Trans research review

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NatCen

TRANS RESEARCH REVIEW

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GLOSSARY

Acquired gender   The new gender of a person who has had their gender reassigned and/or legally recognised. It is possible for an individual to transition fully without surgical intervention.

FtM   Female to male transsexual person. A person who is changing, or has changed, gender role from female to male. Also described as a 'trans man'.

Gender dysphoria   Gender dysphoria is the medical term for the condition with which a person who has been assigned one gender (usually at birth on the basis of their sex), but identifies as belonging to another gender, or does not conform with the gender role their respective society prescribes to them.

Gender reassignment/transitioning   Altering one's birth sex is a complex process that takes place over a long period of time. Gender reassignment or transition includes some or all of the following cultural, legal, and medical adjustments: telling one's family, friends, and/or co-workers; changing one's name and/or sex on legal documents; hormone therapy; and possibly some form of chest and/or genital alteration.

GRA   Gender Recognition Act 2004

GRC   Gender Recognition Certificate. A full Gender Recognition Certificate shows that a person has satisfied the criteria for legal recognition in the acquired gender. It makes the recipient of the certificate, for all intents and purposes, the sex listed on the certificate from that moment onward. The legal basis for creating a Gender Recognition Certificate is found in the Gender Recognition Act 2004.

GRS   Gender reassignment surgery

Hormone therapy   A treatment in which the hormones naturally occurring in the bodies of trans people are replaced with those of the other sex. The purpose is to create the physical characteristics of the other gender. For example, for a man to develop breasts or have less hair, as is characteristic of a woman.

LGBT   Lesbian, Gay, Bisexual and Transgender. Where this group does not include trans people it is referred to as LGB.

MtF   Male to female transsexual person. A person who is changing, or has changed, gender role from male to female. Also described as a 'trans woman'.

NHS   National Health Service

ONS   Office for National Statistics

SDA   Sex Discrimination Act 1975 and Sex Discrimination (Gender Reassignment) Regulations (1999)

Trans   The terms 'trans people' and 'transgender people' are both often used as umbrella terms for people whose gender identity and/or gender expression differs from their birth sex, including transsexual people (those who intend to undergo, are undergoing or have undergone a process of gender reassignment to live permanently in their acquired gender), transvestite/cross-dressing people (those who wear clothing traditionally associated with the other gender either occasionally or more regularly), androgyne/polygender people (those who have non-binary gender identities and do not identify as male or female), and others who define as gender variant.

Transgender   An umbrella term for people whose gender identity and/or gender expression differs from their birth sex. They may or may not seek to undergo gender reassignment hormonal treatment/surgery. Often used interchangeably with trans.

Transsexual   A person who intends to undergo, is undergoing or has undergone gender reassignment (which may or may not involve hormone therapy or surgery).

Transsexual people feel the deep conviction to present themselves in the appearance of the opposite sex. They may change their name and identity to live in the acquired gender. Some take hormones and have cosmetic treatments to alter their appearance and physical characteristics. Some undergo surgery to change their bodies to approximate more closely to their acquired gender.

Transvestite   The term used to describe a person who dresses in the clothing of the opposite sex. Generally, transvestites do not wish to alter their body and do not necessarily experience gender dysphoria.

ACKNOWLEDGEMENTS

EXECUTIVE SUMMARY

Introduction

It is only in the last decade that trans people have been accorded rights and given protection in law from discrimination. There is growing recognition of the discrimination, inequalities and social exclusion that trans people face by policy makers and the public. Much of the progress achieved in the last decade can be attributed to successful campaigning by trans groups such as Press for Change.

The Equality and Human Rights Commission (the Commission) was established in October 2007 and we are working to reduce inequality, eliminate discrimination, promote equality and human rights and build good relations across all protected equality areas, including gender identity. The integrated and wide mandate of the Commission encompasses age, disability and health, gender, race, religion or belief and sexual orientation, and trans status.

In May 2008 we commissioned the National Centre for Social Research (NatCen) to establish a clear picture of the recent and relevant evidence base (quantitative, qualitative, and policy) on equality and discrimination in relation to trans people. The baseline and resulting implications will be used to inform future policy development and strategy in Britain.

The project involved a comprehensive review of academic sources, 'grey' literature (non-published or non-peer-reviewed) and policy documentation on trans and was conducted at the end of 2008 and early 2009. The Gender Identity Research and Education Society (GIRES), Scottish Transgender Alliance (STA) and a:gender reviewed the report. Their comments have been incorporated where possible.

The review identified a considerable body of literature produced for campaigning or lobbying purposes, including commentary on the legal position of trans people and discussion of experiences. There were very few publicly-funded research studies to draw upon. Nonetheless, the research available did begin to map the range and type of issues that trans people face and to point towards possible directions for future research and policy development.

The evidence presented in this review represents the best data and information available at this time.

