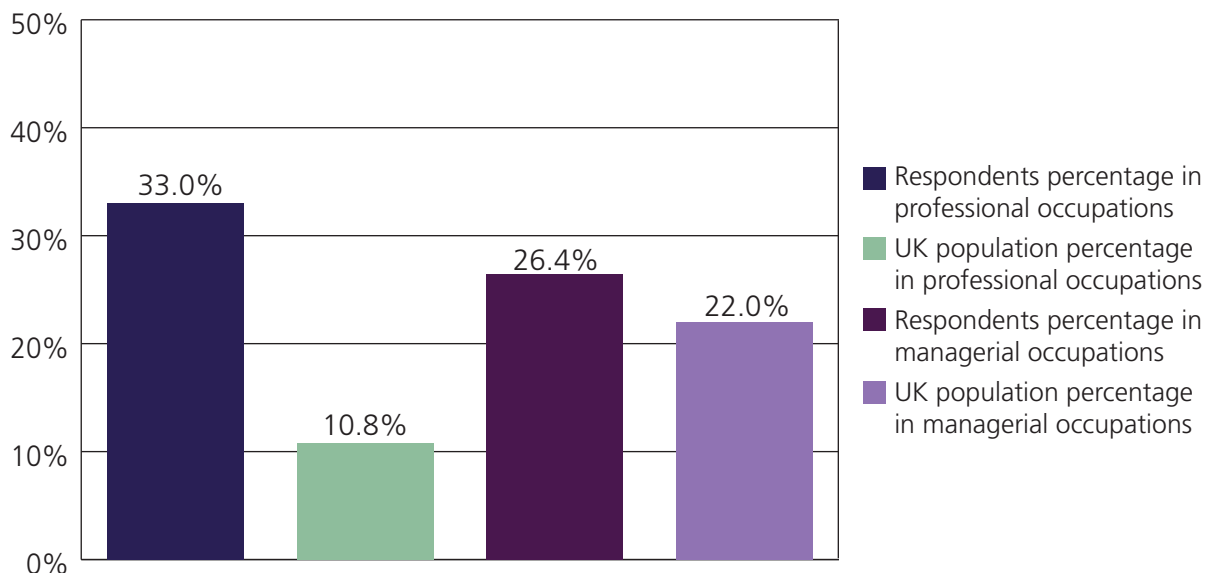


²⁰ National Statistics (Census 2001).

²¹ National Statistics percentage of the population of working age claiming a key social security benefit: May 2003.

However, other statistics in our survey did not match those for the UK population. The highest educational level exceeded the national average (see Section 6, Figure 6.8), as was the percentage in professional and managerial occupations (see Figure 4.10). This corresponds with previous research on trans people in employment, which found that a high percentage of respondents were in senior managerial positions (Whittle 2000).

Figure 4.10: Occupational class of respondent group compared to national population²²



We cannot claim that our sample is representative of the trans population as a whole. Rather, we would suggest that given the number of respondents and the correlations with previous research we can claim that it is significant enough to draw some conclusions which allow us to highlight:

- where inequalities and discrimination are experienced by trans people.
- areas in which future research can usefully be undertaken to discover the real extent of inequalities and discrimination experienced by trans people.
- trigger points which lead to inequalities and discrimination, which in turn suggest sectors in which positive action could be taken now to reduce the extent of inequalities and discrimination experienced by trans people.

²² National Statistics 2003.

5 Not fit to be seen in Public: Work, Papers, Health and Social Life

5.1 Workplace Discrimination

... most firms "claim" to be trans friendly... but, although it is illegal to discriminate they do ... but they find another reason to justify it. The Gender Identity Clinics (Charing Cross especially) want you to have a full time position ... the employers want you in your original gender ... never the twain shall meet! (Survey respondent)

was Managing Director of my own group of companies at the time immediately pre- social transition. The fact of my social transition was deemed a failure of fiduciary duties, and I was required to resign by the board. (Survey respondent)

I had to leave job after transition due to being told I would have to continue using male facilities such as toilets and changing rooms. (Survey respondent)

5.1.1 A Job for Life: Which life?

Our research found that the area of employment was the most problematic for trans people. In the searches of the Electronic Materials database (EMD) we found messages where trans people repeatedly described harassment at work, dismissal from employment or a significant change in working conditions at the point of beginning to live in their acquired gender. These findings were backed up by the results from the survey.

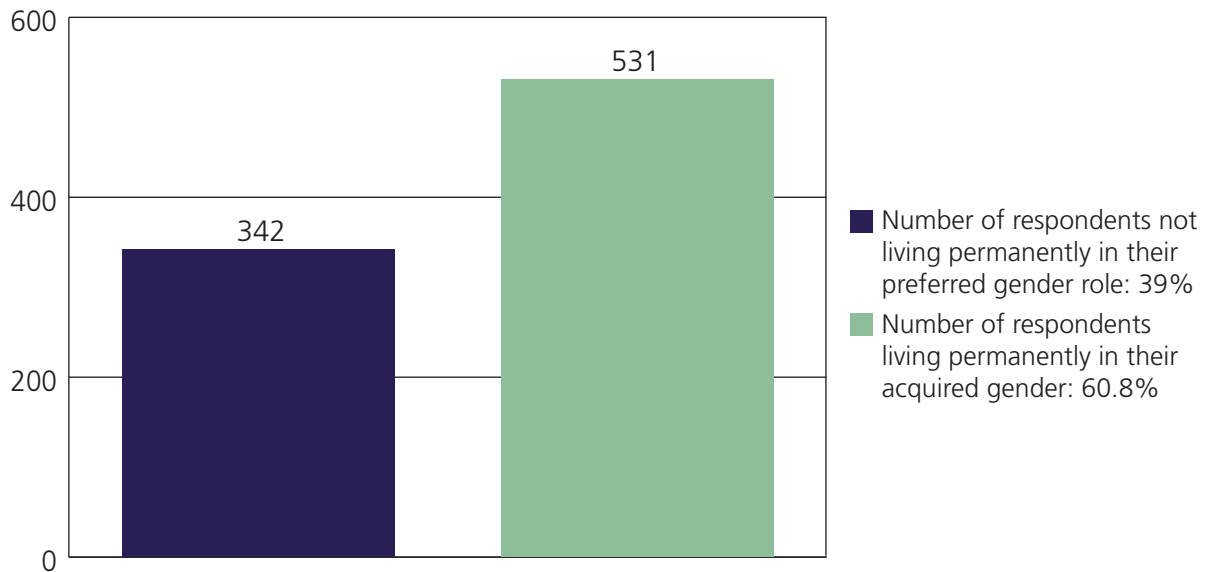
Transition at work is a crucial part of the process of gender reassignment as trans people are assessed by their ability to maintain employment, voluntary work, education or training.²³ Moreover, those who assess people's suitability for gender reassignment play a significant part in the process for applications for the Gender Recognition Certificate.²⁴ In other words, if a trans person undergoing gender reassignment cannot function well in their acquired gender at work, their application for a Gender Recognition Certificate, with all the legal protection it grants, may be jeopardised.

Our research finds that transition in a place of work is a major trigger point for experiencing inequality and discrimination. For trans people, discrimination and inequalities seem to occur from the point of transition and not before in their career. In other words, our survey and the materials from our EMD suggest that many trans people have successful careers (see Figure 4.10 for numbers in professional or managerial occupations) up to the point of beginning to live in their acquired gender – the transition is the point where problems occur.

²³ East Sussex, Brighton and Hove City PCTs Transgender Mental Health and Gender Reassignment Care Pathway (draft September 2006).

²⁴ Applications for the Gender Recognition Certificate normally have to be accompanied by a letter from the consultant psychiatrist who has monitored the person's gender transition from the beginning.

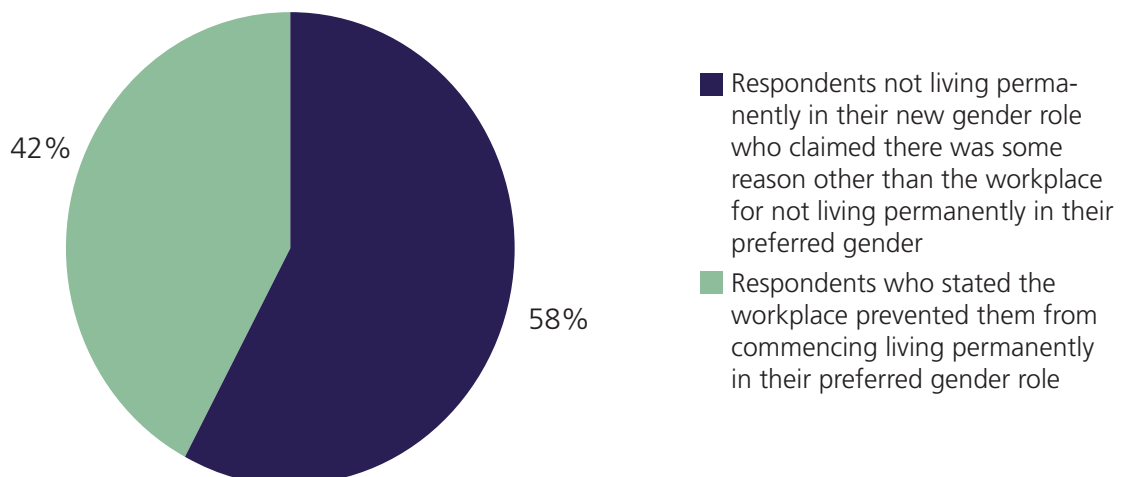
Figure 5.1: Respondents living/not living permanently in their preferred/acquired gender



Bearing in mind that research has found that gender reassignment results in considerable benefits in terms of quality of life for people with gender dysphoria (Pflafflin and Junge 1998)²⁵ our findings suggest that many trans people are not fulfilling their potential because of the current climate in the workplace.

Moreover, of those respondents who stated they were not living full-time in their acquired gender, 42% stated that it was their job or workplace which was preventing them from doing so (Figure 5.2).

Figure 5.2: Respondents not yet living in their preferred gender role, who stated that their job or workplace prevented them from doing so



The 4 out of 10 trans people who do not live permanently in their preferred gender because of their workplace, are not covered by current employment law, nor indeed the legal protection granted by possession of a Gender Recognition Certificate.

²⁵ Pflafflin and Junge's (1998) research constitutes the most comprehensive longitudinal review of gender reassignment covering 30 years and reviewing over 70 studies of 2000 patients in 13 countries. The review looked at the quality of life in terms of subjective satisfaction; mental stability; socioeconomic functioning; and partnership and sexual experience.

These findings suggest that despite the recent legislation regarding transsexual people in employment, employers are either failing to prevent inequality and discrimination for trans employees, or respondents lack faith in their employer's ability to support them in their transition or comply with employment protection legislation.

5.1.2 Current Obligations under Employment Law

The Sex Discrimination (Gender Reassignment) Regulations 1999 (SD[GR]R) which amended the Sex Discrimination Act 1975, were introduced expressly to protect transsexual people who were proposing to undergo, were undergoing, or had undergone gender reassignment, from discrimination in employment or vocational training.²⁶ However, the amended SDA made special provisions for areas where:

it may not be unlawful to discriminate on grounds of gender reassignment, both temporarily during the period of gender reassignment treatment (for example regarding accommodation and vulnerable people and personal care) and overall (for example statutory searches). (Whittle 2002: 108).

The Gender Recognition Act 2004 (GRA) removed the bar from performing personal care, work for vulnerable adults or searching when performing a statutory duty, for those with a Gender Recognition Certificate. However, the limitations relating to religious organisations still exist, and since the case of *Croft v Consignia*,²⁷ (see below on the use of toilet facilities) it has yet to be seen whether sharing of accommodation is still a problem area.

The Employment Equality (Sex Discrimination) Regulations 2005, protect transsexual individuals from harassment or the creation of 'an intimidating, hostile, degrading, humiliating or offensive environment' in relation to gender reassignment, regardless of stage (EE[SD]R 2005, 5[3][a ii]). Exceptions to gender-based 'genuine occupational qualifications' have been redefined as a distinction is made between individuals who have not started gender reassignment treatment, individuals who have acquired their gender under the GRA 2004, and by proxy, individuals in the process of gender reassignment treatment and who are not in receipt of a GRC for whatever reason (EE[SD]R 2005, Reg. 9).

The Gender Equality Duty Draft Code of Practice 2006 (GEDDCP) (coming into force in 2007), clarifies the employer's duty to ensure transsexual employees are adequately covered by workplace policies (GEDDCP 2006, 2.66), an area in which many employers have been slow to make changes.²⁸ It also reiterates existing protection related to gender reassignment (GEDDCP 2006, 1.20) as well as the employer's statutory duty to prevent discrimination against transsexual employees, regardless of the stage of gender reassignment they are at (GEDDCP 2006, 2.67). Unfortunately, the Duty makes clear that such protections only apply to individuals who fit the current legal definition of transsexual, thus continuing the exclusion of transgender and other gender variant people, even though the duty acknowledges that they too face discrimination and harassment based on their gender (GEDDCP 2006, 1.22).

²⁶ SD[GR]R 1999 2A[c].

²⁷ *Croft v Consignia* [2002] All ER (D)179.

²⁸ In terms of confidentiality, harassment, access to development, occupational insurance and pensions.

The Equality Act 2006 (EA) mentions individuals who have proposed, commenced or completed gender reassignment as a group which falls within the remit of the new Commission for Equality and Human Rights (EA 2006 1, 10 (2d)). Again there is no express mention of transgender or gender variant people other than those individuals who fit the statutory legal definition, which clearly is intended to only afford protection to the small sub group of transsexual people who seek medical supervision for gender reassignment.

5.2 Problems at Work

Despite the legal protection for those who are living full-time in their acquired gender, our research suggests that current workplace practices are not protecting trans people. Indeed, it would seem that although organisations may claim in their diversity policies that they assist people in their gender transition, many do not have procedures in place that do so. Messages from the EMD reported harassment, problems with toilet facilities and difficult or impossible working conditions at the point of gender transition. The following story exemplifies these problems:

*I work for the ***** store and have been there for 7 years, last December I was diagnosed with gender dysphoria, and approached my personnel manager about transitioning at work...*

*We had a verbal agreement that I would use the ladies locker room and the customer disabled toilet, I started back to work as ***** (new name) put my stuff away and started work. Half an hour later I was summoned to Personnel, told there was no way I could use the locker room and was made to take my stuff out and carry it though the whole shop and keep it in a computer games cupboard... I was not allowed a key and had to ask a supervisor every time I needed my bag or coat, I was also sitting on the checkouts and getting abuse from customers which led to panic attacks, but they refused to take me off them. I managed to get in touch with my regional Manager and he arranged a meeting with the Manager, my store manager and myself, they told me they had wasted too much time and money on me and that they didn't know what to do with me and that they would not be supporting me... I was given a filing cabinet in the car park attendants office for my bag and, they also decided to keep the disabled toilet locked because it had been vandalised so often and my only alternative was to cross the car park and use the garage toilet.*

(Correspondence with Press For Change)

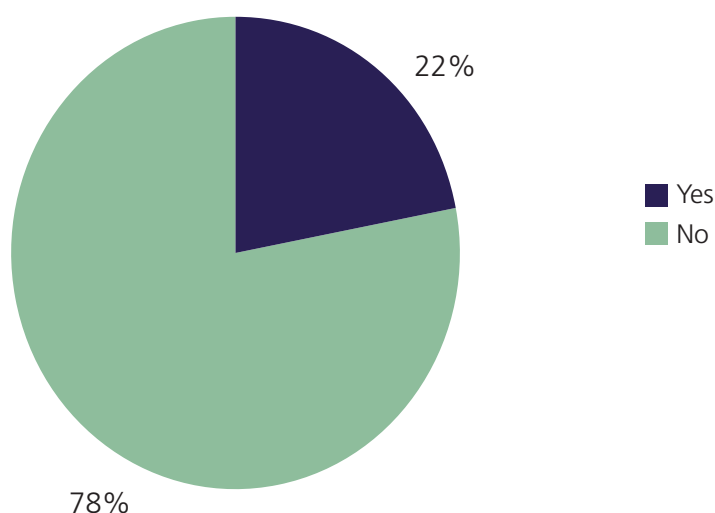
The working conditions had become so difficult for this trans woman that eventually she was rude to a customer and was suspended. When she returned to work she felt that she could not complain any more about her working conditions as she was on a final warning. This trans woman was in danger of losing her job after 7 years of working for this large supermarket store because the employer failed to have a procedure to deal with her transition – as stated, they 'didn't know what to do' with her. This story was typical of many we read in the EMD.

5.2.1 Toilets

Problems using toilet facilities consistently appeared on the EMD and this was backed up by our survey data. Using the toilets of one's acquired gender is an entirely appropriate and necessary part of the 'real life experience' protocol of gender transition.²⁹ The question of toilet access in one's new gender role has been considerably complicated by the Employment Appeal Tribunal decision in *Croft v Consignia*.³⁰ The decision has left a lacuna which even those who are undergoing, intending to undergo or who have undergone gender reassignment can fall through, as the 'reasonableness' test first proposed in the SD(GR)R 1999 consultation paper (DfEE 1998) appears to have been embodied in law.

It could be argued by those assessing a patient's readiness for surgery or further treatment through the Real Life Experience that using the toilets of one's former gender or a disabled toilet did not constitute living in one's appropriate gender role. It would also impact on the period of time a person could claim they had been living 'permanently' in their new gender role when applying for a Gender Recognition Certificate.

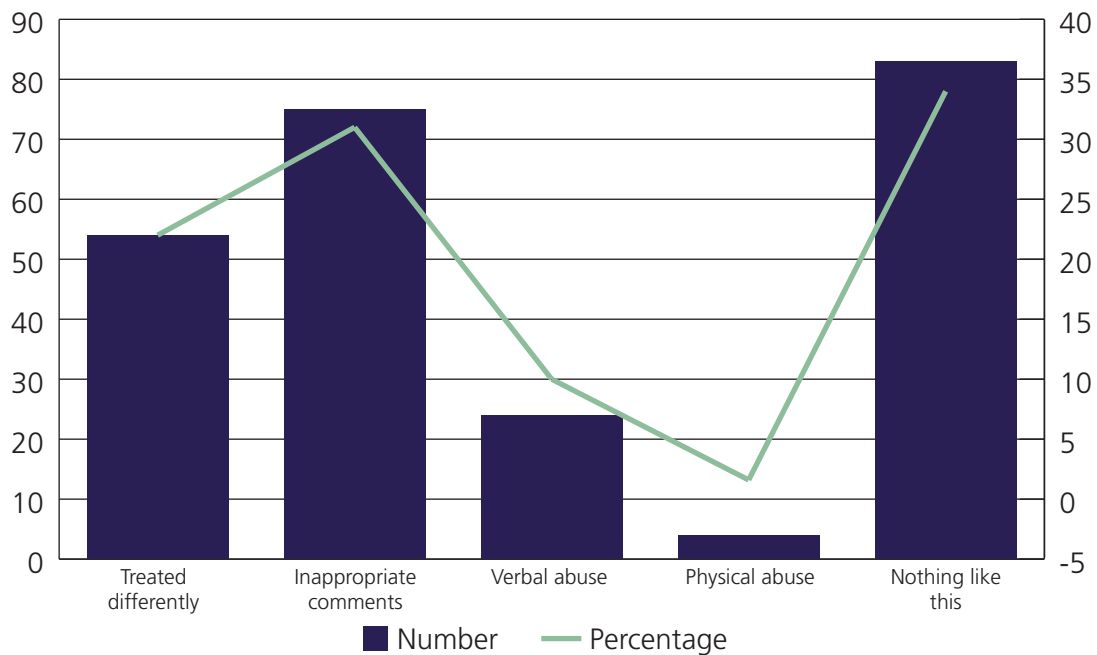
Figure 5.3: Percentage of respondents who were required to use the toilets of their former gender or the disabled toilet at work, after transition



²⁹ The real life experience is intended to usually last for a minimum 12 months (see Harry Benjamin: International Gender Dysphoria Association Standards of care, version 6, 2001). During this time a trans person needs to be living full-time in their acquired gender and have changed the gender and name on all their documentation.

³⁰ *Croft v Consignia* [2002] All ER (D)179.

Figure 5.4: Respondents' experiences when using the toilets of their preferred/acquired gender at work



These (cumulative) figures show that over 1/5 of trans people are asked to use the toilets of their former gender or disabled toilets whilst at work, and of those using toilets appropriate to their acquired gender, a significant number experience being treated differently in a negative way or subjected to inappropriate comments or abuse. Research on trans people at work conducted shortly after the Sex Discrimination (Gender Reassignment) Regulations 1999 employment protection legislation came into place found that only 76% of respondents were permitted to use the toilets appropriate to their acquired gender at work (Whittle 2000) which is close to our figure of 78%. These findings show that little has changed in terms of appropriate toilet facilities for trans people in the last 6 years.

At the time this report was going to press, Press for Change received a letter which exemplifies what some trans people experience regarding toilet and changing facilities at work. It concerns a trans woman who transitioned at work 3 years ago whose employer, a large Public Sector organisation, continues to refuse to let her use the appropriate toilets. The letter from Human Resources reads:

***** confirms that you cannot legally change your sex from that which is on your birth certificate until you have undergone the operation to remove your penis, therefore I have to inform you that you will not be able to use the female changing facilities until this has taken place'.*

This employer is misinformed. It is not legally necessary to undergo genital surgery for legal recognition of one's acquired gender and to receive a Gender Recognition Certificate. Neither is there any law about what genitals you need to access gendered facilities.

5.2.2 Harassment

There has also been little improvement in the last 6 years in terms of other forms of harassment at work. Our research found that many respondents experienced harassment from co-workers and employers. The following excerpts from the EMD exemplify the experiences of trans people in our sample at work:

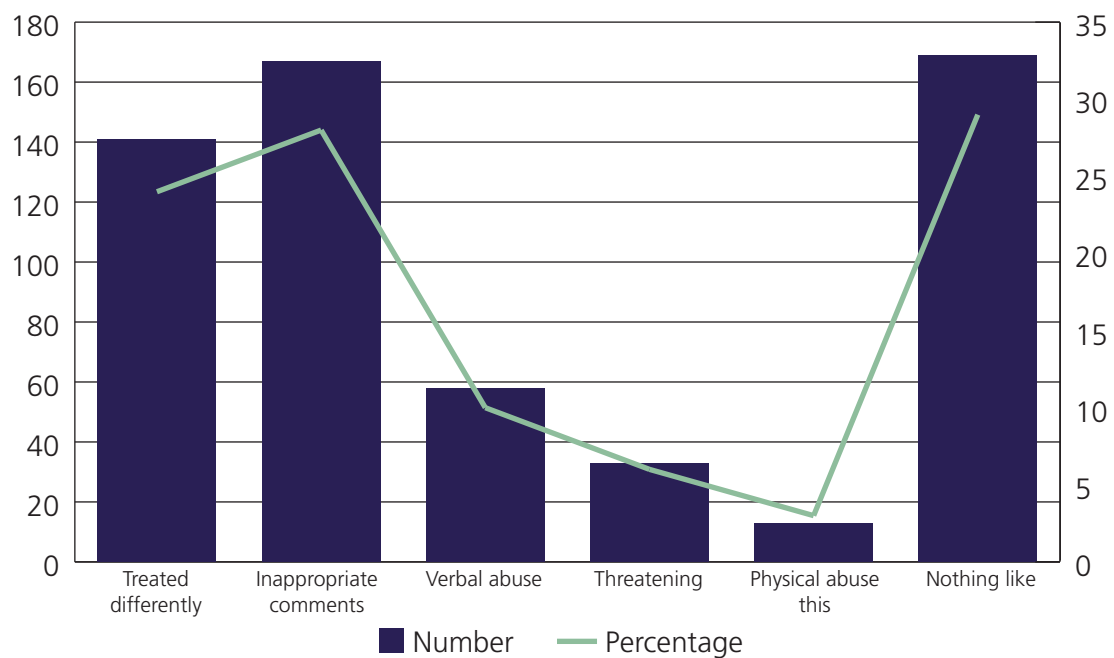
I finally threw the towel in at work (civil service) because of almost five years of harassment and discrimination. I was left for months, unable to use male or female toilets because no one liked it and warned off wearing 'frocks' to work! My employer, an equal opportunities employer, could not offer me a job free from harassment anywhere. (PFC Corres 1999 B1956)

I have a few jerks in work that think its (sic) amusing to call me over the tannoy using my former name. (FTM UK F6)

*I started work with ***** who had team meetings and outed me [as trans] to everyone in team meetings before I started in my department and also told them my birth name! This resulted in me receiving anonymous threatening notes at my desk. (FTM UK F4)*

The findings from our EMD concerning harassment of those transitioning at work were also backed up by our survey.