Defining trans

The terms 'trans people' and 'transgender people' are both often used as umbrella terms for people whose gender identity and/or gender expression differs from their birth sex, including transsexual people (those who intend to undergo, are undergoing or

have undergone a process of gender reassignment to live permanently in their acquired gender), transvestite/cross-dressing people (those who wear clothing traditionally associated with the other gender either occasionally or more regularly), androgyne/polygender people (those who have non-binary gender identities and do not identify as male or female), and others who define as gender variant.

For the purpose of clarity, throughout this report the term 'trans' will be used when referring to people with the widest range of gender identities and will use more specific terminology such as trans men, transsexual people, polygender people, and so on when referring to particular sub-sections of this diverse population.

Researching trans people

When people have been asked to identify as trans, the questions they have been asked in surveys have been problematic in a number of ways. One example is to ask if people are male, female or trans, which may produce misleading data. Some trans people identify as male or female and are not a third option or gender identity. Equally, some trans people have non-binary gender identities and do not identify as male or female. Another example from surveys is asking if people are lesbian, gay, bisexual, heterosexual or trans, which is also flawed. Trans is a form of gender identity, not a sexual orientation and should not be conflated with it. Most trans people identify as lesbian, gay, bisexual or heterosexual and are not a new form of sexual orientation. Best practice guidance suggests that people are asked about their gender in one question and sexual orientation in another question, with a separate question where people can identify as trans, insert their own definition of their identity, or choose not to answer.

The size and characteristics of the trans population

At present, there is no official estimate of the trans population. The England/Wales Census and Scottish Census have not asked if people identify as trans and do not plan to include such a question in 2011. No major Government or administrative surveys collect data on trans people. Existing studies estimate the number of trans people in the UK to be between around 65,000 (Johnson, 2001, p. 7) and around 300,000[i] (GIRES, 2008b). The absence of an official estimate makes it impossible to establish the level of inequality, discrimination or social exclusion that trans people have experienced in many areas, although some non-Government sponsored surveys have begun to achieve large enough samples to begin to identify possible patterns and trends.

Attitudes towards trans people

Existing evidence suggests that trans people experience, and are badly affected by, transphobia, in a wide range of forms. This includes bullying and discriminatory treatment in schools, harassment and physical/sexual assault and rejection from families, work colleagues and friends. Tackling transphobia must be a priority.

It appears that large sections of the British population hold negative and discriminatory views towards trans people, though there is evidence of positive change. The 2006 Scottish Social Attitudes survey found that 50 per cent of respondents would be unhappy if a close relative entered a long-term relationship with a transsexual person, and 30 per cent felt that a transsexual person would be unsuitable as a primary school teacher (Bromley et al 2007).[ii] Recent research by the Commission in Wales found that 45 per cent of respondents would be unhappy if a close relative entered a long-term relationship with a trans person, and 33 per cent felt that a trans person would be unsuitable as a primary school teacher. However, 48 per cent of respondents thought that a trans person would be suitable as a primary teacher, suggesting more people feel positive than negative (Equality and Human Rights Commission, 2008a).[iii] More recent research in the North West of England paints a more positive picture, in which 14 per cent of respondents felt negative towards trans people, with 34 per cent feeling positive. The majority (44 per cent) felt neutral (Equality and Human Rights Commission, 2008b).

Legislation

A number of pieces of equality legislation have begun to be implemented to protect trans people from discrimination and accord rights. Key among these were the Sex Discrimination (Gender Reassignment) Regulations (1999) (SDA), the Gender Recognition Act (2004) (GRA) and the Equal Treatment Directive (2004/113/EC), leading to the Sex Discrimination (Amendment of Legislation) Regulations (2008). These acts and regulations collectively gave a statutory requirement to examine whether people who were undergoing, planning to undergo, or who had undergone gender reassignment treatment, were receiving recognition of their acquired or chosen gender identity and protection from discrimination in employment, and more recently, protection from discrimination in the provision of goods, facilities and services.

Education and young people

The small amount of evidence available suggests that transphobic bullying exists and legislative protection for trans people in schools is inadequate. In one study, 75 per cent of trans respondents experienced problems in school (Keogh *et al* 2006). Trans people faced problems similar to those they may encounter within the workplace: respondents 'felt isolated and needed to stay "in the closet"; they experienced harassment from teachers and other students; they had been prohibited from using or

expelled for using the "wrong" toilet facilities, and their institutions did not have trans acceptance policies'.

There appear to be differences according to whether trans people are male to female (MtF) or female to male (FtM). Whittle *et al* (2007) reported that 64 per cent of FtM people had experienced harassment or bullying and 44 per cent of MtF people had experienced harassment or bullying from staff or pupils.

Economic status and employment

Trans people continue to suffer restricted opportunities, discrimination and harassment at work despite the existence of anti-discrimination and equalities legislation. They have been found to be in jobs that are below their skills and educational capacity and appear more likely to work in lower-paid and insecure employment in the public sector, or to be self-employed. There is evidence that they may also experience greater debt and difficulty paying bills, which trans people have linked to their gender identity. However, the literature is somewhat contradictory regarding the economic status of trans people. Some evidence suggests that trans people may occupy advantageous economic positions, yet other evidence suggests the opposite. There is a need for comprehensive data on where trans people are employed, at what occupational levels and levels of pay, whether they have experienced discrimination in employment and the impact of this on their careers.