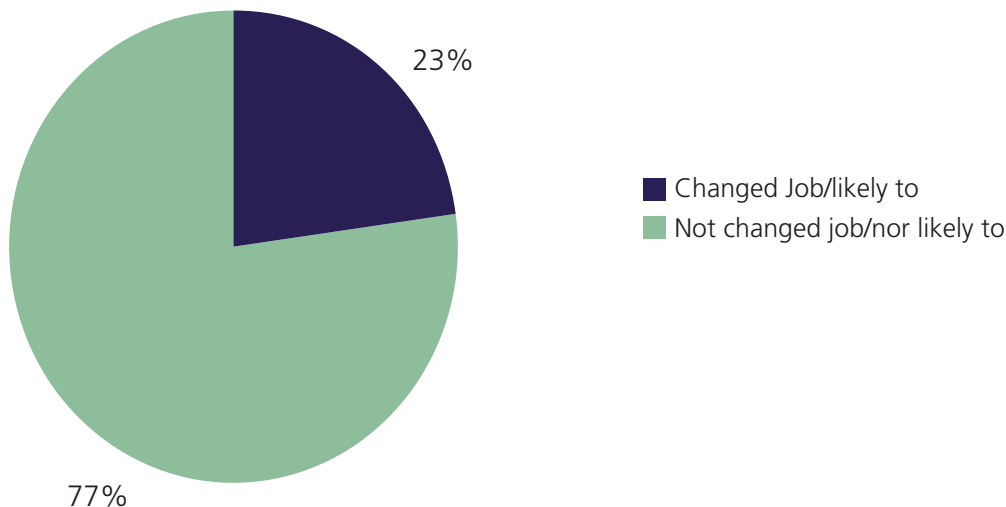
Figure 5.5: Respondents' treatment by co-workers because of their acquired gender



We can see from Figure 5.5 that nearly 29% of respondents experienced verbal harassment (comments) at work and some also experienced verbal abuse (name calling) and threatening behaviour or physical abuse. These figures are comparable to research conducted in 2000 (Whittle) which found that 24% of respondents experienced harassment at work. This suggests that in the 7 years since employment protection legislation for trans people was introduced, many employers are failing in their legal duty to protect employees living in their acquired gender from harassment. If we also compare our findings of over 23% of respondents who had changed their job or planned to because of their

transition with Whittle's (2000) employment survey, which found that 29% had left their employer voluntarily or left because of conditions due to transition, we can see that little has changed in the last 7 years (see Figure 5.6).

Figure 5.6: Respondents who changed job or intended to change job because of their transition



These findings suggest that respondents were either forced to leave their place of work because of their transition or left because they did not feel that their employers would support them or comply with the law.

Figure 5.7: Experiences at work by gender

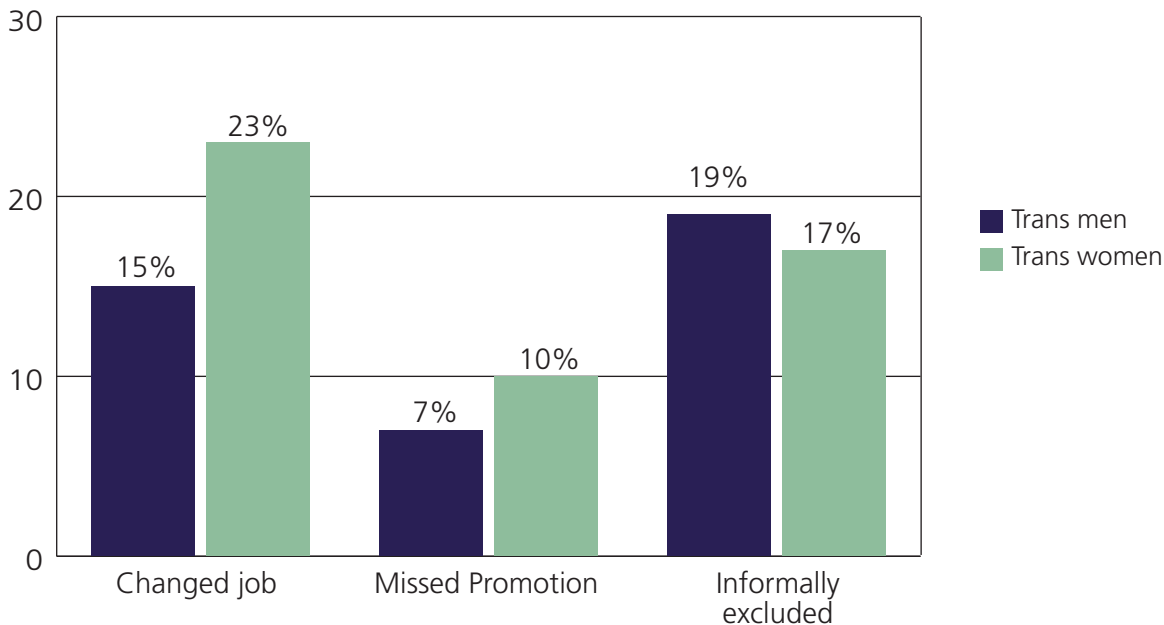


Figure 5.7 compares the experiences of trans men and trans women (who had transitioned) at work in terms of changing job because of their transition, missing promotion and feeling informally excluded at work. Our findings are that slightly more trans women (23%) changed their jobs compared to trans men (15%) and that the differences were negligible in terms of missing promotion (trans men 7% and trans women 10% respectively) and feeling informally excluded (trans men 19% and trans women 17% respectively).

Our findings suggest that many employers lack adequate procedures to support their employees undergoing gender transition, or follow employment protection legislation. Many messages from our EMD and respondents to our survey reported impossible working conditions, bullying and harassment after gender transition, some of which led ultimately to them losing their jobs – either by dismissal or resignation. When we asked survey respondents to say why they left their jobs because of their gender transition, most reported incidents of bullying and organisational incompetence in dealing with their gender transition. Below are some typical examples:

I transitioned in December 2002. The consequential bullying and discrimination I experienced from my line manager resulted in my long term sickness. An internal grievance hearing in which he was found guilty of gross misconduct took place but insufficient action was taken to secure my safe return to work. An Employment Tribunal followed in which I settled out of court. This included my resignation in March 2005. (Survey respondent)

I did not intend to change my employment but because of bullying and discrimination directly related to my transition I eventually felt compelled to resign. I have been looking for alternative employment since that time in September 2005. (Survey respondent)

My previous employment was with a small private company. I announced my intended transition in 2003 and at the end of the same week my employer terminated my employment. (Survey respondent)

The company claimed initially to be supportive, but ultimately I was subjected too (sic) bullying, and resigned. (Survey respondent)

It is worth noting that three of the four people in the examples above document their problems at work occurring within the last 3 years – at least 4 years since the introduction of the employment protection legislation. It is also worth reiterating that prior to transition, these respondents did not encounter discrimination or inequality in the workplace – many had very successful careers.

One of the aims of the Equalities Review is that everyone can reach a 'capability threshold' in order to have a role in modern society – for example achieving a minimum standard of education as well as an entitlement to work (when able) and a place to live. Our research has found that many trans people exceed this criteria and are outstanding in their level of educational achievement (see Figure 6.8) and occupational class (Figure 4.10). Yet, our findings on discrimination in the workplace suggest that post-transition trans people's capability to play an autonomous role in society can diminish. Not only is this a significant waste of the talents and resources that these people have brought to an organisation, it can also mean burden on the judicial system and pension and benefit systems through employment tribunals and unemployment. Organisations and businesses need to understand that a change in gender does not equate a change in the value or skills of an employee.

We recommend:

- More research needs to be done on why employers are failing to comply with the law and protect trans employees.

- Trans awareness raising and training for employers and those working in Human Resources.

Our research finds that high numbers of trans people (38% of our sample) fall outside of the legal definition of 'transsexual' and are not offered that legal protection. We have also found people within this group are intending to transition but current workplace conditions are preventing them from doing so. We further recommend:

- That the legal limitations defined under statutory law should be revised so as not to be as definitive or exclusionary, and should be extended to protect many more trans people including those not intending to undergo gender reassignment surgery.

5.3 Changing Documents

One of the first steps in the process of gender transition is usually the changing of name and gender on all documentation. Indeed, possessing documentation in one's acquired gender is regarded as proof of fulfilling one of the protocols of the 'real life experience' at Gender Identity clinics. Moreover, when applications for a Gender Recognition Certificate (GRC) are assessed, the date when documentation changed is normally understood as the time when gender transition occurred. Since the mid-1970s, at least,³¹ the procedure for changing gender on most documentation has involved obtaining a letter from a GP or other clinician stating that the holder is undergoing treatment for gender dysphoria, is now living in the gender that the applicant is requesting their documentation be changed to, and that this change is intended to be permanent. This is normally accompanied by a statutory declaration or deed poll as evidence of the change of name and gender title.

Messages from our EMD consistently documented the failure of organisations to make these changes – for example banks, insurance companies, universities, doctor's surgeries and even the DVLA. It would seem that for many organisations there is no set procedure – or not one that their employees are aware of. Thus, when a trans person presents a request for changes of gender on documentation they are often told that a change of gender is not possible. These examples from the EMD exemplify the problem:

I tried to change my bank account details today but not only would they not change my title to Mr (they said I need gender recognition certificate) they wont even change my name even though I have legally changed it via deed poll. (FTM UK B5)

He applied for a change of details on his driving licence, submitting his name change details and a letter from [consultant psychiatrist] which stated that his gender change was permanent. He received his licence back with only his name changed, but his gender code unchanged – included was a letter saying that gender codes would now only be changed after 'completion of final surgical procedures'. (Corres 1999 1135)

³¹ Based on personal experience of lead researcher.

I have informed the local NHS hospital where I am employed that I would like the details changing on my health/medical records. I have given them the relevant statutory declaration. The clerk says that the name only can be changed and that my title and gender must reflect what is stated on my birth certificate. (Corres 2001 Q2 Documents B4)

I have just changed my details at the Doctors, But they tell me that I cannot change my Title, It will remain as MR and not change to MRS. Can you advise me what if anything I am able to do, It will seem quite odd to people that when I phone up, I will have to say Mr. (Corres 2005 Q1 B5554)

5.3.1 The Problems Arising from Gender Recognition Certificates

The Gender Recognition Act (2004) seems to have compounded the issue in some instances. It now seems that organisations are requesting a GRC or proof of surgical status, as proof of gender and name change, rather than a letter from a GP or consultant psychiatrist and a legal change of name document. A University for example recently refused to change the name on a Degree certificate until the former student obtained a GRC. Consequently, the trans man concerned was unable to take up a place to study a postgraduate course without disclosing his former status.

Many organisations clearly do not understand that:

- Applications for a GRC require proof that a person has been living in their acquired gender – paradoxically, this involves proof of change of name.
- Surgery has never been a legal requirement for change of gender on documentation.
- Applications for a GRC do not require proof of surgery.
- Changes of title (from Mr to Miss or Mrs) are not changes affecting legal gender status.

Under the circumstances described above then, many trans people cannot change their name and gender on a variety of 'day to day' documentation because some organisations are requiring a GRC before making the changes, yet one cannot apply for a GRC until there is proof that one has been living full-time in one's acquired gender (by providing documents in one's acquired gender). Moreover, GRCs have to be applied for and paid for in many circumstances – they are not automatically issued to all trans people, as many organisations seem to assume.

It would seem then, that faced with a trans person requesting changes of documentation and without a procedure in place, many people in organisations supplying documentation, incredulous of the request, and lacking the appropriate knowledge, make unreasonable refusals to alter documents and/or unreasonable demands on the trans person requesting the change. This causes immense difficulty for a trans person beginning to live their life for the first time in their acquired gender. There needs to be a 'map' of appropriate procedures in place which organisations can follow. We recommend:

- That a government resource be made easily accessible to trans people and others, which stipulates the legitimate protocol for name and gender changes and the legal consequences for failing to comply.

This would also inform trans people of the correct procedures they should follow as well as helping them when faced with those who do not know the correct procedure. It should also be sent to large service organisations such as government departments, insurance companies, the DVLA, GP surgeries, banks and also to employers.

5.4 Accessing Healthcare

My endocrinologist refuses to treat, recommend or monitor trans people. (FTM UK A11)

I had to change GP because he just could not accept gender dysphoria as being real. (FTM UK A16)

I was put in a side room on the Woman's Surgical Ward. I was told that before I had even arrived on the ward the word had gone out that a man was being put on the ward. My stay was made a living hell by one Staff nurse which all the other seemed to follow. (Male-to-female trans woman describing her experience of non trans-related hospital treatment) (Health Stories B81)

I have a beard, a very deep voice and have been a man for many years. The problem is that with years of testosterone, you get all sorts of genital problems as the skin around the 'old' genitals atrophies. My GP did not know what to do recently, when I was very sore, and sent me to the local STD clinic. I had to speak to a receptionist (not a nurse) on the phone to make an appointment. She insisted on knowing the problem. I explained to her very carefully – the first thing she said was 'we have an appointment on Monday morning at the women's session'. I didn't go. (FTM network personal correspondence, 004 February 2006)

...there was the nurse explaining to her colleague as they left my room, 'Oh, that's a woman who wants to be a man', clearly audible both by me and by other patients and visitors. (Female-to-male trans man) (Health Stories B71)

5.4.1 Introduction

The question of healthcare access is crucial to trans people who wish to undergo hormonal or surgical treatments in order to live permanently in their preferred gender role. Although gender reassignment treatments have been available and used since the mid-1940s, they were always considered to be on a sort of moral border-line, with physicians and lawyers debating the possible liabilities for 'maiming'³² the patient, and the implications of affording any sort of treatment for people who were seen as mentally disturbed. The debate was not helped by the inclusion of 'Transsexualism' in the Diagnostic Statistical Manual of the American Psychiatric Association in 1987³³. The debate has not abated, but regardless of its terms it is clear that the majority of authorities accept Professor Richard Green's view that:

Severe Gender Dysphoria cannot be alleviated by any conventional psychiatric treatment, whether it be psychoanalytic therapy, eclectic psychiatric treatment, aversion treatment, or by any standard psychiatric drugs. (Cited in Bellinger, 2001, para 32)³⁴

32 Maiming originally meant the removal of a healthy limb or 'member', and was subject to punishment as a criminal act.

33 DSM-III-R, 1987.

34 *Bellinger v Bellinger* [2003] 2 All ER 593.

In almost all cases the only successful treatment is gender reassignment (Pfafflin and Junge 1998). Further, despite a psychiatric assessment and evaluation still being the start of most gender reassignment treatment routes, in 2002 the government announced a new policy on transsexual people in which it stated: "transsexualism is not... a mental illness."³⁵

Prior to this, the 1999 Court of Appeal ruling in the case of *R v North West Lancashire Health Authority ex pA, D and G*³⁶ should have had significant ramifications for Health Authorities (now PCTs) in terms of the funding of treatment of any kind relating to gender identity issues. The ruling recognised that gender reassignment is the appropriate medical response to Gender Identity Disorder and that it would be unlawful for Health Authorities (PCTs) to operate anything that amounts to a blanket ban on funding in such cases.

As such, one would normally expect of all the services that trans people use, that the health sector would be the least problematic – bearing in mind that gender dysphoria is a recognised medical condition. One would expect treatment for gender reassignment to be accessible within the normal remit of non-maleficence and waiting list targets of the NHS. Unfortunately, for many trans people, nothing seems farther from the truth. Press for Change and the FTM Network receive many enquiries relating to health care access.

Undergoing gender reassignment requires the support and services of general practitioners, endocrinologists, psychiatrists, surgeons, and nurses as well as support staff. Results from the EMD found that accessing healthcare was the third most common trigger point and the third highest sector where trans people encountered discrimination and inequality.

5.4.2 Seeking Help from the Family Doctor

The situation finally came to a head about five weeks ago, when I made a polite request about having my hormone levels checked (I was a little concerned about testosterone); the GP blew up in my face for reasons I can't guess at, continuing to talk about me to the nurse in front of me as if I wasn't even there, using male pronouns (I filed my stat dec last October). (Health Stories, PFC CB e: 16-06-01: CB)

It is crucial to have the support of one's GP when undergoing gender reassignment – not only is the first step a referral from one's GP to see a consultant psychiatrist, but they are involved in writing referral letters and monitoring general health at all stages. Many trans people encounter problems at this stage as GPs either lack the information, refuse to help, or state that the Health Trust does not have funding.

35 Government Policy concerning Transsexual People, 2002, <http://www.dca.gov.uk/constitution/transsex/policy.htm>.

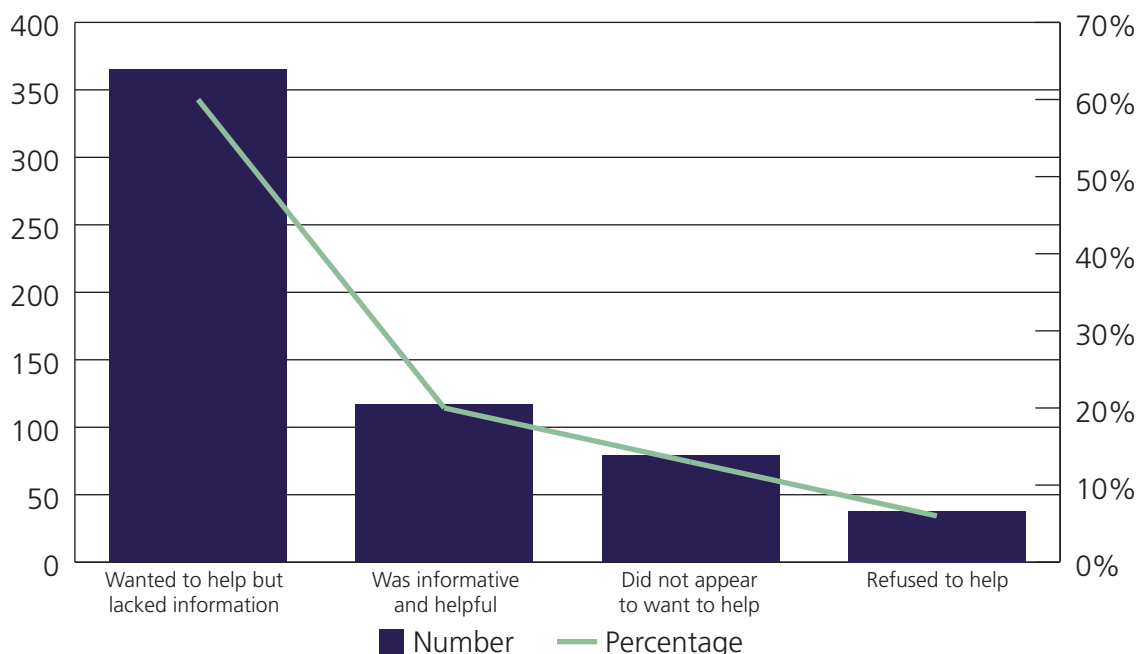
36 *R v North West Lancashire Health Authority ex pA, D and G* [2000] 1 WLR 977.

Recent research in Scotland found that professional isolation and ignorance of gender identity problems were widespread and that professionals held polarised views of transsexualism and gender dysphoria, ranging from strong moral disapproval to considerable empathy (Scottish Needs Assessment 2001). Other research on the commission of services for the assessment and treatment of trans people in England Scotland and Wales found that they were not uniform across the UK with some refusing to fund treatment – thus being in breach of a recent High Court ruling and the Human Rights Act (Murjan et al 2002).

In studies in the 1960s, Richard Green discovered a very poor attitude amongst many local family doctors in the US (Green et al 1966, Green 1969). In his survey, over 25% of family doctors expressed an unwillingness to provide any advice or treatment at all for their trans patients, and 8 actually said they would rather their patient committed suicide than had any treatment that would enable them to live in the opposite gender.

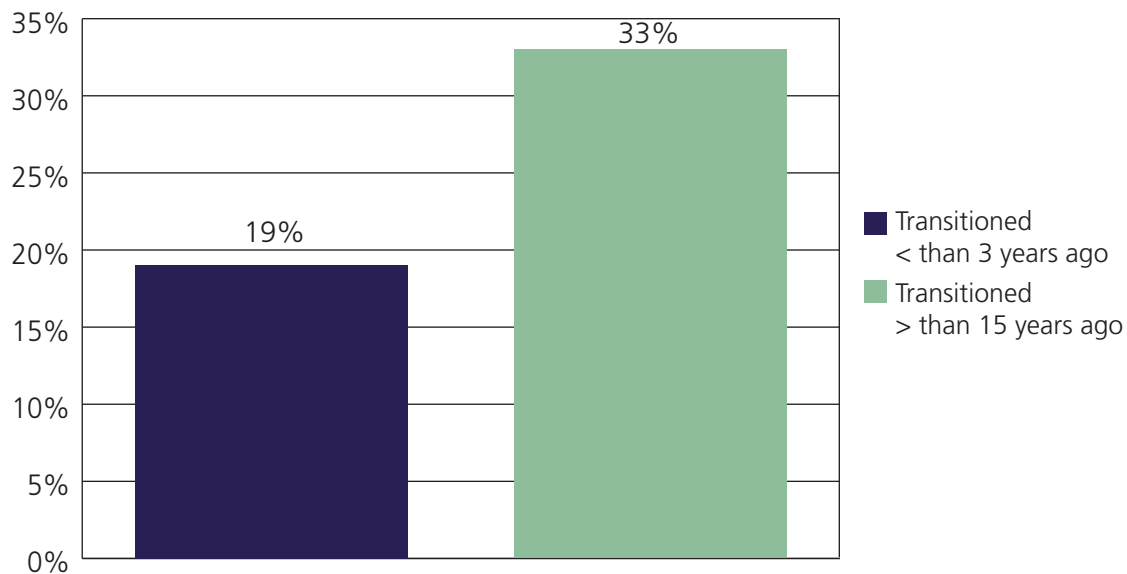
Today one would hope that no doctors would express a similar view about their patients but it is clear from the results of the survey that there is not sufficient knowledge held by GPs and there are some (6.3%, or 38 of 599 respondents' GPs) who still refuse to help access to treatment services. Overall 19.5% (117 of 599) of GPs were not trans friendly, in fact the opposite. This is not significantly different from the figures obtained by Green in his studies in the 1960s. Consequently 1 in 5 trans people find their GP unhelpful. However, 80% (482 of 599) of GPs were willing to help, but 60% of those who wanted to help lacked appropriate information (365 of 599) (Figure 5.8).

Figure 5.8: How GPs responded when patients sought advice on gender reassignment



There has however been an improvement over the years, when comparing the responses of those who transitioned over 15 years ago, to those who transitioned in the last 3 years (Figure 5.9).

Figure 5.9: Percentage of respondents whose GP did not appear to want to help or refused to help access gender reassignment services, by date of transition



5.4.3 Other Healthcare

I'm currently in dispute with my local PCT regarding the funding Postcode lottery, concerning treatment for transsexual patients.... There are guidelines specifically written by top UK medical & legal experts for commissioners, but the Mid Sussex PCT say until you adopt them or until someone takes them to court, they can 'push them aside' if they wish. (Correspondence with Press for Change)

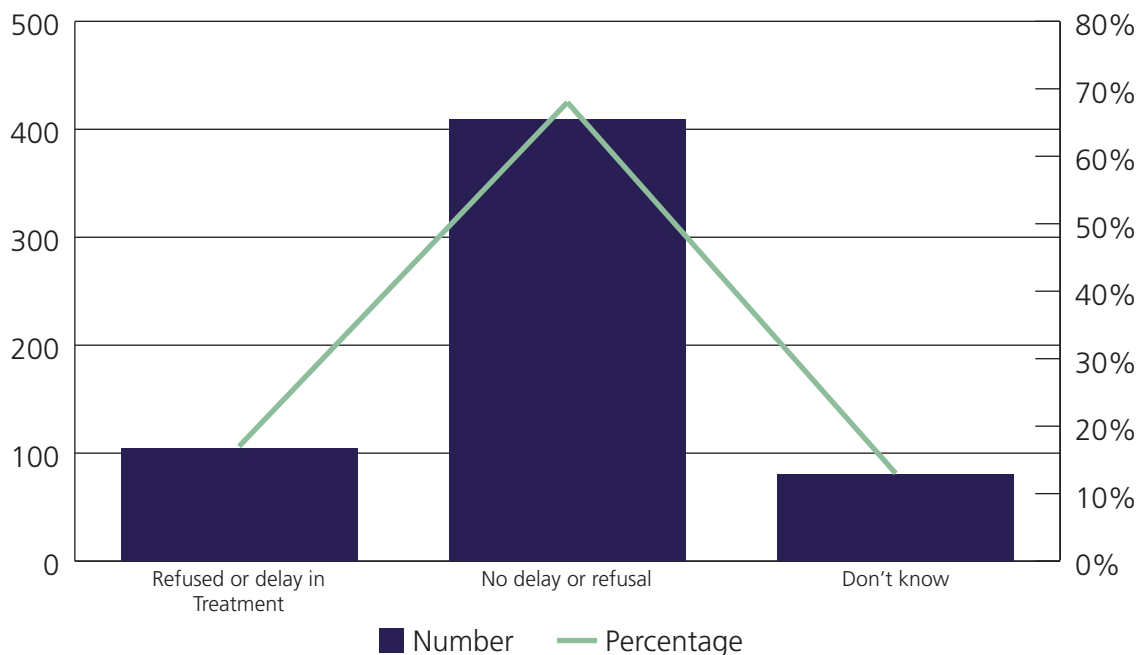
A couple of weeks ago now I received a decision from Health Commission Wales on funding my treatment – the answer was that they wouldn't. At the moment I don't know why other than a man from HCW telling me once more that they couldn't justify paying for something of low clinical priority, even in spite of the fact that they looked at my referral request as an exceptional case, and that my local Psychiatrist had given them evidence of significant clinical distress and a potential for self harm or suicide unless I received treatment.

I simply don't know where I stand now, and have no specific information to work on. In any case, all the options I am left with are options I don't like, and I'm sliding quite quickly into a far more severe depression. I've seen my GP who was no help at all. (Correspondence with Press for Change)

Results from the EMD detailed many local health authority funding refusals or refusals for care from individual health service workers who expressed personal prejudices about gender dysphoria.

This was backed up by the survey material when we asked if respondents had ever been refused treatment by a doctor or nurse because they did not approve of gender reassignment:

Figure 5.10: Percentage of respondents refused treatment by a doctor or nurse because they did not approve of gender reassignment



The process of undergoing gender reassignment involves frequent contact with health service professionals. Our research also found that trans people frequently had bad experiences – for example being addressed incorrectly, being put on the wrong ward for their acquired gender (see narratives above) or staff allowing their personal feelings about transsexualism to be known by the patient. We also found that those who have transitioned many years earlier encounter problems when accessing routine health care that is non-trans related as often health care professionals can only see their health through the lens of being trans. We found that 22% of survey respondents if they felt that being trans affected the way that they could access routine treatment that is not related to being trans.

We also found that 29% of respondents if felt that being trans adversely affected the way they were treated by healthcare professionals:

I went to a GP having persistent problems with my digestive system and getting an upset stomach a lot. The GP was very dismissive, did no tests and said it was my own fault for putting something into my system that is not meant to be there – Sustanon [hormones]. (Survey respondent)

A doctor supposed to be treating me for appendicitis exposed my genitals for a group of students to see. (Survey respondent)

Referral for knee surgery 2001 – the letter was mainly about my being trans and only mentioned my knee in passing. (Survey respondent)

After tests following a head injury, the doctor wrote to my GP starting with: "This transsexual..." which was completely irrelevant to the injury. (Survey respondent)

Clearly some healthcare professionals do not know how to deal with trans people appropriately. Indeed, the evidence above suggests that some healthcare professionals have a tendency to see trans people as transsexual first – regardless of the non-trans healthcare needs that they may present with.

5.4.4 Has access improved over the last 15 years?

We considered therefore whether access to treatment was any easier now than it was over 15 years ago and did a comparison of survey respondents who transitioned less than 3 years ago with those who transitioned over 15 years ago.

Those refused or made to wait for treatment relating to transgender or transsexual health care, including gender reassignment, were told that the local health authority or primary care trust did not have the funding for any, or all, gender reassignment services.

The government stated on November 10th 2004 that the median waiting time was 3.72 months for a patient with a mental illness to receive an initial outpatient appointment with a consultant following a referral by a general practitioner'.³⁷ Furthermore the 1977 National Health Service Act recognises Gender Identity Dysphoria to be a mental illness³⁸ and in the case of *A, D & G v N.W Lancashire Health Authority*, December 21st 1998, Hidden J held that to require the applicants to suffer from a pathological psychiatric disorder before treating them was irrational, as it would preclude surgery for which mental stability is a precondition.

The median waiting time for an initial outpatient appointment with a consultant specialising in Gender Identity Dysphoria is two years; for many it is far longer:

My current earliest referral date to be seen at Leeds is December 2006 but more likely the spring of 2007. In April 2006 I will be eligible to change my birth certificate because I have documentation to prove that I have been in role since April 2004. Does that mean that I am then deemed in law to be female? If so would that allow mean [sic.] to by-pass the GIC [gender identity clinic] system and ask for referral for surgery? This would not be to ask for gender reassignment surgery, because the law as [sic.] categorised me as female, but requiring vaginoplasty as it is appropriate for any other women to access. Is that a sustainable argument? Since the Gender Act requires you to live in role for two years this situation shouldn't arise unless of course you allow your waiting list for a first appointment to reach two years or more.

*My dispute with **** PCT is that they insist that I am treated at the **** Gender Identity Clinic. My objection to this being that there is approximately a three-year wait at **** for treatment and to me this is an absurd length of time to remain untreated. This was why I asked my GP if I could be referred to **** GIC which has a six month waiting list and the PCT have refused because they do not have a service agreement with ****. (Health Stories PFC STW e: 9-12-05: CE).*

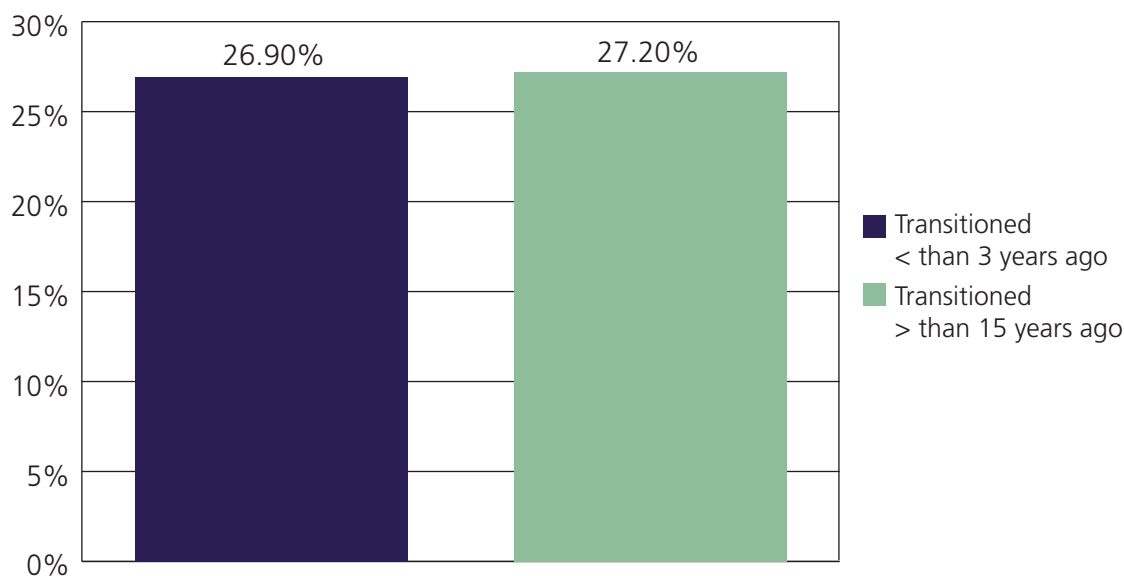
37 Reply by Rosie Winterton MP to Lynn Jones MP (Hansard [196604] 10/11/04).

38 Listed as such in the Diagnostic and Statistical Manual.

Funding refusals by PCTs either for initial assessment or later surgical procedures are now a major problem for trans people. In the example above, Press for Change has been working for the last 2 years with a group of 5 trans women from the Calderdale Health Authority area. Using the services of a solicitor, their MP and the local Council, it was discovered that their PCT has a service agreement with the Leeds Gender Identity Clinic for the treatment of transsexual patients. It pays £13,323 a year to this clinic for gender re-assignment, patients' psychiatric treatment and preparation for surgery. However, the hospital did not have anyone specialising in trans assessment and diagnosis for over a year and so no one was seen, despite the money being paid. Now the hospital is running 1 clinical session per week. But the people in the area have been told that the waiting list for them to be given an appointment for assessment is another 3 years.³⁹ In one case, the trans woman will have been living permanently in her new gender role for 4 years, and could apply for a gender recognition certificate, except she will still not have had her assessment and diagnosis, which is needed for the GRC application (Sutcliffe 2006).

The charts below indicate that access to healthcare for those respondents who transitioned within the last 3 years is very similar now to the levels of service for those who transitioned over 15 years ago:

Figure 5.11: Percentage of respondents who faced problems in obtaining funding from their primary care trust, by date of transition



³⁹ Emails and letter received by Press for Change between 2004 and 2006

Figure 5.12: Percentage of respondents refused or made to wait far longer than 6 months after referral from GP, for initial assessment for possible gender reassignment, by date of transition

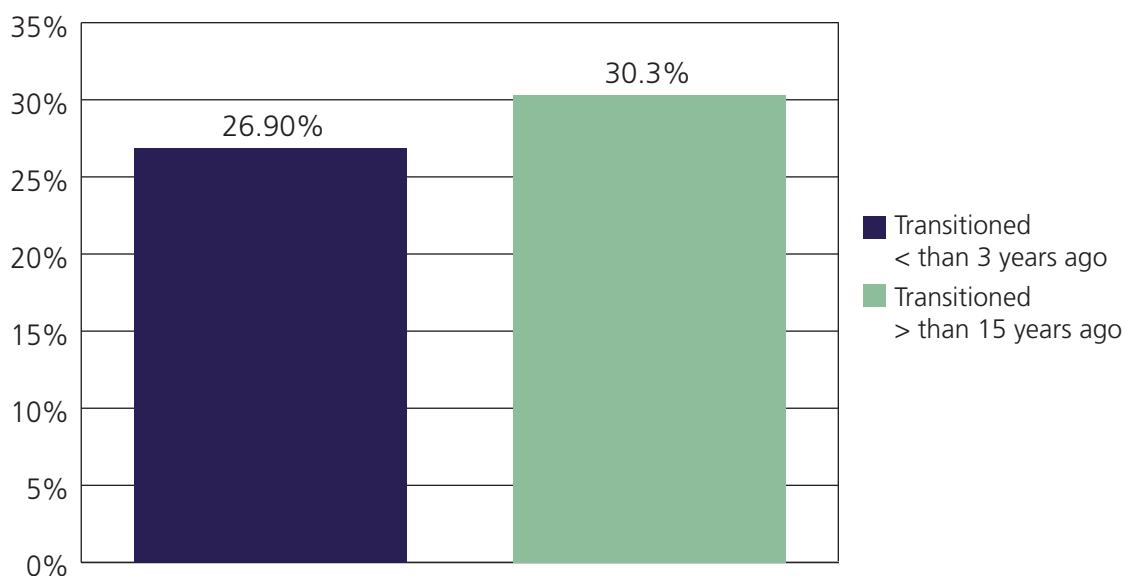
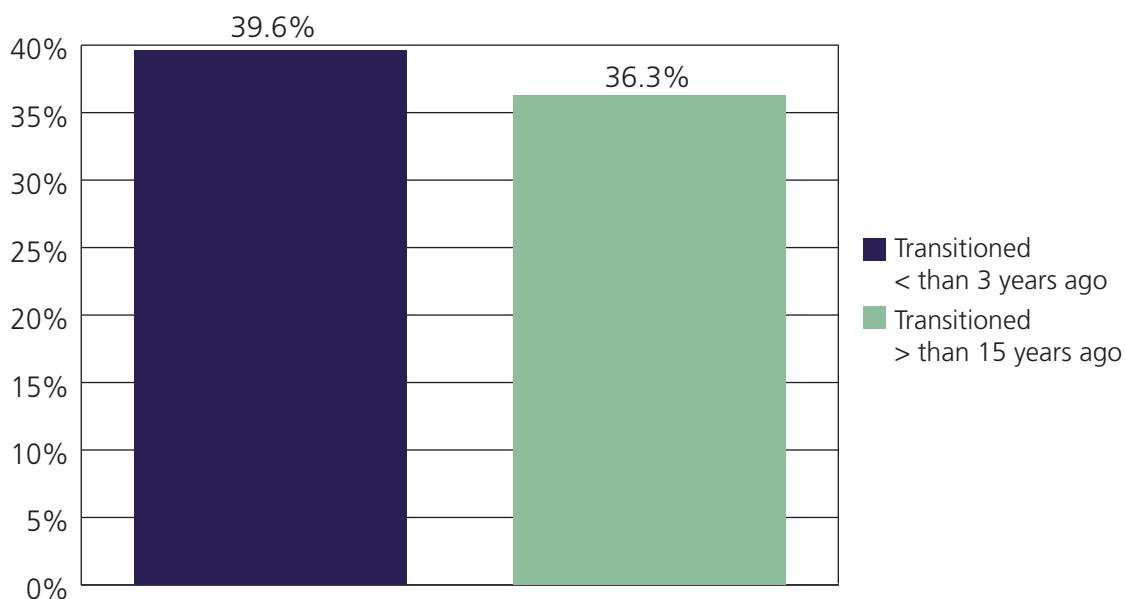


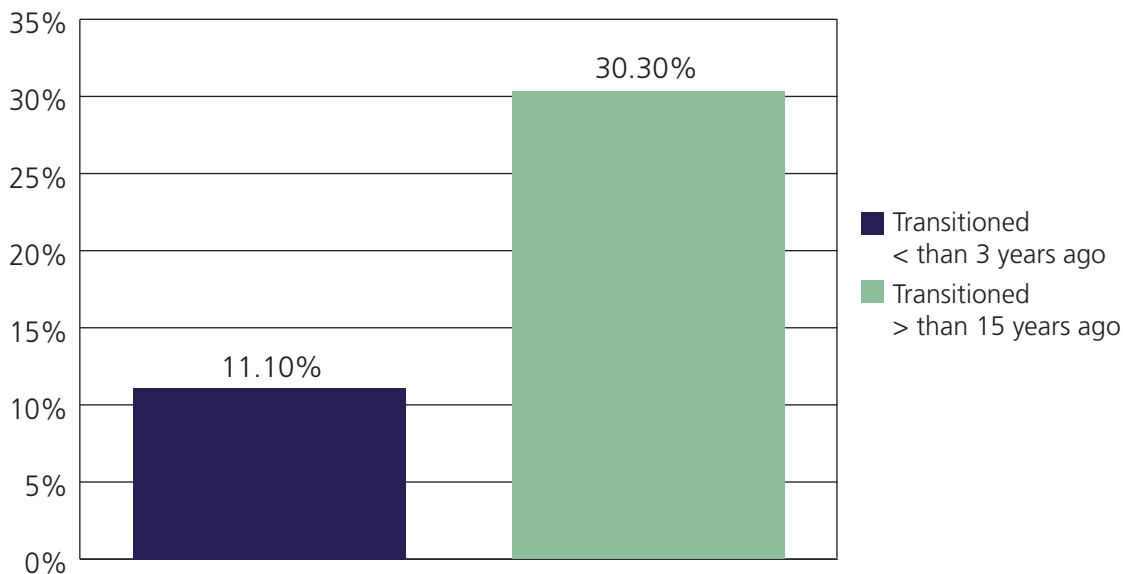
Figure 5.13: Percentage of respondents refused access, or made to wait longer than expected, for trans-related healthcare after clinical recommendation



We can see from Figures 5.11-5.13 that there has been little improvement for those who transitioned less than three years ago compared to those who transitioned more than 15 years ago in terms receiving funding from their primary care trust, being made to wait for initial assessment and being refused or made to wait to access trans related healthcare.

On the other hand, the figures appear to show much better access levels for non-trans related health care in the last three years (Figure 5.14). But one should not be too optimistic: the fall from 30.3% to 11% may be because those trans people who have recently transitioned may not as yet have had a need to access much non-trans related health care.

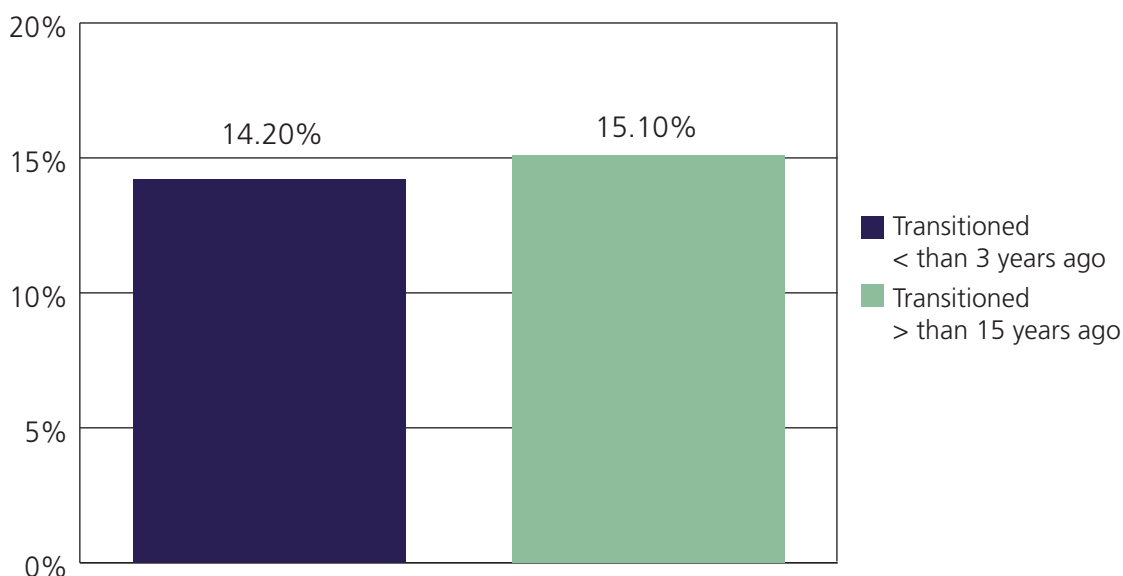
Figure 5.14: Percentage of respondents who felt that being trans had affected the way they could access non-trans related routine treatment on the NHS



Overall, the health care access situation for trans people is difficult, with 30% or more facing difficulties whether trying to get information from their GP, obtaining funding for GRS, being made to wait for accessing health services or surgery, and accessing ordinary non-trans related health care. That is 1 in 3 trans people who do not get appropriate responses from health care professionals in the NHS, or have equal access to services.

Of the respondents to the health care section, 1 in 7 trans people feel that they are treated adversely by health care professionals because of their trans status (Figure 5.15). There has been a very small drop of 0.6 from levels of adverse treatment reported by those who had transitioned over 15 years ago.

Figure 5.15: Percentage of respondents who felt being trans adversely affected the way they were treated by healthcare professionals, by date of transition



Clearly, in light of the Equality Directive 2004/113/EC, action needs to happen soon and we would recommend that all healthcare providers, including ancillary and support service staff need:

- A staff development structure that regularly raises training about trans people's issues;
- An understanding that because someone is presenting with a trans issue, there is no basis, such as a conscience clause, for any doctor to refuse help whether referring onwards, providing regular hormone prescriptions, or ordinary health care;
- Education on what it is to be a trans person, on trans patient's rights, including the right to dignity, decency and respect, and especially the right to privacy as afforded by the Gender Recognition Act 2004;
- Training to ensure an awareness that once a person's trans issues have been addressed, they will still have the ordinary health problems that other people face;
- Training on recognising that trans people, when presenting with non-trans related health problems, need treating equally alongside other patients;
- Simple education and leaflet guidance for doctors, nurses and other health care staff on how to work with trans patients on issues of dignity, particularly the right to be treated as a member of their new gender, and privacy obligations.

5.5 Going Out: the Street and Bar

5.5.1 Introduction: Experiences as Adults in Public Spaces

Extracts from the EMD indicate that trans people were most at risk of discrimination and harassment in the following spheres of life:

- As young adults at school.
- As young adults in their own accommodation.
- As adults in public settings while undergoing transition.
- As trans adults who are in a marriage or partnership, after undergoing transition in social settings.

The trigger points that tended to initiate the harassment were when the trans individuals involved:

- started cross-dressing; or
- transitioned in social life; or
- were starting puberty.

The sectors within which most of the harassment was experienced were in dealings with the police, in the leisure industry sector and in the higher education sector.

The extracts below from the EMD illustrate clearly that the instances of abuse described were unprovoked. The physical abuse suffered included beating, punching, kicking, pushing and slapping. In some cases sharp objects such as knives were used.