There is evidence that some trans people felt unable to undergo gender transition as they feared discriminatory treatment at work. Where people had transitioned they had been harassed, refused permission to use the toilet of their acquired gender, and demoted to perform less challenging tasks. There were some cases where trans people had successfully challenged such discrimination at Employment Tribunals. Other workplace issues around the time of transition might include a failure of the organisation to acknowledge the gender change (such as use of new name or appropriate pronouns) and exclusion, for example from staff social events.

People who do not plan to undergo gender reassignment treatment continue to have no legal protection from discrimination and many employers lack anti-discrimination policies on gender identity, despite the existence of legislation and a number of best practice guides.

Hate crime and the criminal justice system

Trans people appear to experience high levels of hate crime and hate incidents. Morton (2008) found that 62 per cent of respondents had experienced transphobic harassment from strangers in public places who perceived them to be trans: mostly this had taken the form of verbal abuse but 40 per cent had experienced transphobic

threatening behaviour, 17 per cent had been physically assaulted and 4 per cent had been sexually assaulted. Whittle *et al* (2007) also found that a majority of respondents had faced harassment in public spaces. They noted that '73 per cent of respondents experienced comments, threatening behaviour, physical abuse, verbal abuse or sexual abuse while in public spaces'. They also suggest that the 27 per cent of respondents who had not experienced abuse may not have done so not because of social acceptance, but rather because they 'pass' so convincingly as their post-transition gender that people are unaware of their previous gender status. Trans people were reluctant to report such incidents to the police for fear that they will not be treated fairly, appropriately or with respect. There is also fear that their previous gender status will be disclosed if they do so. The police have been found to be less knowledgeable and confident in dealing with trans people than with lesbian, gay and bisexual (LGB) people, suggesting the need for training and good practice guidance in these respects.

Trans people may also be over-represented in prisons (Whittle and Stephens, 2001). Where they have not received gender reassignment treatment they are likely to be imprisoned with their birth sex, making them vulnerable to bullying, violence and sexual assault and reducing the likelihood that they will be treated with dignity and respect.

The Crown Prosecution Service (CPS) has published policy and guidance on prosecution of transphobic and homophobic crime (GIRES).[iv]

Health and social care

Trans people can experience long delays in access to gender reassignment treatment through the NHS, leading some to pay for expensive care in the private sector. Some GPs have been reluctant to treat trans people or have refused to do so. Where they received care related to gender reassignment, trans people have experienced an unsatisfactory 'one size fits all' approach. Trans people may also be at greater risk of isolation, alcohol abuse, suicide, self-harm, substance abuse and HIV infection, although these issues require further investigation.

Although a number of important best practice guides on trans health exist these need to be better informed by evidence. Key service delivery issues that were raised included the need for better health policy on trans issues; improved training on trans issues for practitioners; assessment procedures and processes that include trans awareness, treatment of trans people as 'not sick but different', and funding for trans health services.

Housing

Trans people may be particularly at risk of housing crisis and homelessness arising from transphobic reactions and harassment by family, neighbours and members of

their local community. Morton 2008 reported that 25.4 per cent of respondents had to move out of their home due to transphobic reactions. There were no housing services specifically addressing the needs of trans people and access to housing services was not monitored in relation to trans status or gender identity. Trans people fear disclosing their identity to housing officers for fear that they will not be treated with dignity and respect. The result can be that they do not receive the housing services that they need or receive a service inappropriate to their needs.

Media, leisure and sport

Trans people are often portrayed as isolated individuals in the media, with a focus solely on gender reassignment surgery rather than as whole individuals with lives. However, there has been no systematic monitoring of the representation of trans people in the media to date.

There were particular problems for trans people in accessing changing facilities that are appropriate to their gender identity in sports and leisure facilities and in shops. Many trans people did not use these facilities in order to avoid discrimination, thereby restricting their leisure opportunities.

Community and citizenship

Little attention has been paid to the development of community capacity or the community engagement of trans people. The voluntary activities and community support that exists between trans people could be better supported in terms of funding and advice. Trans people have not been considered in thinking around community cohesion or good relations. There was no research on the participation or representation of trans people in the democratic process.

Families and relationships

Some trans people may experience a lack of family and social support as a result of transphobic reactions to their gender identity. They may also experience compromises to their right to a family life. Yet, there was virtually no research on the family lives, households and relationships of trans people. Recent research in the North West of England (Equality and Human Rights Commission, 2008b) suggested that 11 per cent of people have friends who are trans. There are obvious gaps that need to be addressed in family and relationships research. The impact of the Gender Recognition Act (GRA) on existing marriages (and now civil partnerships), requires exploration, in particular, the impact of a Gender Recognition Certificate on relationships and the legal status of marriages which existed prior to gender reassignment.