In 6 months I have a window broke, a shed set on fire, death threats, threats to be burnt out, assaulted, harassed, but there has been no crime scene. But now DPP prosecution over this: I dropped biscuits going down stairs at the arts centre... I subsequently went to leave a note to apologise for what happened, knocked over a box of poppies & also a Bonsai plant that was on a plate, the plate smashed. I waited to see someone to say what happened, someone came, told me to leave & go home. A few days later I was arrested & charged for criminal damage. I informed the arts centre of the reasons of my clumsiness & anxiousness. At this stage I was living as a woman. The whole situation was taken like a crime scene, photos of the items that I dropped/knocked over to make it like a real crime scene. I offered to pay for the item that broke which was the plate. (MTF Correspondent)

*I was attacked because I am MTF but a police officer asked **me** for my status. (MTF Correspondent)*

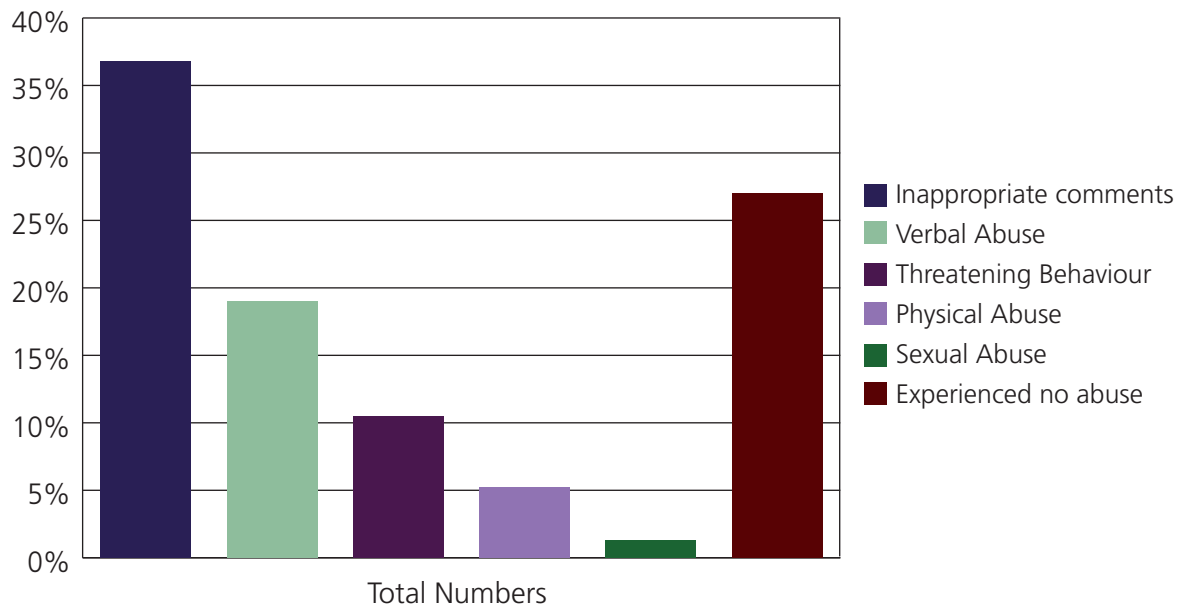
... They followed and started hitting me again on the street I managed to get back on the bus but so did they. When it stopped again I again tried to escape and again I got a beating. This went on for at least 10 minutes in total. I took at least 20 punches in the head and about the same on my body. (MTF Correspondent)

I was attacked in the Student Union at 'x' University for being "A transgender cunt" and had a knife thrown at me which hit me just above my right eye. Our Student Union does not have a good record of upholding equal opportunities to both the Student Union and the University itself. (MTF Correspondent)

5.5.2 Experiencing Other Adults in Public Spaces

I'm afraid of the reactions of others. I am very afraid of the possibility of someone using violence against me. I'm afraid that I can't take many more knocks to my self esteem. (Survey Respondent)

Many trans people in our survey disclosed that they avoided public spaces when presenting in their acquired gender. We found that young trans people (ages 21-25) suffered more instances of harassment in public spaces than the older age groups. Indeed those living permanently in their acquired gender, are more likely to avoid public spaces compared to those who do not cross dress at home (they only cross dress when they go out, and would then go to someone else's home or a 'safe' bar or club).

Figure 5.16: Harassment experienced by trans people in public spaces

As Figure 5.16 shows, over a third – 36.8 % (277) of trans people (ages 18 – 75) who chose to present their acquired gender permanently, experienced negative comments whilst out socially, because of their acquired gender. Only 27% of respondents in the survey recorded that they had not experienced anything of the above while out in public spaces. This means that 73% of respondents experienced comments, threatening behaviour, physical abuse, verbal abuse or sexual abuse while in public spaces.

It is worth giving further thought to the 27% (204) of trans people who present their acquired gender permanently who reported experiencing no abuse. Some may well have 'disappeared' and in day to day activities may now pass well enough to simply be treated as an ordinary man or woman. But many do not. On follow up with one trans woman who had completed the survey, she was asked why she had not said yes. The researcher knew her well, and knew of at least 2 instances when she had been mugged and robbed, and several more times when she had had problems in her neighbourhood. Her reply was that she passed so well, it could not have possibly been related to being trans. It may be that trans women who do not pass well build up a personal story over many years that reflects a better passing than is reality. Another trans woman responded similarly on follow up. Thus it is possible that the figure of 27% is an under-reporting of the real situation.

Figure 5.17: Harassment by gender

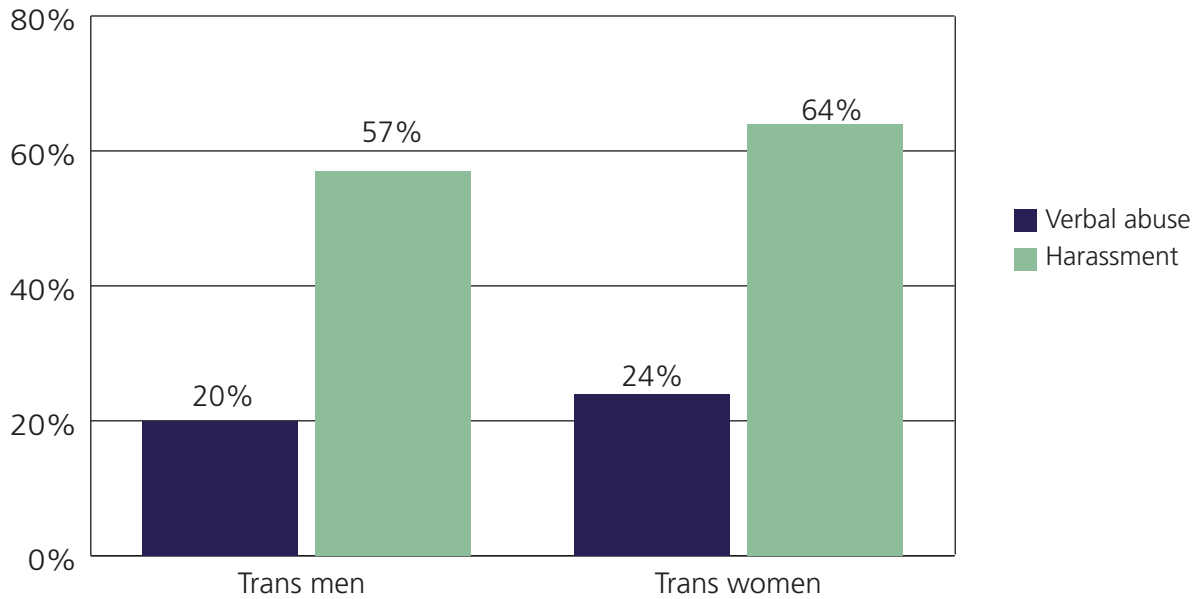
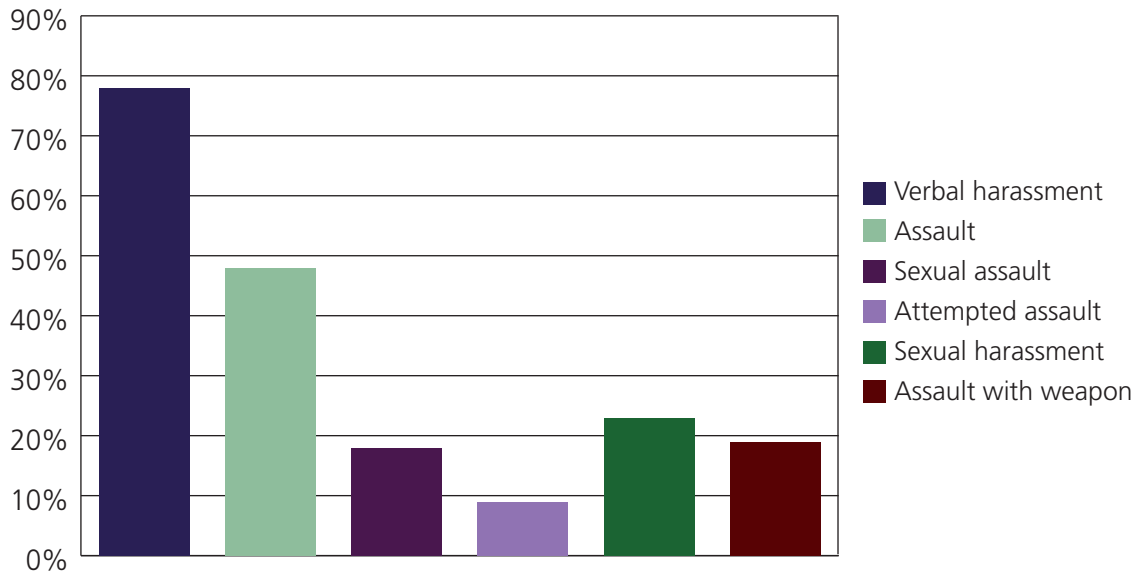


Figure 5.17 shows that there is little difference (7% or less) between the experiences of trans men and trans women in terms of harassment in public spaces. These findings counter the commonly held belief that trans men suffer much less harassment than trans women.

According to Moran and Sharpe, trans people suffer abuse in social spaces in a way that other minorities do not.⁴⁰ Genderpac’s survey of 402 trans respondents in the US seems to support this, reporting the following figures for experiences of transphobia:

Figure 5.18: Genderpac survey results



40 Moran, L. J. and Sharpe, A. N. (2004) Violence, identity and policing: The case of violence against transgender people *Criminal Justice* Vol: 4(4): 395 – 417, p. 404.

However, trans people are not alone in being victims of hate crime: Stonewall's 1999 survey⁴¹ recorded that 2/3 of a sample of 2656 lesbian and gay people reported themselves to be victims of homophobic incidents. There is a strong argument that much homophobic crime is actually transphobic, as it is a person's gender presentation which attracts attention in public spaces rather than a prior knowledge of their sexual orientation. In other words, effeminate men or masculine women are more likely to suffer harassment and abuse (Mason 1996; Namaste 1996) than those whose gender presentation is more normative.

Interestingly, proportionally less trans people reported experiences of abuse in response to our survey, than the figures in the Stonewall survey (1999). There could be two reasons for that – firstly the fact that the online survey did not have a focus on abuse in public spaces, and secondly an under-reporting of abuse experiences. As in the cases above, it could be that some deny that abuse is transphobic even to themselves, as a form of coping mechanism. This has been observed with other groups who experience discrimination but claim to be fine – perhaps because admitting they are not fine will stop them from being able to cope.

Notably in the Stonewall survey:

The biggest fears around reporting future homophobic incidents were 'a homophobic reaction from police officers' or 'the police not taking the incident seriously'. (Stonewall, 2006)

Respondents to our survey were asked 'how confident are you that you would be treated appropriately by members of the police service as your preferred/acquired gender?' 33.5% were not confident, but that leaves 66.5% as quite or very confident as to how the police would treat them. However, of those who had interactions with the police, 18.5% (68/367) felt they were not treated appropriately. Their individual responses covered a wide range of issues, from inappropriate remarks to inappropriate arrest:

they don't listen to me explaining over and over again my gender status – they just kept calling me what it says in my passport. (Survey respondent)

I knew of a crime that had taken place & contacted the police. They took my details. Later an officer contacted me and, referring to my female name, asked what that was all about. It was totally irrelevant to the issue at hand and really irritating. (Survey respondent)

Told by male police officer that I chose to be trans. When I tried to correct him he handcuffed me and read me my rights. (Survey respondent)

I was attacked in front of a police officer, who simply shrugged when she witnessed the assault (is it to say 'You brought it on yourself, the way you look'); then she turned around and walked off. (Survey respondent)

Was asked to disclose if pre or post-op before being searched. They were informed I was pre op by 3rd party and searched by 2 men. I was so traumatised by this search and the comments that when released I went to Beachyhead to commit suicide. (Survey respondent)

41 Breaking the Chain of Hate. A National Survey Examining Levels of Homophobic Crime and Community Confidence towards the Police Service' – National Advisory Group (1999) London: Stonewall.

local beat officer made inappropriate comments about me after I'd been subjected to threatening behaviour in my home by a neighbour. (Survey respondent)

In reporting transphobic crime against me, the constable taking the report described me in her notes as a transvestite (a term I had not used) and referred to me as 'he'. (Survey respondent)

Reviewing paper correspondence with Press for Change brought to light three cases in the period 2004-2006 in which trans people were seriously assaulted. The cases were followed through by Press for Change which gave advice to the women for their solicitors. In all three cases, the women had been attacked and had fought back, as necessary, to protect their lives. All three reported the incidents to the police, and in all three cases when the police arrived they were arrested. Only one of the incidents was a serious assault resulting in grievous bodily harm. All three women were prosecuted, all went to trial and all were then acquitted – in two cases by a jury. To date not one of their attackers is known to have been prosecuted.⁴²

What is clear is that trans people do fear for their safety, to the extent that 50% of trans people who only present in their preferred gender socially, do not go to public spaces in that gender role. They will go out, but only to a safe private venue such as someone else's home.

Well to be honest I never go anywhere alone when I'm out in my preferred gender, just in case. (Survey Respondent)

I am leaving my home town due to the intolerance from locals and family. (Survey Respondent)

Well my parents don't want anyone in the neighbourhood to know so I have to move out before I can begin my transition properly. (Survey Respondent)

When asked what they would like to see happening if they could wave a magic wand, most survey respondents stated that they wished that people in British society were more tolerant towards them:

For the media to stop portraying trans people as freaks and deviants, and give society the right information. (Survey Respondent)

a society that values and nurtures gender diversity and views it as normal, over binary gender systems. (Survey Respondent)

Changes are clearly needed to ensure that individuals are allowed to live their lives in peace with the support of their local services, especially consistent support from local police services. As such:

- Police should make a priority response when a trans person calls for help;
- Police should not assume the trans person is the cause of any event;
- Police Services need further informing and educating about the nature of trans identities;

⁴² Private correspondence with 3 trans women, Press for Change, SW, 2004-2006

- Transphobic Crime should be recorded in all police authorities;
- The CPS needs information to enable it to determine whether it is in the public interest to prosecute a trans person who has been a victim of a crime, in the same incident;
- More research is needed to determine the basis of transphobic crime, to develop responsive policies and to ensure appropriate intervention when individuals are vulnerable e.g. providing alternative housing;
- Education on trans lives needs to start in school, and transphobic bullying or language needs quick action to curb it.

6 Nowhere's Safe: Services, School, or Home

6.1 Housing, Goods and Services

Refused admission to local swimming pool. (Survey Respondent)

Was told by the manager of the establishment that my sort wernt (sic) allowed in because whenever he's allowed my sort in there's always trouble. (Survey Respondent)

At a beauty college where I was receiving electrolysis the college principle intervened and told me I could not be treated there because I had not had GRS and the college was for women only. (Survey Respondent)

Visitng [sic.] Weymouth, group of 4 trans women, empty restaurant, said they were full and closed, shoved us out, locked the door, re-opened for business five minutes later after we had left. (Survey Respondent)

Asked to leave a pub when with another trans woman who was just starting her transition. (Survey Respondent)

I was refused a membership at a local self defence group for women (Survey Respondent)

I was barred from a pub for using the ladies after I had grs [Gender Reassignment Surgery] and even with "a note from my doctor". (Survey Respondent).

I was told – 'we don't serve your sort here'. (Survey Respondent)

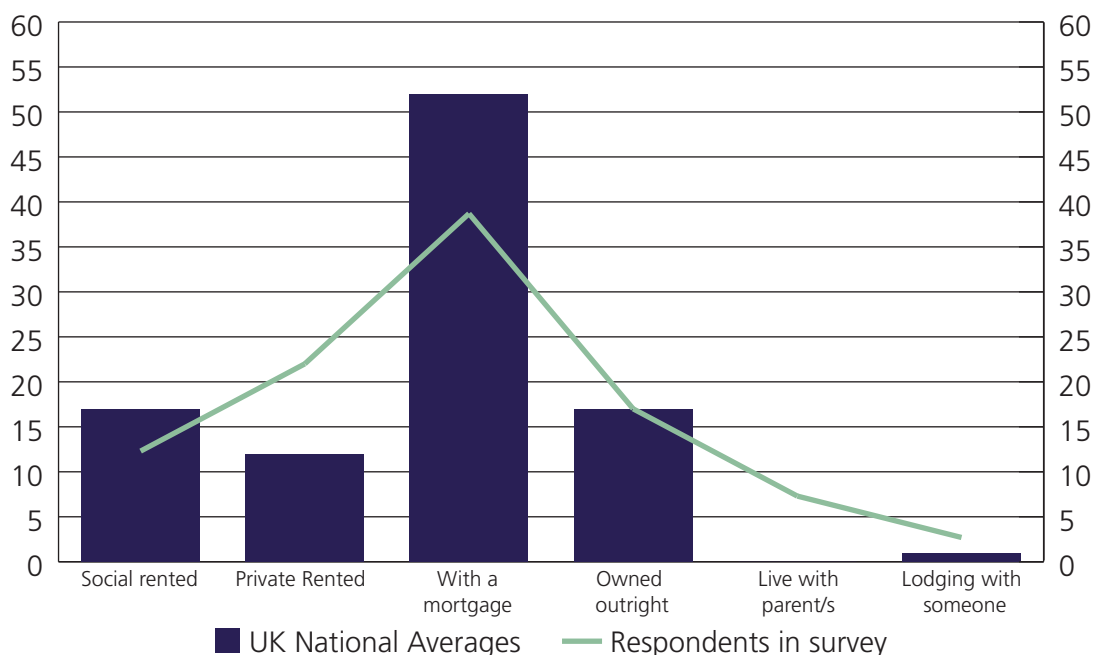
One health club refused me membership due to my being pre-op. (Survey Respondent)

Accessing goods, services, housing and facilities figures high on the list of sectors where trans people face problems. Excluding problems accessing health care, many of the issues appearing in the EMD related to goods, services, facilities and housing.

Housing is a particular problem, because of the extensive aggression experienced by many people from neighbours and others in the area and the break up of many families on discovering a member of the family is trans (see Section 6.3)

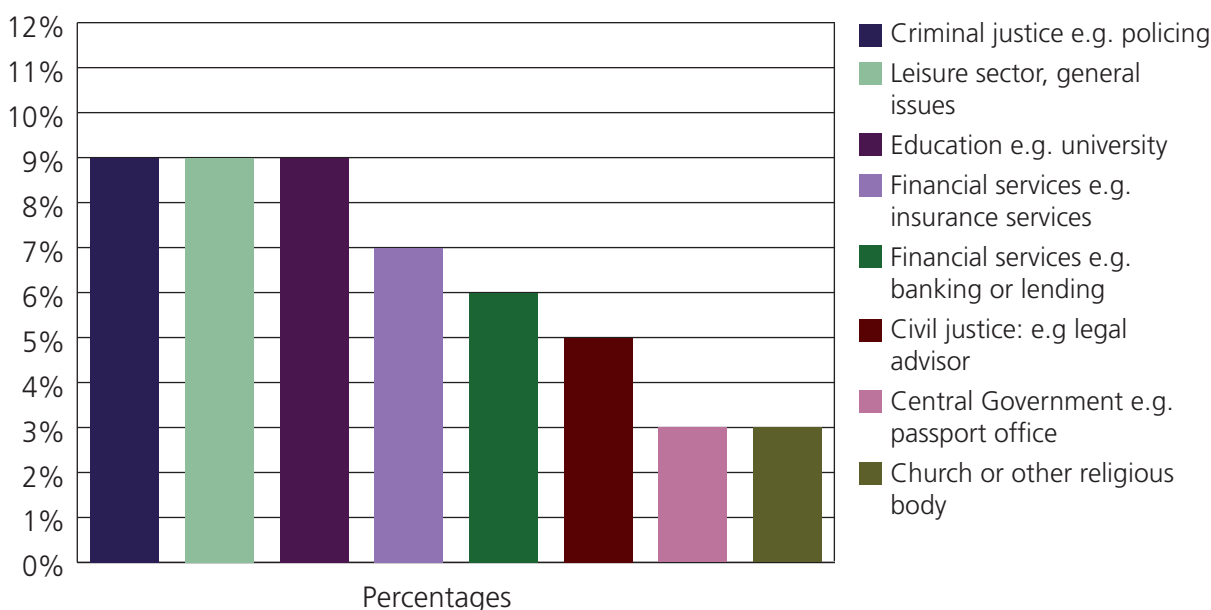
Moreover, higher numbers of trans people in our survey – almost 1 in 4 (22%), live in the private rented sector or private lodgings, the least protected housing and tenancies there are, compared with only 13% for the population at large (Figure 6.1).

Figure 6.1: Type of housing compared to UK national average⁴³



The experience is repeated throughout all areas of life where services are being sought, including the public as well as the private sector (see Figure 6.2)

Figure 6.2: Top eight sectors in which enquiries relating to services were made to Press for Change

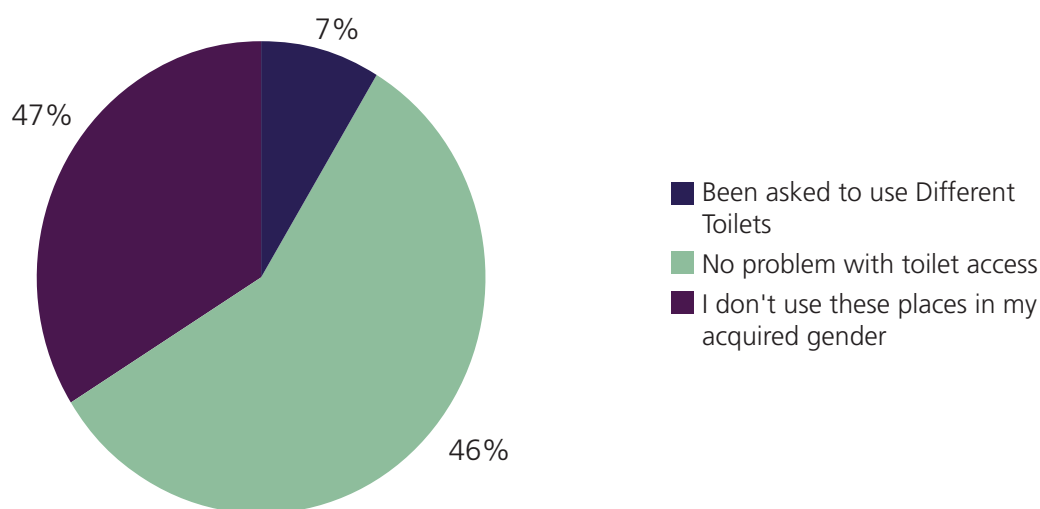


Trans people have no protection from discrimination in the areas of goods, services, housing and facilities unless they have a gender recognition certificate, with which they can obtain protection as a member of their new gender. However, even then the protection is limited and not available if someone discriminates because the individual is a person who is transsexual or has undergone gender reassignment.

43 ONS, Household characteristics of quintile groups of NON-RETIRED households, 2003-04

According to the survey data trans people are very careful as to what activities they take part in, and prefer not to engage with some, for example leisure centre facilities, rather than face being treated differently. For example 47% of trans people do not use leisure centres and risk being asked to use different facilities. The fact that even as few as 6.5% (53 of 814) have been asked to use alternative facilities, rather than those of their acquired gender, is enough to put off many more people.