Implied future directions and priorities

Establishing the size and prevalence of the trans population

It is important to find accurate measures of the trans population at national and local levels. It is not possible to make robust population generalisations from the quantitative studies to date. Placing a question on trans identity on the Census and/or a Government survey, such as the Integrated Household Survey, would be a significant step forward in terms of achieving this aim. However, a number of issues will need to be considered before this can take place. In particular, the Commission could work with a body such as the Office for National Statistics (ONS) and trans stakeholders to: a) work towards an agreement of a definition, or definitions of the 'trans' population(s), and, b) explore the acceptability of asking a question on trans status or gender identity, and what form a question, or questions, should take.

Such a project should be a priority in terms of building the type of evidence required to produce baseline data on inequalities faced by the trans population relative to the general population. However, such large-scale surveys are unlikely to capture the size of the trans population with accuracy, because, at present, they do not guarantee sufficient confidentiality for individuals. For example, the Census is completed at the household level and so will not capture trans people who have not disclosed their status to the person completing the Census or other people in the household.

A UK study of the trans population

The quantity of research relevant to each of the substantive areas covered in the review was highly variable. There was a greater volume of literature available in some areas than others, such as employment, where the rights of trans people have been established for longer. Other areas such as: housing; education; media, leisure and sport; community and citizenship; and families and relationships seemed to be particularly neglected. In areas such as health and social care there were suggestions for good practice guidance but the relationship of this guidance to research evidence was unclear.

The review reveals that there is a case for UK-wide quantitative and qualitative study on the economic position, experiences and needs of the trans population. The absence of such evidence makes providing correct support, funding, services and policies more difficult for trans people.

The priorities for such a study would need to be defined with a number of stakeholders, but several directions could be implied from the review. These would include:

- Improving the coverage of research in substantive areas identified in the review.

- Recruiting a large survey sample, using robust sampling methods, to establish patterns of inequality and discrimination within and across the trans community.

- Establishing a high quality qualitative study, using purposive sampling, to include the wide range of trans people and their experiences.

- Assessing the impact of existing trans-relevant equality legislation on trans people (for example, employment discrimination, discrimination in the provision of goods, facilities and services).

- Assessing the experience and impact of transphobia on the life chances of trans people.

Improving policies and practices that will challenge transphobia and support trans people

The review implies the importance of improving policies and practices designed to reduce discrimination against trans people and promote greater equality of opportunity.

These include the need for equality monitoring in areas such as employment, housing, healthcare and the provision of toilet and changing facilities for trans people. Good practice policies will require consolidation and improvement, for example, equality monitoring in employment.

Other possible policy and practice directions could include:

- Promoting equality with the aim of achieving cultural change, and thereby acceptance of trans people in society.

- Developing a national strategy to challenge transphobia and ensure that trans people are treated with dignity and respect (for example, challenging negative or inaccurate media portrayal of trans people)

- Investigating the need for, and feasibility of, specific trans services in areas such as housing and health and social care.

- Developing and supporting a national online resource that brings together advice and information on a range of trans issues.

- Extending anti-homophobic bullying strategies to address bullying related to gender-variant behaviour.

- Further work with employers to ensure that they respond to their legal responsibilities on trans issues and adhere to wider implementation of good practice on trans in the workplace.

1 INTRODUCTION AND BACKGROUND

1.1 Introduction

The terms 'trans people' and "transgender people' are both often used as umbrella terms for people whose gender identity and/or gender expression differs from their birth sex, including transsexual people (those who intend to undergo, are undergoing or have undergone a process of gender reassignment to live permanently in their acquired gender), transvestite/cross-dressing people (those who wear clothing traditionally associated with the other gender either occasionally or more regularly), androgyne/polygender people (those who have non-binary gender identities and do not identify as male or female), and others who define as gender variant.

Throughout this report the term trans people will be used when referring to the widest range of possible gender identities and will use more specific terminology such as trans men, transsexual people, polygender people and so on when referring to particular sub-sections of this diverse population.

1.2 The context of the review

Trans people can experience inequality, discrimination and social exclusion in many aspects of their lives. However, until the last decade there was limited recognition of this in policy agendas or research. Initially, trans issues were often raised alongside greater recognition of the rights of LGB people. However, a number of legislative changes, such as the Sex Discrimination (Gender Reassignment) Regulations (1999), the Gender Recognition Act (2004) and the Equal Treatment Directive (2004/113/EC), have placed trans issues more firmly on the policy agenda and have served to identify that many of the issues faced by trans people are significantly different from those experienced in the LGB population. Nonetheless, despite the efforts of a number of dedicated academics and campaigners (many of whom are trans people themselves) to highlight issues of concern to trans people, research on the discrimination and inequalities faced by this group has generally been limited and under-funded. More recently, there have been signs that policy-makers and research commissioners have begun to show a more proactive interest in the experiences of trans people and the inequalities and discrimination they face.

The Equality and Human Rights Commission in particular, has an important role to play in understanding issues faced by trans people and in reducing inequality, discrimination and social exclusion faced by this group. The Commission is responsible for the seven 'strands' of equality including: gender, gender identity, race, disability, sexual orientation, religion or belief and age. Trans identity, as a manifestation of

gender identity, has sometimes been seen as captured under the gender strand. However, in the Equality Act (2006), the trans population is specifically mentioned as a community or group of people that is due protection by the Commission, and as such is the 'seventh strand'. In the Act the term 'community' is defined as a group or class of persons (irrespective of whether they regard themselves as a community) who share a common attribute in respect of certain matters. This includes sharing attributes and experiences with respect to 'proposed, commenced or completed reassignment of gender (within the meaning given by section 82(1) of the Sex Discrimination Act 1975)'. Further discussion of equality legislation affecting trans people is discussed in chapter 1 of this review, however, within the context of the Equality Act it is clear that the Commission will have an important role to play in terms of understanding trans issues and trans policies and in attempting to eliminate discrimination and reduce inequality.

In May 2008 we commissioned the National Centre for Social Research (NatCen) to establish a clear picture of the recent and relevant evidence base (quantitative, qualitative, and policy) in Britain, on equality and discrimination in relation to trans people. This review is presented in this report (hereafter referred to as Mitchell and Howarth2009). The baseline and resulting implications will be used to inform future policy development and strategy in Britain.

There has been considerable debate about whether issues affecting trans people should be considered alongside those affecting (LGB people or separately (see section 2.2 below). NatCen conducted the sexual orientation review (Equality and Human Rights Commission, 2009) for the Commission and it was agreed that trans issues should be considered in a separate review for two reasons. Firstly, because the issues faced by trans people were considered to be different from those affecting LGB people, and, secondly, because it was felt that the knowledge gaps in relation to trans issues were sufficiently large and important to command a separate review. The key aim of this review was to obtain a clear picture of trans issues relating to equality and discrimination and where gaps exist in the data and information available. However, given that much of the legacy work from the Equal Opportunities Commission (EOC) was confined to work on employment or taking direct legal action in the context of the law on gender identity at the time, there was also a need to expand the knowledge of the Commission on the life experiences and opportunities of trans people beyond the context of employment. In particular, there was a need to gain experience and knowledge in the area of discrimination in the provision of goods, facilities and services and to examine whether there was sufficient data and information that could be used to develop evidence-based policy on trans issues.

1.3   Conduct of the review

The review contained two elements. The first was a review of the relevant research literature on trans equality and discrimination issues in Britain. The second was consultation on the draft report with key stakeholders in the field. Both of these components form the basis of this report. The research review involved an Internet search of all relevant research and policy documentation on trans issues in Britain. In addition, documents gathered for the sexual orientation review (Mitchell *et al*, 2009) were searched for references and evidence relating to inequalities and discrimination faced by trans people and a number of other key documents known to researchers were incorporated into the review. The review was conducted at the end of 2008/early 2009.

The review indicated that, although there was a considerable amount of literature produced for campaigning or lobbying purposes, commentary on the legal position of trans people and anecdotal discussion of experiences, there was only a small number of robust studies. Where primary research had been conducted, difficulties associated with identifying the trans population meant that samples were often too small to make robust generalisations from the data, or that reliance on convenience sampling meant that it was not possible to be sure that the studies had mapped sufficient diversity within the trans community to draw substantive conclusions. Nonetheless, the studies that were available raised significant issues for the trans population and provide a useful starting point for further research. Consequently, a wider body of literature has been incorporated into this report than might otherwise have been the case. This includes research produced for lobbying purposes but also studies from the USA (for which findings may be applicable to the UK although there are differences in context) and LGBT research which mainly focused on LGB people but that included a small number of trans people. The types of studies that were available are mapped out in more detail in section 2.2.

1.4   Legislation and policy

A sizeable body of recent literature was identified which relates to the legislative and policy context for trans people. This perhaps reflects the fact that there has been less progress towards having trans equality enshrined in law than many other equality areas. Indeed, until the current decade trans people appear to have been largely ignored in equality legislation. For instance, sex discrimination legislation failed to specifically address discrimination against trans people. A raft of legislation passed in the late 1990s and 2000s has considerably strengthened the legal rights of trans people. However, some trans writers have argued that this has not gone far enough, and so continue to campaign for further measures and suggest that the legislation may have actually introduced new issues for trans people.

1.5   Legislation

1.5.1 Sex Discrimination Act (1975) and Sex Discrimination (Gender Reassignment) Regulations (1999)

The 1975 Act protects men and women from discrimination and harassment on the grounds of gender in relation to employment, training, education, goods and services, public functions and in housing. The Act did not provide protection against discrimination for transsexual people. However, in the case of *P v S and Cornwall County Council 1997* [IRLR] 347 the European Court of Justice found that discrimination against a trans person fell within the prohibition of sex discrimination in European law. Consequently, the Sex Discrimination (Gender Reassignment) Regulations (1999) amended the 1975 Act to expressly extend protection to transsexual people.