Figure 6.3: Respondents who had been asked to use different toilets or changing rooms at a health centre or sports centre as their preferred/acquired gender:



The use of leisure facilities has also been raised via personal correspondence with Press for Change. For example, in 2005, an older trans woman was asked whether she was getting a new birth certificate, by a woman at the local authority run women's tennis club for the over 60s. When she replied that she was not going to get one as she was still married, the wheels of bureaucracy started turning. Even though she had been a member of the club for over a year, and had always changed using the 'ladies' facilities, she was asked to change in the disabled toilet in the future by the leisure centre manager. After extensive correspondence, the Local Authority decided to resolve the problem by allowing her to continue to take part in the women's tennis, but they also labelled the disabled toilet as 'Flexi facilities' so that she would feel that she was using facilities available to anyone who needed 'more privacy'.⁴⁴ As the woman concerned said, "I am a transsexual woman, not a flexi woman".⁴⁵

⁴⁴ Letter from Swindon Borough Council, October 2005.

⁴⁵ Private correspondence with Press for Change, 2005.

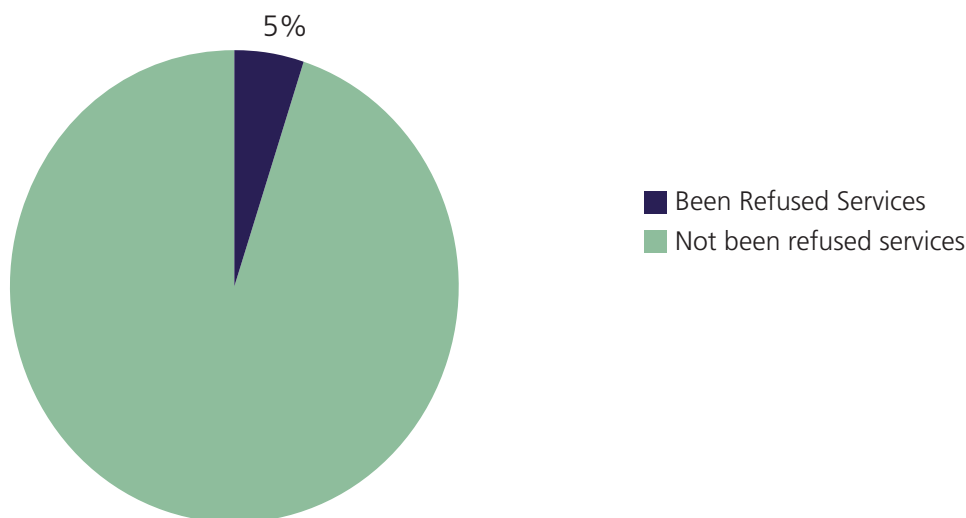
In several cases, including the one above, trans people have tried to address the unnecessary and arbitrary rules suddenly created to prevent them from having equal access. Some of these have concerned access to services in pubs or bars. Very few of these cases end up in court, as the cost of going to trial is prohibitive, and as yet, unless the case goes all the way to the European Court of Justice on the *Mangold* principle⁴⁶ the applicant is likely to lose under domestic law. However, pursuing the brewery or company that owns the pub or bar can be successful. In 2005, Ann Wring received £2,500 after being barred from her local. In that case she had played Irish music in the pub, as free entertainment, for over a decade, but was refused entry on appearing in female dress. At the time it was said that:

she was pleased with the settlement but sorry the case had not gone to court to set a precedent for transsexuals. She said: "I have not gone back to the pub and don't intend to." (Shaw 1999)

In 2000, Lisa Jones received a similar settlement after being barred from a pub in Leeds. More recently, a pub in Hampshire banned 'men who dress up as women' (2003), but later that year, the County Court ruled that a pub landlord could legally discriminate against a group of trans women.⁴⁷

However, it appears that only 5.4% of trans people have experienced being refused services in a place such as a bar or restaurant (Figure 6.4), including leisure centres. But from figures above on public spaces (Figure 6.3), and below (Figure 6.5) it is clear that many trans people do not put themselves into a position where they could be refused service.

Figure 6.4: Respondents refused services in a pub, restaurant, hotel or any other place providing leisure services such as a gym, because they were recognised as being trans

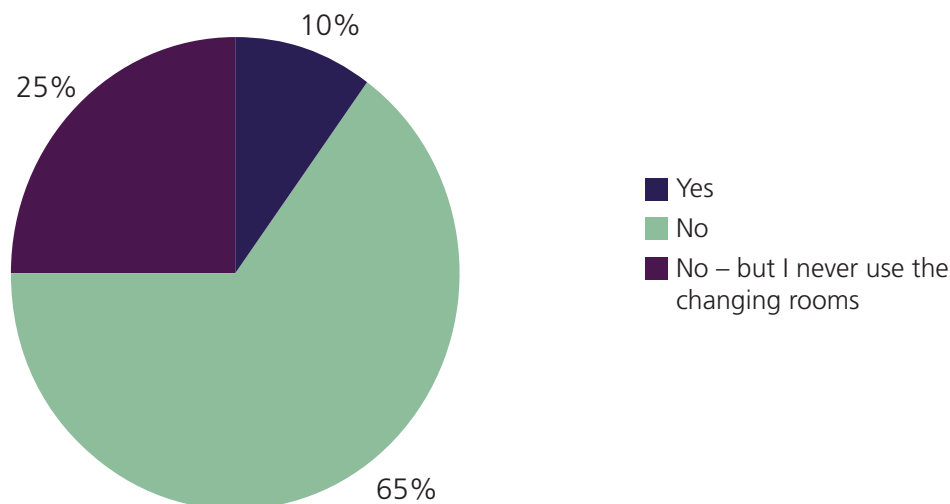


On the other hand, 1 in 10 reported having been discriminated against when using changing rooms in a retail setting, but, a further 25% (206 of 811) make sure they never use changing rooms in shops. (Figure 6.5)

46 *Mangold v Helm* [2006] All E.R. (EC) 383; [2005] E.C.R. I-9981; [2006] 1 C.M.L.R. 43.

47 *Lalor et al v Gawthorpe*, EOC Press release, August 2003, at <http://www.eoc.org.uk/default.aspx?page=15160>.

Figure 6.5: Respondents asked to not use or to use different changing rooms at a shop or retail outlet when in their preferred/acquired gender



Goods, services, facilities and housing discrimination extends well beyond these issues. Trans people have had to battle to be included in sporting activities, to go to church, and to access housing. Positive approaches need to be taken to maximise the freedoms of trans people to live outside their homes, and not just in them:

- Legislation is needed to ensure trans people are protected from discrimination in the provision of goods, services, housing and facilities;
- Because of under-reporting due to the acceptance that there is no legal protection, the true extent of discrimination is unknown. Consequently more research is needed to evaluate how far-reaching discrimination is;
- Priority in housing needs to be afforded to trans people experiencing abuse and harassment in their accommodation;
- Clear guidance needs to be given to ensure service providers are encouraged to welcome trans people.

6.2 The Best Days of your Life: School?

Physical and mental bullying in my school was quite bad for myself (including transphobic comments) As a result I had little concentration on studies or exams and hated being in school, a few times fearing for my life. (Survey respondent).

Constant bullying makes it difficult for anyone to learn and work. (Survey Respondent)

I found the whole of secondary education very traumatic to the point I left as soon as I could, I returned to further and higher education later in my life. (Survey Respondent)

6.2.1 Transphobic Harassment and Bullying

The data from this section draws upon the survey results only, as Press for Change and the FTM UK networks are resources used primarily by adults. The results suggest high levels of transphobic bullying for the majority of respondents by their peers and other members of staff at the school.

The figures from the online survey, particularly for trans men, show higher levels of harassment and bullying than the published statistics on the experiences of Lesbian Gay and Bisexual (LGB) children at school. A recent large scale study conducted on lesbians, gay men, heterosexual men, heterosexual women and bisexual people, found that 51% of Gay men were bullied at school (compared to 47% of heterosexual males) and 30% of lesbians were bullied at school; (compared to heterosexual women 20%) (King and McKeown 2003). But a smaller scale study of 190 LGB adults by Rivers (2001) found that the majority (82%) had experienced name-calling at school.

The memories of experiences of trans identified people as reported show similar figures, excepting that trans men, who would have had to present as girls, though probably tomboyish girls, report far higher rates of experience than either lesbians, heterosexual women, gay men or trans women.

6.2.2 Tomboys v Sissy Boys

From the online results it appears that there is a slightly elevated experience of school centred abuse for trans men, with a higher negative reaction to 'tomboys'. When the frequency of reports was aggregated (an aggregation of reports on Figure 7.6), we found that 64% of natal females with a male identity reported experiencing some kind of harassment or bullying at school and 44% of natal males with a female identity experienced harassment or bullying at school.

Respondents were asked if they had experienced any of the following at school (see Figure 6.6) and were allowed to tick more than one box so some may have experienced more than one type of transphobic behaviour.

Figure 6.6: Young trans people's experiences of bullying at school by gender

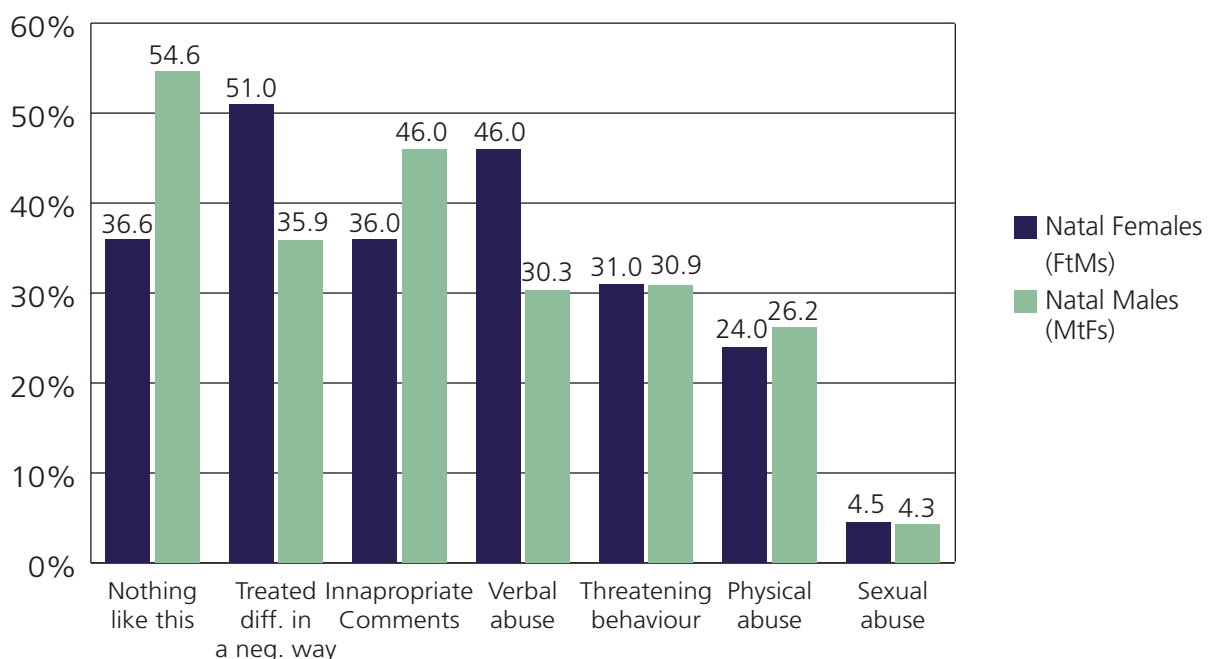


Figure 6.6 shows that (natal male) children with female identities proportionally suffer less harassment at school than (natal female) children with male identities. For example, over half (55%) of natal males identifying as female have recorded nothing of the above happening to them compared to only 36% of natal females identifying as males. This does not correspond with other research on the sanctions against non-gender normative behaviour of children. These usually state that there is less tolerance to 'sissy boys' or effeminate boys than girls who display masculine attributes (Zucker et al 1997; Martin 1990; Fagot 1977). But in contrast there is little if any research done on the 'tomboy' at school. There is an inherent assumption that young masculine females do not face the same issues as young effeminate boys. The research clearly shows that this idea is mistaken.

However, even if the threshold for gender non conformity in boys may be lower, there is evidence to suggest that boys learn to hide their cross-gender behaviour or identity – because of an awareness of the peer pressure for gender conformity. Indeed, there is evidence to suggest that under these circumstances, gender conformity is increased to avoid social rejection (Rudman and Kimberley 2004). This process was described by several respondents who were natal males:

I learnt to live in stealth as a boy in order to survive. My schools were transphobic in that transness was not even remotely an option. (Survey Respondent).

I became solitary, insular and insecure. I went to great lengths to conceal my trans characteristics. (Survey Respondent).

I hid my trans status absolutely by being withdrawn and unsociable. (Survey Respondent)

I never felt I fitted in. You learn very quickly to hide who you are. (Survey Respondent)

I had to hide my gender issues, especially in school. My life would not have been worth living. (Survey Respondent)

I kept my transgender secret. My school was a hostile environment for many people. (Survey Respondent).

It may be that trans men (natal females) experienced more harassment at school because their gender difference may have been more visible because of a strong inability to conform to wearing stereotypical girl's school uniform, and further expressing discomfort at their developing female body:

As I was pressured to behave and dress as a girl, this severely affected my self esteem and my attendance to specific lessons. I felt I was not given the same treatment and help as the other children as i behaved and dressed differently (Survey Respondent)

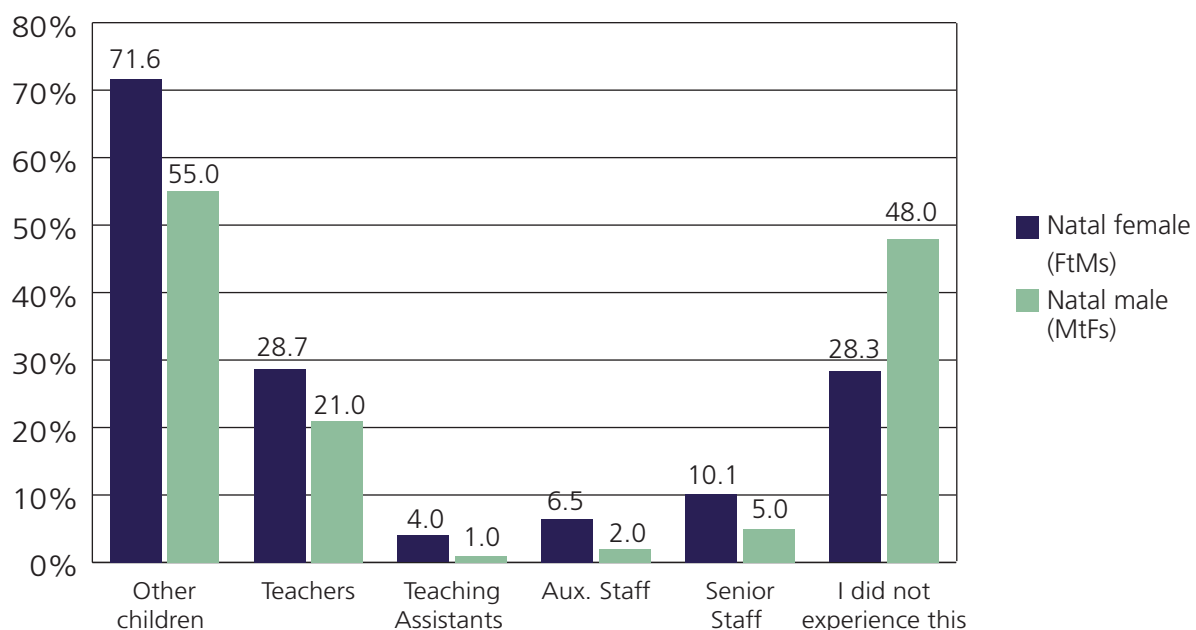
I was always the one picked out... because I was clearly 'queer' (I always wore the shirt and tie to school, even in summer, as I would not wear the dress, and would not wear stockings or tights) I somehow was noticed. (Survey Respondent)

In my first year I was sent to the headmaster's office and humiliated for refusing to wear a skirt. In the end I had no choice. I avoided going to school as much as I could get away with (Survey Respondent)

Since I started presenting more masculine (ie, cutting off my long hair etc), I have been subjected to abuse from other pupils, leading to depression. (Survey Respondent – currently at school).

The theory that natal males may learn to hide their female identification because of peer pressure from other boys is borne out by the statistics on who harasses trans children (see Figure 6.7). All respondents reported being harassed by other children more than teachers, and other staff, but there is again a surprising gender difference with (female to male) trans people reporting higher levels of being victims in relation to all categories of school staff and children. Over 70% of (female to male) trans men reported being bullied by other children, compared to just over 50% (male to female) trans women. Less than a third of trans men reported that they did not experience bullying compared to 48% of trans women (see below).

Figure 6.7: Trans children's experiences of bullying at school by gender



6.2.3 The Effects of Transphobic Bullying

Previous research on LGB experiences of bullying at school has linked it to high levels of absenteeism and truancy. Research conducted by Rivers (2000) found that 72% of lesbian, gay and bisexual (LGB) adults reported a regular history of absenteeism at school due to homophobic harassment. Our research has also found this to be the case. Respondents were asked to describe how their experiences at school may have affected their performance at school or exam results and many described being absent from school or not completing their studies because of transphobic bullying:

I tried to go to school as little as possible as I hated wearing a skirt and been treated like a girl. (Survey Respondent)

I had to skip a lot of classes because I developed severe anxiety and was unable to cope with the pressure of constant abuse (Survey Respondent)

I did not complete my studies. (Survey Respondent)

I was hardly in school due to bullying. (Survey Respondent)

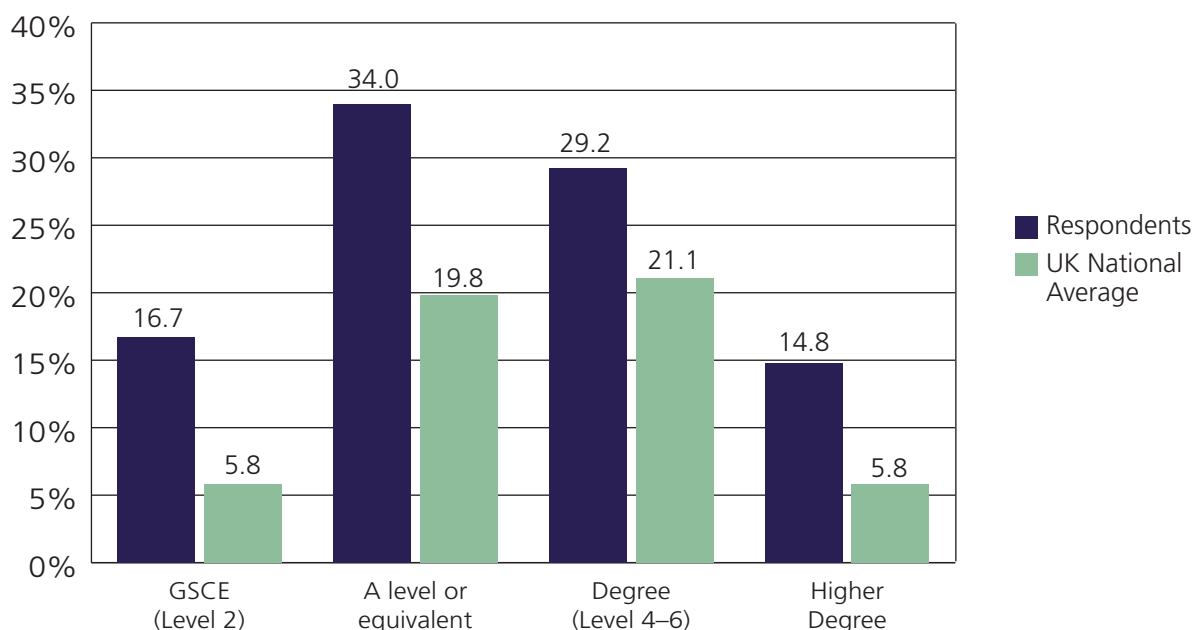
Bullying/isolation led to me leaving school at the earliest opportunity and avoiding any further education until 40yrs old. (Survey Respondent)

I was off school most the time. (Survey Respondent)

Left school as soon as possible i.e. 15yrs. No "O" levels. Had to study hard since to make up for this. Feared going to school. Esp. Sports. (Survey Respondent)

Despite the bullying a significant number of respondents in the survey are well educated, far exceeding the national norms (Figure 6.8). A large number of respondents stated that they returned to continue their education as adults, which may explain the high numbers of respondents educated to degree level and higher, compared with the national average.

Figure 6.8: Educational achievements of respondents compared to national average⁴⁸



There are also a significant larger number of respondents who left school after GSCE or equivalent Level 2 qualifications.

There is a view that one reason for the overall higher educational standards reached by trans people, is that rather than reflecting anything generally about trans people, it is that undertaking gender reassignment is so complex and, as we have seen in this report, such a difficult project that it may be that those who are more highly educated find it easier to navigate the process.

However, that fails to accommodate the bulge at the lower end of educational achievement levels. This group may well include individuals who could have gone on to achieve more, but who instead chose to leave because of the bullying they experienced, and as of yet have not returned to education.

⁴⁸ National Statistics 2005: The level of highest educational qualification held by people of working age in the UK.

What is clear is that many trans people are 'second chancers'. They return to education as mature students and, it could be argued, that having learned that they can literally do anything, they take up the mantle and proceed to do particularly well.

Clearly, it may also be the case that many less able trans identified people may well leave school early, and simply do not have the life skills necessary to get through the system and the stigma to go on and fully transition as an adult.

Nowadays the FTM Network gets many calls on its helpline from young teenage ftms. One of the problems they face is that school uniform is sold, and worn, in far too gendered a way. The uniform may allow trousers, but despite our supposedly far more gender free society, a real problem for these young people is that in recent years children's and adolescents' clothing has lost any sense of being unisex or gender neutral. A boy cannot find shoes that are not trainers (which many schools will not allow) or black with very thick and heavy soles. Similarly a girl who wants to dress in trousers will find they are all tapered and shaped to accentuate the hips and the blouses are all shaped to emphasize the breasts.

What is clear from the evidence is that:

- Transphobic bullying is rife and there is a need for education, not just of children but also school staff and other workers.
- Research needs to be done into the experience of trans identified or masculine female adolescents, and their need for protection from bullying.
- There is a need for projects to ensure trans identified young people are helped to stay on at school, rather than leave and seek education as 'second chancers'.
- Research should explore the reasons why trans people appear so well educated as adults, and to discover whether less able trans identified youth are ill equipped to fully transition later in life.

6.3 Experiences of Trans people in Domestic spaces

6.3.1 The Family as a Haven?

This section of trans adults in domestic spaces is informed mainly by the data derived from the EMD, though the online survey is also considered. In general, among those trans people whom we found to be most at risk of abuse in domestic spaces, we could identify a clear pattern of consecutive trigger points for abuse:

- Starting cross dressing or transition at home
- Seeking assessment for gender reassignment
- Telling children or other family members
- Undergoing gender reassignment surgery

When trans people start cross dressing or transition in the home, family members may find the changes hard to understand, and will often reject them, at least initially. This can often lead to some trans people losing social and family support networks.