However, it has been argued that the Act's protection is limited because it only covers those who intend to undergo, are undergoing or have undergone gender reassignment. The Act defines gender reassignments 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'.[v]

Therefore, there is no protection for trans people who do not intend to undergo a process to reassign their gender under medical supervision. This may be due to the fact that they cannot live full time in their acquired gender for social/work reasons or because of their age or a health condition. Nor does it provide protection to those who do not have gender dysphoria, but who nevertheless experience discrimination and harassment on grounds of their perceived gender identity.

Like the sex discrimination provisions, the Regulations also permitted discrimination in employment on the ground of gender reassignment in certain specified circumstances, providing particular requirements are met.

The EOC supported the legal case of *Lalor et al v Gawthorpe* (the 'Red Lion' case), a case in which six women claimed that the proprietor refused to serve them because they were trans, in order to test whether protection against gender reassignment discrimination extended to other areas of the Sex Discrimination Act beyond employment, under the general prohibition on sex discrimination. The EOC argued that the Sex Discrimination Act already prohibited discrimination on grounds of gender reassignment in the provision of goods, facilities and services such as education and housing, as well as employment, on the basis of *P v S*. However, the case was not successful and the protection in goods, facilities and services was not extended on the basis of gender identity at that time. This meant that trans people were protected in

employment and vocational training, but had no rights outside of that until the Goods and Services Directive (2004), discussed below.

1.5.2 Gender Recognition Act (2004) (GRA)

The GRA is possibly the most important legislation of recent years to extend the rights of trans people. The Act gives transsexual people legal recognition in English, Welsh and Scottish[vi] law as members of the sex appropriate to their gender (male or female) allowing them to acquire a new birth certificate, according them full recognition of their acquired gender in law for all purposes, including marriage. It also included measures to protect trans people's right to privacy about their birth status and current identity (Whittle, 2005). It arose partly from a European Court of Human Rights ruling that the UK's failure to legally recognise a post-operative MtF transsexual person's gender reassignment constituted a violation of their right to marry and their right to privacy (Joshi, 2004). However, the GRA allows both rights of privacy and marriage to those who live in their acquired gender for two years and annul any existing marriage or civil partnership. This therefore fails to satisfy the privacy rights of those in the two-year waiting period, those remaining in existing legal relationships and those who do not undergo treatment.

The GRA requires applicants to have been living in their new identity for at least two years and to have medical support before a certificate is issued. People present evidence to a 'Gender Recognition Panel', which considers their case and may issue a 'Gender Recognition Certificate (GRC)'. They do not necessarily have to have had gender reassignment surgery.

The Gender Recognition Act allows transsexual people to marry or become civil partners, although Schedule 2 of this Act creates dilemmas for trans people and their partners who wish to remain **married** in a same sex partnership. Currently, if an individual applying for a gender recognition certificate is married, since their acquired gender means that they are now in a same sex relationship, they must first divorce their married spouse and then register as civil partners before a GRC will be granted. This can create a number of serious issues for both the trans and non-trans partners in the relationship. Civil partnership is not viewed as fully equal with marriage by some in that same sex couples cannot legally be married in a religious ceremony. Some trans people have therefore been reluctant to apply for a GRC because they do not feel morally able to divorce their partners, or annul their marriage and register for a civil partnership. Further, divorce/annulment is the breaking of a relationship and legal contract which neither partner may wish to break. The couple may not themselves identify as a same sex couple in sexual orientation terms, since their relationship was founded on the basis of the trans person's previous gender. There may also be

financial penalties in registering as a civil partnership, through the loss of pension for example.

The GRA has attracted much academic and political debate (for example, Reid, 2005; Jeffreys, 2008; Whittle and Turner, 2007), some of which has been criticised it for not going far enough to protect trans people. Tirohl (2007) criticises the GRA for not according to cross-dressers the same rights as transsexual people. It has been observed that cross-dressers 'can expect little legal protection through statutory provision and are adversely affected by the outcomes of case law on dress codes at work' (Tirohl, 2007, p. 277). Similarly, Whittle *et al* (2007) argue that the definition of those to whom the Act applies is too narrow. The authors also suggest that the GRA has been misunderstood by many organisations and cite cases where transsexual people have been required to produce a Gender Recognition Certificate where none is required.

The GRA has resulted in what is effectively a hierarchy of rights of trans people. Legally, in descending order of rights there are:

- those with a GRC

- those without GRCs but living in their acquired gender

- those not living in the acquired gender.

The most advantageous legal position for a trans person to be is to have a GRC. Those not living in their acquired gender have fewest rights..

Despite the GRA, privacy for trans people is not comprehensive. Those with a GRC are usually forced to disclose their situation to their employers. This involves sacrificing the privacy promised by gender recognition in order to obtain it. And those without a GRC have been informed that their employer's records and tax forms such as P60s, which people use as a public proof of income for example, must bear not only their birth sex but the title appropriate to their birth sex.