- 45% of respondents (366 of 804) reported that their cross dressing, transition or preferred/acquired gender contributed to a breakdown in their relationship with your family or any of its members.
- 37% of respondents (299 of 803) feel excluded from family events as a result of their transition or preferred/acquired gender.
- 36% of respondents (294 of 803) have family members who do not speak to them any more because of their transition or preferred/acquired gender.

The resulting isolation for the trans person (and sometimes their partners) can leave them extremely depressed and anxious.

my priest sent me to be re-baptised. I am married, and I have a disabled son I am now on anti-depressants. (Survey Respondent)

...my grandparents, who are very close to me are very old and I don't think they can take the shock. That was the reason why I wanted to wait, I don't want to break their hearts. (Survey Respondent)

I am from Iran and my main problem is my family. I think my mom will die if she heard about this! and many more problems! Here nobody can understand I am not a girl, except the people who know me. Sometimes it is really difficult, while in my identity documents I am Miss. (Survey Respondent)

My parents know about my transitioning and they have told me in no uncertain terms that they don't want anyone else in the family to know. So essentially when I am living in my acquired gender, I'll never see my family again. (Survey Respondent)

At family functions I have to appear in my birth gender to save embarrassment to my family. (Survey Respondent)

My patient lives in a bedsit without any family support (they have rejected him) and he suffers terrible discrimination by neighbours and some local people. (Community Psychiatric Nurse corresponding about a client)

the transition has certainly created an insurmountable distance and subsequent break down of relationship with my father. Re Q 80: the issue of) transsexuality certainly constituted a problem for past partners (who I met after transitioning) in terms of "what other people may think" & gets raised as an issue in breakdowns of the relationship. (Survey Respondent)

my wife and I separated due to my admitting to being transgender but my wife would like a lot of my pension even though I pay support monthly. There was a big settlement upon separation. (Survey Respondent)

For many trans people facing a crisis in their partner relationship, which may result in the loss of their home and severe financial problems, the lack of family support may often be the straw that breaks the camel's back, and can lead to severe personal crises that can result in attempted suicide.

However, sometimes the support within the birth family can be excellent with total acceptance of the person in their acquired gender. However, this is primarily the case for trans men, and not often for trans women.

One of the problems for this is the presentation of trans women by the media. They are rarely seen in a family setting, and the concentration is on the surgical procedures and not the social acclimatisation and ultimate acceptance. Ever since the television documentary, *The Choice*,⁴⁹ was shown on BBC 2 in 1996, the FTM Network has been contacted 4 to 5 times a year by a parent who wants to support their new son (former daughter) through their transition. Sometimes they will even call about a child as young as 12, who has in the proceeding years transitioned successfully in school (subject to some bullying) and has now gone on to higher education. At least 3 of these young people have now trained or are training to be doctors. When another documentary about trans men, including 2 young ftm's starting on the road to treatment, "Make me a Man", was shown in 2002, it received Channel 4's highest documentary viewing figures that year. The FTM Network received membership enquiries at a rate of over 20 a month for the next year.

However, it is very rare to hear from the parents of a young mtf, and we must face the reality that the fear of what a son, no matter how old, will look like drives much of the family ostracism that exists. The social opprobrium that comes from having a son who likes dresses is still felt more strongly by parents, than that which comes from having a daughter who wears trousers.

6.3.2 The Neighbours.

We asked participants in the survey about how they felt about their neighbourhood and local community since their transition. 20% of respondents (159 of 802) felt informally excluded in their local community as a result of their transition or preferred/acquired gender. For example they were not invited to social events, and/or they were not part of networks:

Whilst my immediate neighbours (80+) are great, others are treating me in an awkward way & are reluctant to make passing conversation.
(Survey Respondent)

Network of formerly known people distanced themselves complete in my former village. (Survey Respondent)

*When I transitioned in 2003 I got a lot of abuse from local jobs. I had someone throwing stones and me and calling me a f** nonce. I had someone threatening to stab and shoot me. I had gangs of boys throw stones at me and call me a slag. I was surrounded by a gang of lads once. Thankfully I had not got out of my car and I was able to drive away. They did chase the car down the street.* (Survey Respondent)

Gendered people on the whole do not know how to relate to me. I do not encounter rudeness generally, just distance – and due to systemic discrimination that has prevented me finding employment for many years and has ruined life for my partner and myself, I can no longer be bothered to make the effort. (Survey Respondent)

⁴⁹ *The Choice* was a documentary following an adolescent ftm and his parents as they sought out the possible treatments both here and in Holland.

Asked to leave church. – have been told that 'people wouldn't understand and would feel uncomfortable if I attended'. (Survey Respondent)

People on the estate where I live are perfectly civil, even friendly, but prefer to remain at 'arms length'. No one wishes to be seen to get too close to me. (Survey Respondent)

Our research shows that harassment of trans people in domestic spaces ranges from emotional maltreatment to discrimination to verbal abuse, physical abuse and sexual violence. The effects of the abuse can include an increase in mental illnesses like depression.

6.3.3 Conclusion

Trans people suffer emotional abuse in domestic spaces in a way that other minorities do not.⁵⁰ This is partly because the nature of transition predisposes relationships to break down because of the change of 'orientation' of the spouse/partner. The subsequent loss of home as a result of breakdown can lead to poverty. This experience is interrelated and cumulative. However, the loss of the birth family undermines many other aspects of life. All too often, the view of the birth family is that it is a dysfunctional place but for most it is not. It is a place of happy memories and people of whom we are fond, and who are fond of us. To be no longer able to take part in the family 'do', the christening, the wedding, the funeral is to become isolated from something that for many of us provides emotional well being, at least as adults.

The placing within the birth family needs supporting, particularly at what might well be a time of crisis in the married family. As such:

- Families need access to good straightforward information about what is going to happen to their family member;
- There need to be opportunities for families to meet with other families; and for
- 'Family' information, workshops and other activities to encourage the retention of the family structures.

50 Broken Rainbow Annual Report 2004-2005 [online] 2004 (accessed 21/09/06)
<http://www.broken-rainbow.org.uk/press/annual%20reports/2004-05.pdf>.

7 Accessing Equality: What do we want and how do we get it?

7.1 What do Trans People Want?

It might be thought by those unfamiliar with the struggle for transgender equality that with the existing equality Acts, particularly the Sex Discrimination Act 1975⁵¹, the Gender Recognition Act 2004, and the Equal Treatment Directive 2004/113/EC, all is well with trans people. And after all, trans people can now have their acquired gender recognised, get a new birth certificate and get married – which was surely all they wanted anyway. Now the long standing human rights breaches of Articles 2, 6, 8 and 12 of the Convention are finally remedied, although the cases were repeatedly over several decades taken to the court in Strasbourg. But, research in the 1990s (Whittle 2002) clearly showed that trans people's priorities were to:

- Keep their jobs
- Be safe at home and in public
- Have some medical privacy
- Have ways of protecting their families in times of crisis

If doing that meant enabling new birth certificates and the right to marriage, then those should rightly be included. But they are merely a small part of a much needed wider package of legislation recognising a much broader set of rights. However that wider package still has large spaces in it, and the ensuing discussion attempts to highlight current legal issues and why trans people are still discriminated against, vulnerable and subject to abuse.

7.2 The Possibility of Claims under the Disability Discrimination Act

The issue for trans people under the DDA 1995⁵² is whether or not they can be classified as disabled within Section 1 of the Act and thereby gain the Act's protection. Prior to the Act the DfEE had a list of disabilities and medical conditions, which enabled people to register as disabled under Section 6 of The Disabled Persons (Employment) Act 1944. 'Transsexualism' was on this non-exhaustive list. However the DDA repealed earlier Disability Acts and changed the definition of disability with an exception for 'transitional arrangements' applying to people who voluntarily registered prior to 2nd December 1996 when the DDA came into force. A person registered before the cut off date is deemed to have a past disability for the purpose of the DDA. The anomalous situation still exists that transsexual people registered as disabled within the prescribed time frame are accepted as disabled people and therefore have protection under the disability Acts.

51 As amended by the SD(GR) Regs 1999

52 The Disability Discrimination Act (as amended)

Trans people do not want to be classed as disabled, but we suggest that there may be short periods in a trans person's life where being regarded as a person with a disability will be beneficial. A trans person recovering from gender reassignment surgery (which involves an extended period of incapacity) for example has their ability to work impaired. At the beginning of gender transition, as this report demonstrates, trans people may be subject to similar prejudices that affect people with a disability.

The DDA 2005, Section 18, has extended the meaning of disability in Section 1, DDA 1995, to include HIV, MS or people with a prescribed cancer, but transsexuals who conform to all WHO criteria of 'disability', 'handicap' and 'impairment'⁵³ are not specifically brought under the protection of the disability Acts. Section 18 also broadens the scope of the DDA by omitting the requirement that 'mental illness' must be clinically well recognised if it is to be the basis of 'mental impairment'. However the latest influential governmental guidance⁵⁴ is still focused squarely on the physical side of disability in assessing the 'substantial and adverse effect' a disability must have on a person's everyday life in order to qualify for either social benefits or legal protection under the disability Acts. In *Ashton v Chief Constable of West Mercia*⁵⁵, despite the tribunal finding that the applicant's poor work performance was linked to side effects of GID treatment, notably depression, her condition did not fall within the definition of 'disability' for the purpose of Section 1.

Subsequent legal changes should mean that the illogical judgement in *Ashton* should be unequivocally overturned. Yet inconsistencies in governmental policies and regulation, replicated and reinterpreted down through a legion of governmental agencies and official bodies, pose many problems for trans people. These require urgent addressing and make the proposal to overturn *Ashton* a tentative submission.

The Disability Duty on public authorities imposed by the DDA 2005⁵⁶, could potentially assist a great number of trans people during the critical transition period or those trans people burdened by chronic illness, which is a direct manifestation of the health and employment inequalities endured by trans people. However if transsexuals or trans people as a distinctive vulnerable class fail to be recognised as disabled then protection under a whole raft of potentially applicable equality and anti-discrimination law will continue to be unavailable.

53 World Health Organisation, 1992, ICD-10; Wood P, (1980) The Classification of Impairments, Disability and Handicaps, The WHO Chronicle 376-380

54 Guidance on matters to be taken into account in determining questions relating to disability

55 *Ashton v Chief Constable of West Mercia* [2000] All ER (D) 1091

56 DDA 2005, to be implemented nationally by December 2006.

7.3 Gender Recognition Act (GRA) 2004

The long awaited GRA has provided only a little more than the Court's decision in *Goodwin v UK*⁵⁷, that recognised the continuing breaches of Convention rights against transsexual people. It appears to still be lawful to indirectly discriminate against transsexual people (even with a Gender Recognition Certificate) who are not, 'intending to undergo, undergoing or have undergone gender reassignment'. After gender recognition, a seamless process is implemented between government departments such as social security, tax and employment, to ensure transsexual identities and details are known and kept confidential. This disregards the Rehabilitation of Offenders Act, 1974 in respect that even spent offences on the record will stay with a trans persons new identity.⁵⁸

In practise, it is extremely difficult for trans people to obtain relevant information about themselves in order to correct data system errors, despite the Freedom of Information Act. Post GRC there continue to be new examples of trans-discrimination by public and private sector bodies, notably PCTs, Health Trusts and the DWP benefits offices that are interpreting the Act and the Gender Recognition (Exceptions to Offence of Disclosure) Order 2004/2005 in negative and discriminatory ways. Although not the intention of parliament, Section 22 of the GRA, intended to protect the privacy of trans people, is currently being subverted by the privacy exemptions embodied in the above order. Just one example is the refusal to change names and genders on records and computer systems if a gender recognition certificate has not been sought.⁵⁹

It remains the case that trans people can fall foul of cohabitation rules with regard to tax, social security and employment benefits, if they are not clearly single or living alone, by obtaining a Gender Recognition Certificate. For some the price of legal gender recognition under the GRA is too high in terms of financial benefits lost (Whittle 2006a).

7.4 The Civil Partnership Act 2004

Trans people with partners of the same gender, who want to ensure that partners will be able to benefit from company or private pension schemes, may take advantage of this recent legislation. This Act also ensures parental rights and responsibilities are given to both partners for any *child of the family* and enables lesbian and gay trans people to form families in their new gender. It further enables those who are in a pre-existing marriage to carry over their marital benefits on gender recognition by entering a civil partnership.

57 *Goodwin v UK* (2002) 35 E.H.R.R. 18; [2002] I.R.L.R. 664; [2002] 2 F.L.R. 487.

58 The CRB has procedures in place to ensure present and past convictions are only divulged and/or attached to the trans persons new gender and name but exceptions with s22(4) may affect this procedure.

59 See Section 5.3 on changing documents.

7.5 The Sex Discrimination Act 1975

The SDA 1975⁶⁰, in particular Sections 2A⁶¹ and 63A⁶², are crucial in ensuring employment protection for trans people, but the scope of protection is limited by the statutory definition of "transsexual" and by Section 82 of the SDA, which defines "gender reassignment" as

a process which is undertaken under medical supervision for the purpose of reassigning a person's sex by changing physiological or other characteristics of sex, and includes any part of such a process.

Whilst Section 82 would cover someone merely intending to seek medical supervision to undergo gender reassignment as well as the post-operative transsexual person, it limits the SDA, so as it does not afford protection to people identifying as transgender or some other gender identity, and who have no intention to undergo any medical supervision related to their gender presentation, whether or not they permanently live in their preferred gender role.

Therefore a large majority of trans people are caught outside of the narrow protection of the legislation; cross dressers, and transvestites, people who live permanently in the gender 'opposite' to that on their birth certificate without any medical intervention and all those people who simply wish to present their gender differently.

Section 7A, SDA, amended by the GRA, permits discrimination in gender specific employment unless a gender recognition certificate has been issued to the trans person concerned.

Furthermore, there is only limited trans-protection for goods and services covered within the Act and this is only directly in relation to employment, recruitment and vocational services by anyone providing goods, facilities or services to the public.

7.6 The Equal Treatment Directive (2004/113/EC)

The forthcoming Equal Treatment Directive, implementing the principle of equal treatment between men and women in the access to and supply of goods and services⁶³ (with the UK implementation deadline of 21st December 2007), should provide protection for transsexual people if the Council Directive is interpreted correctly into UK statute. Subsequent to *Mangold*⁶⁴, this directive has the potential to be directly effective from the date of publication rather than after the date of implementation. It is applicable in both the private and public domains of life and specifically includes healthcare discrimination.

60 Sex Discrimination Act 1975 (as amended).

61 Following *P v S* and *Cornwall County Council* [1996] IRLR 347.

62 The "Burden of Proof" Directive was implemented by the Sex Discrimination (indirect Discrimination and Burden of Proof) Regulations 2001, which inserted a new definition of indirect discrimination.

63 2004/113/EC Equal Treatment Directive banning gender discrimination in the area of goods and services.

64 *Mangold v Helm* [2006] All E.R. (EC) 383; [2005] E.C.R. I-9981; [2006] 1 C.M.L.R. 43.

Trans people are currently on NHS waiting lists, taking an average of 6 years to reach initial surgical gender reassignment treatments, and for some, more than a decade to complete the gender reassignment process. This is especially true for (female to male) trans men who often require surgery abroad due to the shortage of UK surgical resources.

The majority of trans men needing (NHS) surgery abroad to complete the gender reassignment process fail to obtain the necessary PCT funding and remain 'incomplete' according to societal notions of maleness, and as a result may be exceptionally vulnerable to exposure. Most healthcare commissioners have policies which downgrade gender reassignment services to lowest priority⁶⁵. Trans people who have chronic health problems are denied adequate health care, as physical problems are often seen as a manifestation of their *psychological disorder*.

7.7 The Housing Act 2002 Part VII Homelessness Provision

There is a glaring vacuum with regard to provisions for trans people under housing law. There have been no amendments to either the Housing Acts or housing guidance and codes of practice, to either directly refer to trans people or class them as *vulnerable* people for the purpose of homeless applications. Yet many trans people and their families have been subject to victimisation, violence and harassment in their own homes and have often become homeless as a result. In England, it is insufficient to be merely homeless: you have to be in *priority need*. A person's physical and mental health must be taken into account in ascertaining priority need. Yet a person's trans status is currently not recorded or assessed as part of local authority or housing association procedure.

7.8 The Equality Act 2006

The Equality Act 2006, with its provision for a single Commission for Equality and Human Rights (CEHR), has many pitfalls for trans people. Trans people are rarely mentioned specifically in equality literature and trans people are usually either invisible or subsumed in strands of sexual and homosexual equality.

The Equality Act, which enshrines protection from discrimination on the grounds of religion or belief, poses complex problems for many minorities including trans people. Great care should be taken by the CEHR to ensure that UK law in its application remains secular. The implementation of Article 9, the Right to religious expression, has a very real potential to conflict with core principles and aims of trans equality and the "Equality Duty" incumbent on the CEHR.

65 PFC and FTM Network – Equalities Review – "Response to Call for Evidence", 11th October 2005.

7.9 Conclusion

It is demonstrably clear that though legislation is in place for some aspects of life, it is limited and obtaining successful remedy is difficult. The CEHR is the next port of call of hope for trans people. It is yet to be ascertained how the CEHR will enforce trans people's rights, given their small numbers as compared with other more vocal groups also within the ambit of the CEHR. By itself mere "promotion" and "encouragement" of equality cannot truly discharge the "Equality Duty"⁶⁶. It is hoped that the CEHR will be demonstrably proactive in its promotion and enforcement of equality to the extent that positive action is taken to secure distributive justice for trans people. Trans people "need remedies to past disadvantages presently significant and a remedy to present day social imbalances"⁶⁷.

66 s8(1), Equality Act, 2006.

67 Robin Allen QC, May 2003, "A Single Equality Act: Patchwork or Promise" (speech on behalf of Justice, NAT & TUC).

8 A Long Trans Life of Inequalities and Discrimination

Transgender and transsexual people face a lifetime of inequalities and discrimination, despite often being amongst the most well educated members of society. As children, they can be bullied and abused for being gender different. As adults their families, friends and neighbours can reject them once their trans status is known, and they are very likely to experience assault and abuse at home, in the workplace and out on the streets.

The workplace is a particularly hostile place, despite the SDA 1975 and the SD(GR) regulations 1999, as they are not only limited in their protection, but they fail to acknowledge that a job is crucial to a trans person, and a win in an employment tribunal will not get them into another job. Trans people suffer the indignities of the workplace in order to retain their financial ability to access health care. For many the expectation of prejudice and discrimination in the workplace (alongside family issues) will make sure that they never become their true selves.

They will struggle with officialdom throughout their lives, initially to get their paperwork changed, then on every occasion they are required to prove themselves, if they have not obtained a gender recognition certificate. Banking and financial services are very difficult, as many trans people find themselves in a mire of paperwork alongside disbelieving officialdom who refuse to believe such changes are possible – at least not when it comes to credit cards and bank accounts.

When they are seeking treatment to transition, they will start a medical process which reduces every aspect of their life and, in particular, their health down to the most minimal of issues, their trans mental health. Practitioners, at every level of medicine, ignore the trans person's abilities to cope with ongoing crises that would destroy other people, their educational standing and the nature of the actual illness they are presenting with. The fact that some qualified nursing staff will insist on calling a person who has been transitioned for over 30 years in their former gender, is indicative of the level of ignorance that exists within our health services. But are they 'our' health services? Increasingly, despite the Court of Appeal ruling in *R v North West Lancashire Health Authority ex p A, D and G*⁶⁸, trans people are being refused gender reassignment services or are being made to wait for years before they can obtain assessment and diagnosis, never mind surgical procedures. The NHS is not a welcoming place for many trans people, much of their medical treatment they will pay for themselves, and if any treatment is actually obtained it is often as a result of a Herculean struggle past recalcitrant GPs, rude nursing staff, arrogant and demanding psychiatrists, finally to be met with the news that there are very few surgeons and the waiting list is several years long. Is it surprising then that many sell their homes in order to be able to self finance their own way through the private route ways to surgery in Thailand.

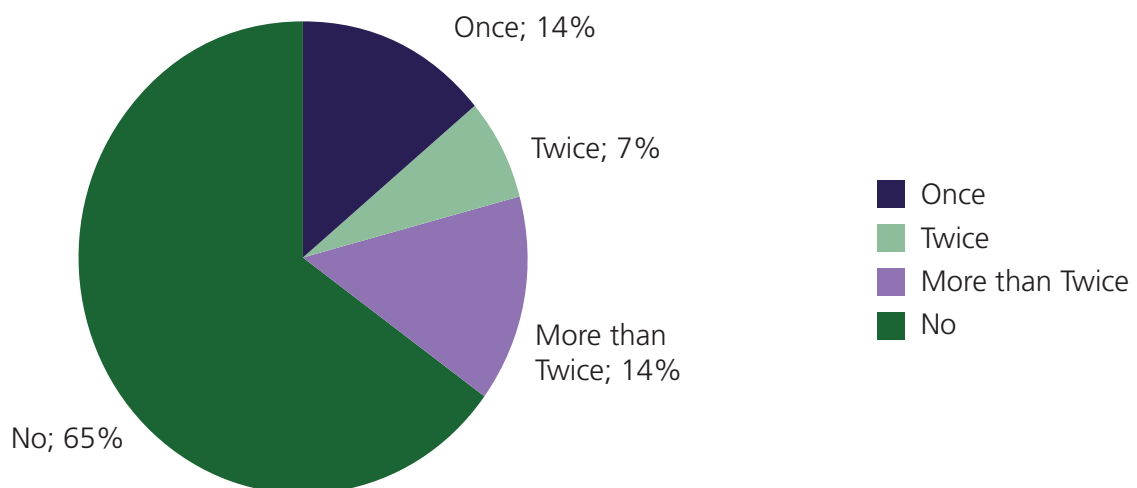
68 *R v North West Lancashire Health Authority ex pA, D and G* [2000] 1 WLR 977.

The NHS is a service, and like other service providers has used the excuse of the lack of protection against discrimination in goods, services, facilities and housing to provide an atrociously bad level of provision for trans people. It is not the only service provider so should not feel alone in being targeted in this report. It simply does on a larger scale what other service providers do, whether retailers, bars, leisure centres and restaurants. It seems that even money cannot buy everything for trans people.

All of this starts at school – where transphobic bullying by children and staff is rife. Previous work which concentrated only on the experience of the 'sissy' boy missed the even greater extent to which trans identified female adolescents are bullied in school. And what happens at school has already started in the home, with trans people having to put up with being outcast and sent into exile by their families, when they consider transitioning or are discovered cross dressing. It appears that the need to avoid this sort of confrontation both at home and work is preventing one in ten trans people from transitioning to their preferred gender role. This makes it all the more important that our understanding of cross dressers be addressed, as it seems many of them may in fact be transsexual.

It is therefore quite surprising how often trans people say that having a 'sex change' was the best thing they ever did in their life. But at times the cost has seemed very high, and the only solution seems to be to end it all. Unsurprisingly, the figures for attempted suicide from the respondents to the survey are grim reading (see Figure 7.1).

Figure 8.1: Respondents who reported attempting suicide or self harm, as an adult, resulting from being a crossdresser, transgender/transsexual person or because of other people's reactions to them being trans



Almost 14% of adult trans people have attempted to commit suicide more than twice, and 34.4%, over 1 in 3, reported having attempted suicide at least once as an adult.