1.5.3 Goods and Services Directive (2004/113/EC) and the Sex Discrimination (Amendment of Legislation) Regulations 2008

In 2004 the European Commission introduced the Goods and Services Directive 2004/113, which provides protection against discrimination and harassment on grounds of gender reassignment in goods, facilities and services (GFS). The Directive implements the principle of equal treatment between men and women in the access to and supply of goods and services and, because of *P v S*, these provisions apply equally to gender reassignment discrimination and harassment in GFS. The Directive was implemented into UK domestic legislation by the Sex Discrimination (Amendment

of Legislation) Regulations 2008. (The UK was late in implementing the Directive's requirements as it should have introduced them by 21 December 2007.) As there is now an explicit prohibition on gender reassignment harassment and discrimination in the SDA, the Gender Equality Duty now also applies to such discrimination in the provision of goods and services (prior to April 2008, when these changes were introduced, the Gender Equality Duty only placed a statutory duty on public authorities to have due regard to the need to eliminate discrimination and harassment on grounds of gender reassignment in employment and vocational training).

1.5.4 Gender Equality Duty

As stated above, the Gender Equality Duty places an obligation on public bodies to have due regard to the need to eliminate unlawful discrimination and harassment, including gender reassignment discrimination and harassment, and to promote equality of opportunity between women and men. It applies to transsexual people with respect to employment and vocational training and in the context of goods, facilities and services. Although trans men and women will benefit from the general requirement to promote equality of opportunity between men and women, there is currently no equivalent duty to promote equality of opportunity for those intending to undergo, undergoing or who have undergone gender reassignment. This omission was a political decision when the gender duty was introduced in the Equality Act 2006, but is likely to be addressed in the forthcoming Equality Bill.

1.5.5 The Civil Partnership Act (2004)

This Act gave same sex couples the right to be joined in civil partnerships, according them virtually the same legal rights as married heterosexual people. Trans people with partners of the same legal gender may also take advantage of these rights. However, there are a number of problems that arise from the inequalities that still exist between heterosexual marriage and same sex civil partnerships. For example, people in civil partnerships do not enjoy the same level of benefits as widows and widowers to survivor pensions.

1.5.6 Other legislation

The legislation discussed above emerged from the literature as the key measures which have promoted trans equality in law. However, other acts may also impact upon their rights. For example, Whittle *et al* (2007) note that the Employment Equality (Sexual Discrimination) Regulations 2005 prohibit employers from creating a hostile environment for trans people. They also discuss the Disability Discrimination Act (1995) vis-à-vis transsexual people qualifying to be classified as disabled. The authors note that, although transsexual people may not want to be considered disabled, there could be times when it may be beneficial to be classed as such, for example when they

are recovering from gender reassignment surgery. However, they suggest that at present the legislation does not clarify whether transsexual people will receive such protection.

1.5.7 Future legislation

The Government is in the process of passing a Single Equality Act (SEA) to replace other equality legislation and to address any inconsistencies. Following on from the work of the EOC on the Discrimination Law Review, the Equality and Human Rights Commission (2008b) made several submissions to the Single Equality Bill (SEB) relating to trans. They included:

- Amending the definition of 'gender reassignment', including perceived gender identity.

- Introducing a prohibition on discrimination/harassment in education.

- Including trans expressly in the Public Sector Duties.

- Including prohibition from indirect gender reassignment discrimination.

- Including prohibition on discrimination against those who are associated with trans people.

- Including prohibition on discrimination and harassment on grounds of gender reassignment in public functions.

1.6   Policy

Very few examples of national level specific policy statements for trans people by major public bodies were identified. An exception to this was the statement provided by the EOC,[vii] which called on the Equality and Human Rights Commission to ensure that in 10 years time (from 2007):

- Discrimination, harassment and stereotyping of trans people has reduced significantly and is on course to be eliminated.

- Trans people have equal protection under the law to other men and women and the legal definitions cover everyone who identifies as trans.

- Public policies and services, including health and education, are meeting the needs of trans people.

- Trans people enjoy the same level of respect as other men and women, and employers and service providers have a good understanding of their concerns.

In addition, the EOC launched the Gender Agenda in June 2007, which was designed to leave a strong gender legacy for the Equality and Human Rights Commission. It highlighted the major areas of gender inequality that the EOC wished to see action being taken on, calling for a range of long-term changes for all men and women, including trans men and women, such as: reducing the income gap, better support for families, justice and safety, public policy and services with gender differences understood and catered for, and more equal power for men and women in public life. However, it also recognised that trans people may suffer from other forms of inequality and discrimination that are not fully captured by these areas. In this respect further, specific goals were created, including:

- Equal protection under the law to other men and women.
- Extension of legal protection to cover the wider group of trans people, as well as transsexual people.
- Access to timely, non-discriminatory and adequate free healthcare provision.
- Enjoyment of increased visibility with respect.
- Increased awareness of trans issues.
- Demonstrated decrease in stereotyping and discriminatory behaviour, with the elimination of transphobic harassment and hate crime.