A large retrospective study of adults of over 17,000 adults who attended a San Diego primary care clinic discovered that the lifetime prevalence of having at least 1 suicide attempt was half the rate of our study at only 3.8%. (Shanta R. Dube, MPH; et al 2001) The San Diego study also related the question to those with adverse childhood experiences in any category. This increased the risk of attempted suicide by 2 to 5 times. Thus between 7.6% and 19% of the group had attempted suicide at least once, a figure at the top level of which is only 55% of the reported rate of this trans survey group. It is difficult to imagine any other group of people with whom society is so severely at odds that over 1/3 of them would report attempting suicide at least once as an adult. The fact that this is, on the whole, an otherwise well functioning group who have achieved very good educational levels, and who are not suffering from a severe clinically diagnosed depressive illness, shows the extent to which trans people are isolated through the excessive stigmatisation of their lives.

Trans people are citizens, not just of Europe where the courts at least recognise their equality and afford them respect, but also of the United Kingdom and its society. A society which sells itself on its freedoms and its diversity is still very unwelcoming to anyone who has 'sex' in their identification. Education is not the only solution, and it certainly is not all of the solution. Legislation needs to make it quite clear that trans people are equal members of society and it needs to be followed through, with effective punitive action to enforce the standards that, as a society and a country, we give to our minority groups including trans people.

It is clear that something needs to be done: action to ensure that trans people do not face inequality and discrimination throughout their lives. In this report we have made many suggestions, most of which would cost very little other than goodwill. But the biggest of all of the suggestions is that government must have the will to ensure these recommendations are enacted. After the groundbreaking success of the Gender Recognition Act 2004, it must not now be thought that everything is done. Legislation alone cannot achieve anything, as it is by enforcement that we are likely to see the biggest changes, but legislation is also a way of making it quite clear what the new rules are.

Punishment seems to be a significant part of the answer. Nothing will be given for free by some sections of the general public, in the same way as none of the legislation supporting trans people's rights has been given for free by government. The courts must wield an iron rod on this one.

Our final recommendation must be that the proposed Single Equality Act gives the courts the tools to work in support of the trans community. Trans people have to rely on the courts to provide them with protection in all aspects of their lives, not just from discrimination but also from being treated less equally than others. The SEA, must ensure that any arbitrary, unfair and unreasonable behaviour towards trans people is effectively made unlawful. It needs to ensure that trans people are then supported in taking actions against those who are simply unreasonable as well as those who are downright offensive. Only then might trans people be able to sleep peacefully in their beds at night, knowing always that tomorrow will be another good day.

Stephen Whittle, Lewis Turner, Maryam Al-Alami
30th September 2006

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Appendix 1: Glossary

Trans Person/People/Man/Woman: inclusive terms adopted in the late 1990s by the UK government, now commonly also used by members of the UK cross dressing and transsexual community to refer to themselves.

Transvestite people: Transvestite people (TV's) enjoy wearing the clothing of the 'opposite' sex for short periods of time. They are generally men who started cross dressing as they entered puberty. Their sense of female identification can range from being very strong and indeed, their 'real' selves, to being only half of their identity – they may identify for example as 'bi-gendered' (see below).

As they get older, some may decide that they are in fact transsexual and will proceed to living permanently in their new gender role, choosing to take opposite sex hormone therapies and may even choose to have gender reassignment (sex change) surgeries. Others are happy to continue 'dressing' part-time for the rest of their lives.

Transsexual people: Transsexual people generally identify as a member of the opposite sex from a very early age. When young, they may describe it as 'being born in the wrong body'.

At some time in their life, depending upon their personal and social circumstances, their family support, and their own determination, they will seek medical advice, and many will be diagnosed as being transsexual. With medical support, they will start hormone therapies and begin living permanently in their preferred gender role. Most will proceed to have some, if not all, gender reassignment surgeries.

Those who change from being female to male are referred to as trans men i.e. they are now men with a transsexual history. Similarly those who change from male to female are referred to as trans women.

Gender reassignment surgeries vary depending upon birth sex.

Transgender people: Transgender is used as a very broad term to include all sorts of trans people. It includes cross dressers, people who wear a mix of clothing, people with a dual or no gender identity, and transsexual people. It is also used to define a political and social community which is inclusive of transsexual people, transgender people, cross-dressers (transvestites), and other groups of 'gender-variant' people such as drag queens and kings, butch lesbians, and 'mannish' or 'passing' women. 'Transgender' has also been used to refer to all persons who express gender in ways not traditionally associated with their sex. Similarly it has also been used to refer to people who express gender in non-traditional ways, but continue to identify as the sex of birth.

Nowadays, many people who present their gender in a variety of ways which are at odds with the norm will now consider themselves to be transgender,.

There are also those who prefer in their day to day life to permanently dress in the clothing of the opposite sex, without any medical intervention at all. Their communities may not, in many cases, know of their birth gender.

Cross dresser: transvestite; a person who wears the clothes of the opposite birth sex group.

Cross gender living: living in the gender role of the opposite anatomical sex group.

FTM: Female-to-male, most commonly used to refer to a female-to-male trans person (transsexual or transgender man), particularly young people who have not yet started to transition. However, the term is gaining usage in the lesbian community to mean women who have extremely masculine gender expression, including those who 'pass' as male yet still identify as female.

Gender: An individual's personal sense of maleness or femaleness. It is also a social construction that allocates certain behaviours into male or female roles. These will not always be the same across history, across societies, across classes, hence we know that gender is not an entirely biological matter, rather it is influenced through society's expectations.

Gender Dysphoria: The term used by psychiatrists and psychologist to describe the condition transsexuals have – that is not feeling well or happy with their gender as assigned at birth, in terms of both their social role and their body. Gender dysphoria is not characterised by denial; for instance, female-to-male transsexuals acknowledge that their (pre-transitional) bodies are female. The fact that their anatomy does not correspond with their sense of being male (psychological sex) leads them to seek to bring the two (body and mind) into harmony. Specifically, the diagnosis states that Gender Identity Disorder is 'characterised by a strong and persistent cross-gender identification' which 'does not arise from a desire to obtain the cultural advantages of being the other sex,' and that it should not be confused with 'simple nonconformity to stereotypical sex role behaviour.' This is the diagnosis required by the Gender Recognition Panel.

Many transsexual people wish for the disorder to be classified as physical rather than mental, especially in light of recent research showing the physical basis of transsexuality, but feel that until this occurs there needs to be a medical diagnosis to ensure the continued availability of treatment.

Gender Identity: A person's internal sense of being male or female. This sense of awareness affects the individual's conscious (and perhaps unconscious) cognitive processes, and in turn greatly influences his or her social interaction with others. Most non-trans people take their gender identity for granted as it corresponds with their birth sex.

Gender Identity Disorder (GID): Listed in the Diagnostic and Statistical Manual of Mental Disorders (DSM-IV), and formerly called Transsexualism in the earlier DSM-III, this is the medical diagnosis by which most transsexual people in this country currently receive hormone therapy and surgery.

Sex/Gender – Reassignment/Confirmation/Realignment Treatment: Terms used for the medical treatments including hormone therapies and surgical procedures to change a person's appearance to nearer that of the opposite birth sex group.

Gender Reassignment Surgery (GRS): Medical term for what transsexual people often call gender-confirmation surgery: surgery to bring the primary and secondary sex characteristics of a transsexual's body into alignment with his or her internal self-perception.

Gender Recognition: A process whereby a transsexual person's preferred gender is recognised in law, or the achievement of the process.

Gender Recognition Act (2004) (GRA): The UK law which allows transsexual people to obtain gender recognition.

Gender Recognition Certificate (GRC): A certificate which is provided to those who have been successful in their application for gender recognition.

Gender Recognition Panel (GRP): A group of lawyers and doctors appointed to consider applications for gender recognition, and to approve them if the transsexual person has met the relevant criteria.

Gender Role: How a person expresses himself or herself in terms of traits commonly associated with masculinity and femininity. Gender role is largely a social construct, since every society has different ideas about what sort of dress or behaviour is 'appropriate' for males or females. However, children do appear to have an instinctive idea of male and female, and typically prefer to model their behaviour after that of the sex they identify with.

LGBT: Acronym for lesbian, gay, bisexual and transgender

MTF: Male-to-female, most commonly used to refer to a male-to-female trans person (transsexual or transgender woman), particularly young people who have not yet started to transition.

Non-op: A person who does not desire surgery, or does not need surgery to feel comfortable with his or her body.

Passing: When a trans person is not visible as a trans person. Those who do not 'pass' have some residual features of their birth gender – which often means that other people regard them still as their birth gender.

Polygendered: Having multiple genders, or being a mixture of genders.

Pre-op/post-op transsexual: Pre-operative and post-operative; having had or not had sex-confirmation surgeries. 'Pre-operative' implies that the person desires gender reassignment surgery; if this is not the case, 'non-op' is the correct term.

Transgenderist: As originally defined in the 1970s a transgenderist is a person who internally identifies as the opposite sex, and lives as the opposite sex full-time, but does not feel the need to have surgery to change the body as transsexual people do. Sometimes also called a non-operative transsexual. Many transgenderists, however, do take cross-sex hormones. Some transgender people consider themselves as having no gender, or a third gender, neither male nor female but combining characteristics of both (also called an epicene or 'third'). Most commonly, transgender people live as, identify as, and prefer to be treated as, belonging to the 'opposite' sex, but do not wish to change their bodies through surgery.

Transition: The process of beginning to live full-time as the opposite sex and changing the body, through hormones and surgery.

Appendix 2: Methods

Introduction

It is important to stress from the outset that trans people constitute a 'hidden population' and as such, are difficult to access. There is little definitive data on the demographics of this group – there is not a category for trans people on census forms, nor on many equal opportunities monitoring forms. The population is both very diverse and very private, and many trans people living permanently in their acquired gender may not be visible as trans.

Some members of the population live part-time in their preferred gender role for many years without the knowledge of partners, spouses or colleagues. Some of this group may do so for many years until they decide they need to live permanently in that gender role. Others may continue living part-time in their preferred gender for the rest of their lives. There are those who are beginning the process of gender transition who have not changed their documentation yet – thus not yet 'officially' living in their acquired gender. Some parts of the population began living permanently in their acquired gender decades ago and understand themselves as women or men 'with a transsexual background' or indeed, not trans at all. There are also some who consider themselves 'polygendered' or 'agendered'. It was crucial in the data collection stage of this project to account for the diversity of the population.

The population is also very private. Most trans people wish to undergo their gender transition quietly and with little fanfare – 'coming out' as trans is usually done on a 'need to know' basis. Trans people are very aware of the popularity of tabloid 'sex swap shock' stories, and of the personal prejudices of some people, who confuse gender dysphoria with sexual perversion. Those who are not yet undergoing gender transition or who do not intend to do so can successfully hide their trans identities from their families or colleagues for decades. Many trans people belong to groups and networks with high levels of discretion, which meet in 'trans friendly' locations around the UK. There is also a high level of activity on the internet, with chat rooms, email lists and personal websites (see Whittle 1998). It was important for this research to have access to these networks and to guarantee people's privacy.

Data Sources

The purpose of this research was to document the inequalities and discrimination that trans people faced and specifically, in which areas of their lives these were experienced and what the trigger points were. Three main sources were used in this study:

- An electronic materials database (EMD) comprising:
 - Approximately 86,000 emails which were sent to Press for Change from 1999 to 2005 from British visitors to their website. Many of these were from people seeking legal advice about a problem they were experiencing.⁶⁹
 - Over 16,000 messages to the Female-to-Male (FTM) support network from 1999 to 2006.⁷⁰
- A comprehensive online survey [see Appendix 2 for the survey questions]

One of the authors of this report was a founder of Press for Change and two of the authors of this report are members of the FTM Network.

Both were easily able to access much of the electronic materials of the 2 organisations, Access to the Press for Change emails was gained from one of the author's computer records and from another member of Press for Change. A message was posted to inform members of the FTM Network that we were searching the online FTM database (FTM UK) for this report and those who objected to their messages being used as evidence could contact us and that data would be excluded.

We also assured FTM UK members that their messages would be coded and anonymous. This message was repeated over the course of 5 weeks to be drawn to the attention of those who only checked the messages database at weekends.

Information from the Electronic Materials Databases (EMD) were coded into the following categories which were reviewed throughout the process to ensure they encapsulated the experiences of correspondents.

- **The sector of life** in which they experienced inequality or discrimination (for example health care, education, local authority, public sector social care, social welfare agencies, criminal justice agencies etc.). Fourteen sectors were identified (see Table App 2.1)
- **The sphere of life** they were in at the time of the discrimination or inequality (i.e. whether as a child, adolescent, young adult, married or partnered etc.) Ten spheres were identified (see table App 2.2).
- **The trigger points** which have led to a trans person experiencing inequalities and discrimination (see Table App 2.3).

69 Press for Change, www.pfc.org.uk. Press for Change is a campaign group for trans people.

70 The FTM Network, www.ftm.org.uk. The FTM Network is an online resource for female-to-male trans people. It includes an email message forum where people can ask others for, or give advice on trans issues.

Table App 2.1 Sectors coding

1. Health Care	8. Work: private sector
2. Education	9. Work: public sector
3. Local Authority	10. Financial Services
4. Public sector	11. Central Government
5. Social Welfare Agencies	12. Leisure sector
6. Criminal Justice	13. Media
7. Civil Justice	14. Church

Table App 2.2 Spheres of life coding

1. Childhood	6. Transition
2. Adolescence	7. Marriage or partnership after transition
3. Young Adult	8. Having Children
4. Married or Partnered	9. Social Life
5. Divorce or separation	10. Growing older

Table App 2.3 Trigger points

1. Childhood	6. Transition
2. Adolescence	7. Marriage or partnership after transition
3. Young Adult	8. Having Children
4. Married or Partnered	9. Social Life
5. Divorce or separation	10. Growing older

In order to isolate relevant data from the bank of existing data for the Press for Change EMD and the FTM the following keywords were used as search terms (Table App 2.4). These particular keywords were chosen by looking at samples of messages and selecting words which were frequently used and could refer to a range of situations.

The keywords 'refused' or 'unable' for example covered a range of difficulties members experienced; from trying to change their name legally, or access to funding for treatment, or family members or friends acknowledging their change of gender.

Table App 2.4 Keywords used for Press for Change data

1. abused	13. insurance
2. assault	14. name calling/change
3. attack	15. neighbours
4. bank	16. outed
5. confidential	17. police
6. differently	18. rape
7. difficulty	19. refuse
8. disrespect	20. rejected
9. doctor	21. surgery
10. Charing Cross Hospital GIC ⁷¹	22. thrown out
11. family	23. toilet
12. harassment	24. unable

Table App 2.5 Keywords used for FTM network data

1. refuse/s/d	8. at work
2. abuse/freak	9. prejudice
3. attack/assault	10. toilets
4. difficulty	11. unable
5. harassment	12. name
6. rejected	13. neighbours
7. outed	14. toilet/gents

The keywords for the FTM EMD search differed from those used for the Press for Change EMD because of the different nature of each resource. Most of the emails to Press for Change were enquiries and requests for advice whereas the FTM network messages were conversations between people about their experiences. Certain keywords like 'toilet' were productive because many trans people undergoing gender transition reported having problems accessing appropriate facilities, either at work or in public.

⁷¹ Charing Cross is a Gender Identity Clinic in London.

Online Survey

The online survey was formulated to examine whether the experiences of those on the EMD were common among trans people. It was also a way of ensuring that the data from the EMD did not represent an anomalous sample of dysfunctional or litigious people. It comprised 129 questions split into 10 sections (see Appendix 2). These covered age, ethnicity, whether people considered themselves to have a disability, social class, earnings, savings, type of housing people lived in, pensions, area of the country they lived in (by postcode) and level of education. We were thus able to compare them with the wider UK population using national statistics available online from the Office for National Statistics.

Guided by the material coming from the EMD search, we asked questions covering different areas –

- experiences in childhood and adolescence,
- at home and school,
- further education and higher education,
- employment
- accessing healthcare, and
- experiences of the police service and the prison service.

We asked questions about respondents' experiences while out in public in their preferred or acquired gender – using leisure facilities, retail outlets, public toilets and bars and their neighbourhoods. We also asked how being trans affected respondents' relationships with their families, their spouses/partners and children, their close friends and local communities. Finally we asked respondents how different agencies had handled their changes of documentation (for example the Passport Agency, DVLA, insurance companies, Gender Recognition Panel).

Questions were multiple-choice, within which respondents had the option of choosing answers like 'nothing like this happened to me'. In some sections respondents also had the opportunity to give details in their own words about particular experiences. The survey took around 30 minutes for respondents to fill in and was completely confidential.

The survey was posted online and a link to it was displayed on the Press for Change website and the FTM network. With permission, announcements about the survey were also posted on the websites of other trans support groups and networks around the country. Emails were sent to website owners using a snowball technique to reach as many trans identified people as possible. This included a substantial number of groups normally used by cross-dressers/transvestites as well the groups who catered for those who were living full-time in their acquired gender.

The rationale for including trans people not living full-time in their preferred gender was that their experience of inequality or discrimination is equally valid. The average person in the street for example may not be able to distinguish between someone who identifies as a cross-dresser/transvestite and is 'dressed' and someone who is living full-time in their acquired gender. They are also not discrete groups which are easily delineated – as will be explained later in this report. Today's cross-dresser can become tomorrow's transsexual and regardless of how an individual identifies, they can be equally vulnerable in public spaces.

Participants were given the opportunity to self-identify in five different categories: female-to-male (transvestite or transgender or transsexual or trans person); man with a transsexual background; male to female (transvestite or transgender or transsexual or trans person); woman with a transsexual background and other trans identified eg. agendered, polygendered, non-gendered etc. These different options were not used to categorise participants in terms of their status of gender transition. Rather, we decided that it was important to give respondents the choice to identify themselves in terms specific to the trans community – the terms 'man or woman with a transsexual background' or 'poly gendered' are examples of this. This is particularly important for the trans population who, up until the last 15 years have been largely categorised by the psychiatric profession as either transvestite or transsexual (Stone 1991; Mackenzie 1994).

Problems, Successes and Limitations of the Study

The primary limitation of this study was the period of time available to conduct the research and write the report, which was only 10 weeks. There were initial problems encountered using the EMD due to changes in electronic mail systems over the last 8 years. Many of the emails had been sent and received on Pegasus email software and had been stored in the Pegasus format. These were unable to be opened in Outlook which was used for more recent mail. Some data and archived materials were lost through computer updating. The Pegasus files could be opened by Outlook Express, but this format was unsuitable for keyword searches, so a system was developed to import all of the email files into Microsoft Excel to facilitate enable keyword searches.

The size of the email data set was a problem. There were over 86,000 emails in the data banks and 16,000 messages in the FTM Online list, so the searches took many hours. Many of the emails contained discussions amongst Press for Change vice-presidents and other activists on current issues arising, and legal actions. For each of the emails sent by people seeking advice, there would be many more discussing the best form that advice could take, and following through with the enquirer the best course of action, often through to the final stage of settlement. Each enquiry would then give rise to a process of on online reflection, before a form of general advice relating to the problem was then posted on the web site as a guide for other trans people.

The number of enquiries (220) found in the email database may seem comparatively small but many of these were very complex enquiries and covered a period of 7 years. As such the Press for Change vice-presidents addressed over 30 serious enquiries each year on average, many of which were brought to some sort of satisfactory solution, whether through the courts or by negotiation. This is a considerable amount of activity for an unfunded volunteer group with no employees.

Another limitation was the type of trans people who were reached by the online survey, through the resources of the FTM network, Press for Change and other group websites and email lists. Inevitably, these were all people who were computer literate and had access to the internet – although there is evidence to suggest that trans people may use the internet more than other sections of the population, particularly with the advantage of anonymity and being literally 'disembodied' (Whittle 1998). People who were harder to reach to inform the study were those not belonging to networks of other trans people. We did, however have a positive response to the survey with the final number of respondents (872 after deleting duplicates), exceeding any other research on trans people to date.

Data Analysis

This research followed a grounded theory approach (Strauss and Corbin 1990) involving a continuous interplay between conceptualisation and analysis. In qualitative research, data collection, sorting analysis and reading can take place simultaneously – particularly when working within a small time-frame. Thus the conceptual frameworks for analysis and for further data collection were guided by our emerging findings and modified, rather than expecting our data to 'fit' the initial frameworks proposed. This approach is useful for social research as it allows for unexpected outcomes – and the 'messiness' of people's lives – and, importantly 'allows the development of theories and categories which are meaningful to the subjects of the research' (Bryman, 2001: 85).

Using the keywords (see Tables App 9.4 and 9.5), the EMD was searched and the contents of emails or messages were put into the different sectors, spheres and trigger points from the lists which we formulated. Sectors for example would cover people's contact with agencies and services; spheres of life would cover points in people's life trajectories, from birth until death. A list of trigger points was formulated based on the emerging findings and the knowledge that the previous authors of this report have of the stages of gender transition. These were added into totals to document in which sectors and spheres of life trans people experienced the most inequality and discrimination, and what the trigger points were. The names of senders of messages to Press for Change and FTM UK were stored in code for confidentiality and checked for duplicates.

Appendix 3: Online Survey of Inequalities and Discrimination

Trans Inequalities and Discrimination Project

Online Survey of Inequalities and Discrimination experienced by Trans People in the UK 2000-2006

1) *Please confirm: I live in the UK or have recently lived in the UK.*

- Yes – Please proceed to the survey
- No – please DO NOT continue with this survey

SECTION 1 OF 10: Q.2 to 22

2) *I am a:*

- Female-to-Male (transvestite or transgender or transsexual or trans) person
- Man with a transsexual background
- Male-to-Female (transvestite or transgender or transsexual or trans) person
- Woman with a transsexual background
- Other trans identified e.g. agendered, poly gendered, non gendered etc.
- Non-trans person – Please DO NOT continue with this questionnaire

3) *If you answered 'other' for the question above, then please specify below*

4) *My ethnicity is*

- WHITE British
- WHITE Irish
- WHITE Other White background
- MIXED White and Black Caribbean
- MIXED White and Black African
- MIXED White and Asian
- MIXED Other Mixed background
- ASIAN or ASIAN BRITISH Indian
- ASIAN or ASIAN BRITISH Pakistani
- ASIAN or ASIAN BRITISH Bangladeshi
- ASIAN or ASIAN BRITISH Other Asian background
- BLACK or BLACK BRITISH Caribbean
- BLACK or BLACK BRITISH African

- BLACK or BLACK BRITISH Other Black background
- CHINESE
- OTHER ETHNIC GROUP

5) *My age, in years, is:*

- | | |
|-----------------------------------|----------------------------------|
| <input type="checkbox"/> under 18 | <input type="checkbox"/> 46-50 |
| <input type="checkbox"/> 18-21 | <input type="checkbox"/> 51-55 |
| <input type="checkbox"/> 21-25 | <input type="checkbox"/> 56-60 |
| <input type="checkbox"/> 26-30 | <input type="checkbox"/> 61-65 |
| <input type="checkbox"/> 31-35 | <input type="checkbox"/> 66-70 |
| <input type="checkbox"/> 36-40 | <input type="checkbox"/> 71-75 |
| <input type="checkbox"/> 41-45 | <input type="checkbox"/> Over 75 |

6) *Do you consider yourself to have a disability?*

- Yes
- No

7) *If you do consider yourself to have a disability please describe*

8) *My current social class is: (if retired please tick which applied to your area of work)*

- I Professional etc occupations
- II Managerial and Technical occupations
- III Skilled occupations
- (N) non-manual
- (M) manual
- IV Partly-skilled occupations
- V Unskilled occupations

9) *My current average GROSS YEARLY (before tax or ni) earnings are:*

- | | |
|--|---|
| <input type="checkbox"/> In receipt of benefits (Job Seekers allowance, Income Support, Incapacity Benefit etc.) | <input type="checkbox"/> £15,000 to £20,000 |
| <input type="checkbox"/> In receipt of retirement pension | <input type="checkbox"/> £20,000 to £25,000 |
| <input type="checkbox"/> Full-time student | <input type="checkbox"/> £25,000 to £30,000 |
| <input type="checkbox"/> Less than £5000 | <input type="checkbox"/> £35,000 to £40,000 |
| <input type="checkbox"/> £5000 to £10,000 | <input type="checkbox"/> £45,000 to £50,000 |
| <input type="checkbox"/> £10,000 to £15,000 | <input type="checkbox"/> More than £50,000 |

10) *My home is*

- Social rented (Council or Housing Association)
- Private rented
- With a mortgage
- Owned outright
- Live with parent/s
- Lodging with someone

11) *Which of the following do you have? Tick all that apply*

- Private pension
- Occupational pension from work
- Complete record of state contributions to pension
- Partial record of state contributions to pension
- None

12) *Do you have any savings or investments?*

- Yes
- No

13) *If you do have any savings or investments, please describe the value*

14) *I live in the:*

- | | |
|--|---|
| <input type="checkbox"/> North East | <input type="checkbox"/> South East |
| <input type="checkbox"/> North West | <input type="checkbox"/> South West |
| <input type="checkbox"/> East Midlands | <input type="checkbox"/> Wales |
| <input type="checkbox"/> West Midlands | <input type="checkbox"/> Scotland |
| <input type="checkbox"/> East | <input type="checkbox"/> Northern Ireland |
| <input type="checkbox"/> London | |

15) *The first part of my home post code is:*

16) *The educational level I have reached is: (please tick the **highest level**)*

- No qualifications
- GCSE or equivalent
- A level or equivalent (eg. NVQ)
- Degree
- Higher Degree

Note: For this survey we are using the same terms as used in current legislation. The Gender Recognition Act uses the term 'acquired' gender. We will be using the term **acquired gender**, when only referring to someone who is **living permanently** in their 'new' gender.

We use the term **preferred gender** when referring to someone who is a transgender crossdresser, or who wishes to transition permanently in the future.

Occasionally we will use the term **cross dresser** to clarify the inclusive nature of the question, but wherever it may be the case, the questions are inclusive of cross dressers or those who wish to transition to living permanently in their preferred gender.

17) *I currently present myself in my preferred/acquired gender*

- in the home only
- socially only
- at work only
- in the home and socially
- permanently at all times

18) *If you ARE NOT yet living permanently in your acquired gender, do you intend to do so in the future?:*

If you ARE living permanently in your acquired gender, please ignore this question and go to question 20

- Yes
- No

19) *If not yet living in your preferred gender, what is preventing you? Tick all that apply:*

- my job or workplace
- my family or partner
- my home or social life
- I do not want to live permanently in my preferred gender
- I am a crossdresser and do not wish to dress other than for private, social, work (e.g if you do drag) or other special occasions
- I do not consider myself to be a member of the preferred gender
- I prefer to have a mixed gender
- Other

20) **Answer only if not yet living permanently in your new gender: I started living SOME of my life in my preferred gender:**

(Otherwise go to question 20)

- | | |
|---|---|
| <input type="checkbox"/> Less than 5 years ago | <input type="checkbox"/> More than 25 years ago |
| <input type="checkbox"/> Less than 10 years ago | <input type="checkbox"/> More than 30 years ago |
| <input type="checkbox"/> Less than 15 years ago | <input type="checkbox"/> More than 35 years ago |
| <input type="checkbox"/> More than 15 years ago | <input type="checkbox"/> More than 40 years ago |
| <input type="checkbox"/> More than 20 years ago | |

21) **Answer only if you are now living permanently in your acquired gender: I started living ALL of my life in my preferred/acquired gender full-time**

- | | |
|---|---|
| <input type="checkbox"/> Less than 1 year ago | <input type="checkbox"/> More than 15 years ago |
| <input type="checkbox"/> Less than 2 years ago | <input type="checkbox"/> More than 20 years ago |
| <input type="checkbox"/> Less than 3 years ago | <input type="checkbox"/> More than 25 years ago |
| <input type="checkbox"/> Less than 5 years ago | <input type="checkbox"/> More than 30 years ago |
| <input type="checkbox"/> Less than 10 years ago | <input type="checkbox"/> More than 35 years ago |
| <input type="checkbox"/> Less than 15 years ago | <input type="checkbox"/> More than 40 years ago |

22) *This is a difficult question and we have worded it as delicately as we can:*
Taking into account my body shape and size and my voice, I think I pass as my preferred/acquired gender while going about my daily business

- poorly
- quite well
- well
- very well
- I know for certain that I pass in all of my non-sexual life
- I know for certain that I pass in all of my life, including my sexual life

SECTION 2 OF 10: Q 23 to 31

Childhood and Adolescence

In the following questions you may tick **any or all** of the responses that describe what has happened to you.

23) *When you were a child – up to the age of 12 yrs did you experience any of the following because of your gender difference in the home? Tick all that apply*

- Being treated differently in a negative way
- comments
- verbal abuse
- threatening behaviour
- physical abuse
- sexual abuse
- nothing like this happened to me

24) *When you were a child – up to the age of 12 yrs did you experience any of the following because of your gender difference at school? Tick all that apply*

- Being treated differently in a negative way
- comments
- verbal abuse
- threatening behaviour
- physical abuse
- sexual abuse
- nothing like this happened to me

25) *In School, Did you experience any of the above from any of the following? Tick all that apply*

- Other children
- Teachers
- Teaching assistants
- Auxiliary staff (caretaker, dinner staff)
- Senior staff
- I was not treated unequally or differently as a child

26) *When you were an adolescent – from the ages of 12 -18 did you experience any of the following because of your gender difference at home? Tick all that apply*

- Being treated differently in a negative way
- comments
- verbal abuse
- threatening behaviour
- physical abuse
- sexual abuse
- nothing like this happened to me

27) *When you were an adolescent – from the ages of 12-18 did you experience any of the following because of your gender difference at school? Tick all that apply*

- Being treated differently in a negative way
- comments
- verbal abuse
- threatening behaviour
- physical abuse
- sexual abuse
- nothing like this happened to me

28) ***In School**, did you experience any of the above from any of the following? Tick all that apply*

- Other children
- Teachers
- Teaching assistants
- Auxiliary staff (caretaker, dinner staff)
- Senior staff

29) *If you were educated at a School which was transphobic, please describe how this may have affected your studies and your performance/results.*

30) *When you were an adolescent – **from the ages of 12-18** did you experience any of the following because of your gender difference during social activities? Tick all that apply*

- Being treated differently in a negative way
- comments
- verbal abuse
- threatening behaviour
- physical abuse
- sexual abuse
- nothing like this happened to me

31) *As a young person (under the age of 21) Did you ever attempt suicide, or self harm, because of being a crossdresser, transgender/transsexual or because of other people's reactions to you being trans?*

- No
- Once
- Twice
- More than twice

SECTION 3 OF 10: Q 32-39

College or University

Answer ONLY for the period 2000 – 2006

If you have not studied at College or University between 2000 and 2006 please go to SECTION 4, q. 40

- 32) *If your first College or University had/has a LGBT society, how inclusive do you feel they are/were to trans people?*
- Very inclusive
 - Could be more inclusive
 - Not inclusive
 - There was/is no LGBT society
- 33) *Have you ever experienced any of the following from your fellow **students** because of your transition or preferred/acquired gender? Tick all that apply*
- Being treated differently in a negative way
 - comments
 - verbal abuse
 - threatening behaviour
 - physical abuse
 - sexual abuse
 - nothing like this happened to me
 - I was/am not as my preferred/acquired gender
- 34) *Have you ever experienced any of the following from your **tutors/lecturers** because of your transition or preferred/acquired gender? Tick all that apply*
- Being treated differently in a negative way
 - comments
 - verbal abuse
 - threatening behaviour
 - physical abuse
 - sexual abuse
 - nothing like this happened to me
 - I was/am not as my preferred/acquired gender

35) *Do you/did you ever feel informally excluded in your college/university as a result of your transition or preferred/acquired gender? For example not being invited to social events; not being part of networks or a 'grapevine'?*

Yes

No

To my knowledge, no one appears/appeared to know anything different about my transition or preferred/acquired gender

36) *When using the toilets of my acquired gender at **college/university**, I have experienced the following: Tick all that apply*

Been treated differently in a negative way

comments

verbal abuse

threatening behaviour

physical abuse

sexual abuse

nothing like this happened to me

I was/am not as my preferred/acquired gender

37) *Overall, how transphobic do you think the colleges or universities where you have been are/were?*

I feel/felt most tolerated and understood when at my college/university

Less transphobic than anywhere else

Quite transphobic

Very transphobic

38) *If you feel that Colleges/Universities are transphobic, please explain how*

39) *If you feel Colleges/Universities are transphobic, please describe how this may have affected your studies and your performance/results.*

SECTION 4 OF 10: Q 40 – 58

Questions on discrimination should be answered for the period 2000-2006 ONLY

Work

40) *I work in:*

- the Public sector, e.g. central or local government, hospitals, schools, HMRC etc.
- the Voluntary sector e.g. charities, religious organisations
- the Private sector: any other non local or central government, or voluntary sector employer
- Self-employed

41) *If you work in the public sector, please say which e.g. primary education, HMRC, local authority social services etc.*

42) *My contract at work is*

- Permanent
- Fixed term
- Temporary
- I am self-employed

43) *If you have transitioned at work or intend to within the next year: Have you changed your job or are likely to change your job because of your transition?*

- If you have NOT transitioned at work please go to section 5: question 58
- Yes
- No
- I have not transitioned at work- Go to s.5, q.58

44) *If you answered 'yes' to the question above please explain in the box below*

45) *Are you self-employed?*

- Yes – please go to SECTION 5, q.58
- No

46) *Have you ever been asked to use the toilets of your former gender or the disabled toilets at work?*

- Yes
- No

- 47) *Now or in the past, when using the toilets (of my preferred or acquired gender) at work, I have experienced the following: Tick all that apply*
- Been treated differently in a negative way
 - comments
 - verbal abuse
 - threatening behaviour
 - physical abuse
 - sexual abuse
 - nothing like this happened to me
- 48) *Do you feel you have ever missed promotion at work as a consequence of your transition or your acquired gender?*
- Yes
 - No
 - Don't know
- 49) *Have you ever been asked to do a job that you are over-qualified for as a consequence of your transition or acquired gender?*
- Yes
 - No
 - Don't know
- 50) *Have you ever been under-paid for the work that you do as a consequence of your transition or your acquired gender?*
- Yes
 - No
 - Don't know
- 51) *Have you ever been put in a less visible position at work as a consequence of your transition or acquired gender?*
- Yes – I requested this
 - Yes – I did not request this
 - No
 - I don't know

- 52) *Have you ever experienced any of these things by your co-workers because of your transition or acquired gender? Tick all that apply*
- Been treated differently in a negative way
 - comments
 - verbal abuse
 - threatening behaviour
 - physical abuse
 - sexual abuse
 - nothing like this happened to me
- 53) *Do you perceive that your current co-workers regard you as your acquired gender? For example do they **verbally** address you with the correct name etc.?*
- Yes
 - No – but they are making a good effort
 - No – they don't seem to be trying
 - They don't know about my transition or preferred gender
- 54) *If you have transitioned, have you ever **formally** NOT been addressed in your preferred/acquired gender – for example, emails, written correspondence from your employer/co-workers*
- Yes
 - No
 - No – but it is done informally
- 55) *Have you ever felt informally excluded at work as a result of your transition or acquired gender? For example not being invited to social events; not being part of informal networks in the organisation or 'grapevine'?*
- Yes
 - No
- 56) *If you answered 'yes' to the question above, please describe an example below*
- 57) *Have you ever been through, or are you in the process of, a formal grievance procedure taken by your employer which you feel is related to your transition or your acquired gender?*
- Yes
 - No
 - No – but there have been many 'off the record' complaints made about me or my work

58) *If you have been through a completed formal grievance procedure taken by your employer what was the outcome?*

- The outcome was in my employer's favour
- The outcome was in my favour

SECTION 5 OF 10: Q 59 to 62

Relevant Period of time for recent relationships: 2000-2006

However, you may also answer for an earlier period if you feel it is relevant.

Public areas of your life which involve changing or toilet facilities

59) *Have you been asked to use different toilets or changing rooms at a health centre or sports centre as a consequence of your transition or being in your preferred or acquired gender?*

- Yes
- No
- No – but I do not go to health or sports centre in my preferred or acquired gender

60) *Have you been asked to not use or use different changing rooms at a shop or retail outlet, as a consequence of your transition or being in your preferred or acquired gender?*

- Yes
- No
- No – but I never go into changing rooms in shops

61) *Do you ever encounter problems, such as remarks, being asked to leave, or just plain using public toilets as a consequence of your transition or preferred/acquired gender?*

- Yes, regularly – I am a (male to female) trans person
- Yes, regularly – I am a (female to male) trans person
- Sometimes – but I don't avoid them
- I avoid them so I don't know
- Not since I have been living in role for a few years
- Never

62) *Have you ever experienced the following using public toilets as a consequence of your transition or preferred/acquired gender?*

Tick all that apply

- comments
- verbal abuse
- threatening behaviour
- physical abuse
- sexual abuse
- none of the above

SECTION 6 OF 10: Q 63-78

Healthcare

If you have not accessed trans specific healthcare as a trans person please go to SECTION 7, q. 79

63) *When you first talked to a GP (family doctor) about your transition, how did they respond?*

- Was informative and helpful
- Wanted to help but lacked information
- Did not appear to want to help
- Refused to help

64) *Have you ever been refused any treatment because a doctor or nurse did not approve of gender reassignment?*

- Yes
- No
- Don't know

65) *Have you ever been refused, or made to wait far longer than 6 months, for initial assessment for possible gender reassignment, after referral from your GP (family doctor)?*

- Yes
- No
- No – I paid for my own assessment
- Yes – and then I paid for my own assessment

66) *Have you ever been refused, or made to wait far longer than expected, for any treatment relating to your transgender or transsexual health care, including gender reassignment, after appropriate clinical recommendation?*

- Yes
- No
- Yes – and then I paid for my gender reassignment treatment
- No – I paid for my gender reassignment treatment

67) *Have you ever been refused or made to wait for treatment relating to your transgender or transsexual health care, including gender reassignment, because you have been told that your local health authority or primary care trust does not have the funding for any or all gender reassignment services?*

- Yes
- No
- Yes – and then I paid for my gender reassignment
- No – I paid for my gender reassignment

68) *Have you been refused, or made to wait for, health care relating to your transgender/transsexual issues because you were a few minutes late for an appointment at a NHS Gender identity Clinic or other clinic providing gender reassignment services?*

- Yes
- No
- I have not been to a Gender Identity Clinic

69) *If yes, which clinic?*

70) *Do you feel that being trans has ever affected the way you can access routine treatment that is not related to being transsexual/transgender, on the NHS ?*

- Yes
- No

71) *Do you feel that being trans adversely affects the way that you are treated by healthcare professionals?*

- Yes
- No

72) *If you answered 'yes' to either of the questions above, please describe a fairly recent example of how you have been treated differently:*

- 73) *Have you ever been put in the wrong ward for your gender presentation, in hospital?*
- Yes
 - No
- 74) *Give the year in which this happened to you*
- 75) *If you feel able, give the name of the hospital in which you were placed in the wrong ward*
- 76) *Please describe the circumstances when this happened to you.*
- 77) *Have you ever experienced the following while being treated in hospital or accessing healthcare? Tick all that apply.*
- Being treated differently in a negative way
 - comments
 - verbal abuse
 - threatening behaviour
 - physical abuse
 - sexual abuse
 - nothing like this happened to me
- 78) *Was this from any of the following healthcare professionals? Tick all that apply*
- Family Doctor
 - Hospital Doctor or Surgeon
 - Community Nurse
 - Nurse at your doctor's surgery
 - Hospital Nurse
 - Physiotherapist
 - Occupational Therapist
 - Radiologist (takes x-rays etc)
 - Hospital Pharmacist
 - Other

SECTION 7 OF 10: 79-102

If you have suffered the breakdown of a partner/spousal relationship, in more than one family, please answer questions in relation to events in the last 16 years.

Home and social life

79) *Has your cross dressing, transition or preferred/acquired gender ever contributed to a breakdown in your relationship with a partner or spouse?*

- Yes – my cross dressing
- Yes – my transition
- Yes – my preferred gender
- No

80) *Have you experienced any of the following with a partner or spouse because of your crossdressing, transition or preferred/acquired gender? Tick all that apply*

- Being treated differently in a negative way
- comments
- verbal abuse
- threatening behaviour
- physical abuse
- sexual abuse
- nothing like this happened to me

81) *Has your crossdressing, transition or preferred/acquired gender contributed to a breakdown in your relationship with your family or any of its members?*

- Yes
- No
- No family members know about my cross dressing or preferred/acquired gender

82) *Do you feel you are excluded from family events as a result of your transition or preferred/acquired gender?*

- Yes
- No
- No family members know about my preferred/acquired gender

83) *Have you experienced any of the following with family members because of your transition or preferred/acquired gender? Tick all that apply*

- Some do not speak to me any more
- None speak to me any more
- comments
- verbal abuse
- threatening behaviour
- physical abuse
- sexual abuse
- nothing like this happened to me

84) *Has your transition or preferred/acquired gender contributed to a breakdown in your relationship with your close friends?*

- Yes
- No
- My close friends do not know about my preferred/acquired gender

85) *Have you experienced any of the following with your close friends because of your transition or preferred/acquired gender? Tick all that apply*

- Some do not speak to me any more
- None speak to me any more
- comments
- verbal abuse
- threatening behaviour
- physical abuse
- sexual abuse
- nothing like this happened to me

86) *Have you ever felt informally excluded in your local community as a result of your transition or preferred/acquired gender? For example not being invited to social events; not being part of networks or a 'grapevine'?*

- Yes
- No
- Sometimes
- No-one in my local community knows about my preferred/acquired gender

87) *If you answered 'yes' or 'sometimes' to the question above, please describe how*

- 88) *Have you experienced any of the following in your neighbourhood while out as your preferred/acquired gender? Tick all that apply*
- Being treated differently in a negative way
 - comments
 - verbal abuse
 - threatening behaviour
 - physical abuse
 - sexual abuse
 - nothing like this happened to me
- 89) *Has it ever been suggested or have you ever been restricted from contact with children because of your transition or preferred/acquired gender in the following: Tick all that apply*
- Children in your work
 - Your own children
 - Neighbours children
 - Children of other members of your family
 - To my knowledge I have not been restricted from contact with children
- 90) *Have you ever had or taken a parental role (alone or with another) of children?*
- Yes
 - No please go to question 92
- 91) *If yes, have your children's playmates stopped, or been stopped by their parents, from being their friends because of your transition or preferred/acquired gender?*
- Yes
 - No
 - Children's playmates do not know about my preferred/acquired gender
- 92) *Have your children been bullied at school because of your transition or preferred/acquired gender?*
- Yes
 - No
 - No-one at the school knows about my preferred/acquired gender
- 93) *Have you ever moved to a different area because of your transition or preferred/acquired gender?*
- Yes
 - No

- 94) *If you answered 'yes' to the question above, please describe the circumstances*
- 95) *Are there some social spaces (for example pubs, bars, social clubs that you used to go to) that you avoid now because of your transition or acquired/preferred gender?*
- Yes
- No
- 96) *If you answered 'yes' to the question above, please explain why*
- 97) *Have you ever experienced the following while out in social spaces that you felt were because of your transition or preferred/acquired gender? Tick all that apply*
- comments
- verbal abuse
- threatening behaviour
- physical abuse
- sexual abuse
- nothing like this happened to me
- 98) *Where do you feel most comfortable when you go out socially?*
- Gay bars and clubs
- 'Gay friendly' bars and clubs
- Only 'straight' bars and clubs
- Both 'gay' and 'straight' bars and clubs
- I do not go out socially
- 99) *Have you ever been refused service in a pub, restaurant, hotel or any other place providing leisure services, such as a gym, because of your transition or preferred/acquired gender?*
- Yes
- No
- 100) *If you answered 'yes' to the previous question, please describe what happened*
- 101) *As an adult (over the age of 21) Did you ever attempt suicide, or self harm, because of being a crossdresser, transgender/transsexual or because of other people's reactions to you being trans?*
- No
- Once
- Twice
- More than twice

SECTION 8 OF 10: Q102 -112**Police and the criminal justice system**

102) *How confident are you that you would be treated appropriately by members of the police service as your preferred/acquired gender?*

- Not confident at all
- Quite confident
- Very confident

103) *Have you had any dealings with the police in your preferred/acquired gender?*

- Yes
- No please go to SECTION 9 Legal Changes

104) *If yes, do you feel you were treated appropriately?*

- Yes
- No

105) *If you answered 'No' above, please explain*

106) *Have you ever been arrested as your preferred/acquired gender?*

- Yes
- No please go to SECTION 9 Legal Changes

107) *If yes, were you put in a separate cell from others?*

- Yes
- No

108) *If you were not put in a separate cell from others, were you put in a cell appropriate to your preferred/acquired gender?*

- Yes
- No

109) *How would you describe the sensitivity with which you were you treated in custody?*

- Very sensitively
- Quite sensitively
- Not sensitively at all

110) *If you answered 'not sensitively at all' for the question above please explain below*

111) *Have you been imprisoned as your preferred/acquired gender?*

- Yes
- No please go to SECTION 9 Legal Changes

112) *If 'yes', please describe how you were treated by the prison service*

SECTION 9 OF 10: ALMOST THERE! Q111 – 126

Legal changes

If you have not made any changes to your name and/or legal gender, please go to SECTION 10, q.127

113) *How would you describe the handling of your legal changes by your bank:*

- Good
- Very Good
- Poor
- I have not made any legal changes with my bank

114) *If you answered 'poor' for the question above please explain below*

115) *How would you describe the handling of your legal changes by the passport office*

- Good
- Very Good
- Poor
- I have not changed my passport

116) *If you answered 'poor' for the question above please explain below*

117) *How would you describe the handling of your legal changes by the DVLA ? (the office which deals with changes in your driving licence and vehicle registration)*

- Good
- Very Good
- Poor
- I have not made any changes with the DVLA

118) *If you answered 'poor' for the question above please explain below*

119) *How would you describe the handling of your legal changes by the gender recognition panel*

- Good
- Very Good
- Poor
- Have not applied yet

120) *If you answered 'poor' for the question above please explain below*

121) *How would you describe the handling of your legal changes by your life insurance company*

- Good
- Very Good
- Poor
- I have no/do not need life insurance

122) *If you answered 'poor' for the question above please explain below*

123) *How would you describe the handling of your legal changes by your university/college (e.g. changing your name and/or changing details on certificates)*

- Good
- Very Good
- Poor
- I do not have certificates that need changing

124) *If you answered 'poor' for the question above please explain below*

125) *How would you describe the handling of your legal changes by your employer?*

- Good
- Very Good
- Poor
- I have not made any legal changes with my employer yet
- I am self-employed

126) *If you answered 'poor' for the question above please explain below*

SECTION 10 of 10 FINAL SECTION – Q127 – 128

This next section gives you the opportunity to give other comments

127) If you could wave a magic wand, what would you wish for that would make your life easier as a trans person/in your preferred/acquired gender?

128) AND FINALLY!

Is there anything that you would like to add to this survey that you think we have not covered?

129) In your opinion, has the Gender Recognition Act 2004 been a good thing?