These policy statements provide a useful backdrop to the current work being undertaken by the Commission and the information and evidence needs for the Commission and for other people campaigning for trans equality.

1.7   Structure of the report

The bulk of the report addresses substantive issues, inequalities and discrimination faced by trans people and the evidence that was available in relation to these issues. We discuss the methodological issues that affect the nature and quality of research on this group in chapter 2. The substantive themes, such as attitudes to trans people, crime and the criminal justice system, housing, education, economic status and employment, etc are discussed in chapters 3 to 11. Each chapter ends with a discussion of research gaps in relation to the substantive themes and a summary of findings.

2 METHODOLOGICAL ISSUES

2.1 Introduction

The review of trans literature highlighted a number of methodological issues facing researchers within this field. Key among these were the difficulties of defining and identifying the trans population. This in turn had an impact on estimates of the size of the trans population and on the ways in which researchers had sampled trans people in research. In addition issues arose in terms of the types of research that had been conducted on the trans population to date and on the quality and applicability of the data. The relative political indifference towards inequalities and discrimination faced by trans people relative to most other equality 'strands' until recently and a lack of research funding together with these methodological challenges all combine to explain why so little research has been conducted on the trans population. However, as the equivalent review of sexual orientation research (Mitchell *et al*, 2009) has shown, these issues are not necessarily insurmountable and in this chapter we discuss the best attempts that have been made to address these methodological issues to date.

2.2 Defining the trans population

2.2.1 Trans equality is separate from sexual orientation

One important issue in conducting research on the trans population is the extent to which trans issues can be successfully included in wider research on LGBT people. To date, the trans population has frequently been grouped with lesbian, gay and bisexual people, not least because it has been politically expedient to do so (Keogh *et al*, 2006). Nevertheless, the appropriateness of the grouping of LGBT people is questionable given that trans issues primarily relate to gender identity, while the issues faced by LGB people primarily relate to sexual orientation (Aspinall and Mitton, 2008 p. 63).

While the difference between sexual orientation and gender identity might seem obvious, it appears to be often misunderstood. This may be partly because sexual orientation is often stereotypically associated with certain types of gendered behaviour in the popular imagination: for example, gay men may be assumed to be more likely than heterosexual men to behave in feminine ways, while lesbians may be assumed to be more likely than heterosexual women to behave in masculine ways. In this sense, some researchers have made connections between the issues faced by LGB and 'T' people. For example, Whittle *et al* (2007) use the common experience among LGBT people of contradicting heterosexual modes of behaviour to understand the nature of transphobic hate crime. They state that:

> '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' (p. 55).

Other researchers have emphasised that placing LGB and 'T' issues together can confound and confuse the issues. In particular, by suggesting that trans people are LGB or by subsuming trans issues under the broader LGB agenda.

Research suggests that trans people have a diverse range of sexual orientations and it should not be assumed that they are also LGB; they may be heterosexual. There can be particular confusion regarding the sexual orientation of people whose relationships pre-date gender transition, as the relationship was formed when the individual had a different gender identity. Gender transition does not necessarily mean a change in sexual orientation. In their summary of the current medical position on gender dysphoria, GIRES (2006) note that:

> 'trans people may identify as gay, lesbian, straight or asexual. Some trans people say that, until the process of transition is complete, they cannot tell what their future sexual preference will be. It may remain the same; it may change. A trans person who has always been attracted to women may remain so. Or not. A trans person who has always been attracted to men, may remain so. Or not. During the process of transition, the issue of sexual orientation may be of little interest to the individual concerned, since the issue of gender identity is uppermost in his or her mind' (p. 3).

It is important for policy-makers and researchers to understand that trans people are diverse in their sexual orientation.

Attaching trans research to research on sexual orientation remains controversial. Respondents in McLean and O'Connor's (2003) focus groups, involving representatives from LGBT organisations in Scotland, expressed diverse views on the fit of the LGB and trans agendas. LGB respondents in groups without trans representatives suggested that the inclusion of trans issues within the LGB agenda had not always been fully or widely debated. Other LGB respondents argued that the two agendas should fit together because of common experiences of discrimination. Trans respondents sometimes felt that the inclusion of their policy objectives within the lesbian, gay and bisexual agenda was tokenistic rather than fully supportive or comprehensive. Furthermore, it was argued that there could be no guarantee that trans issues would be fully understood within an LGB forum. These issues were apparent in the review. Many reports were identified which stated they were about LGBT people, which either did not mention trans people separately, or only did so very briefly. These studies therefore appeared to subsume the trans agenda within the LGB agenda and thus failed to adequately address that trans people may have distinct needs and

experiences. For this reason, care should be taken to interpret findings when LGBT research claims to represent the needs of trans people.

The balance of evidence suggests that it is better to keep research on the trans population separate from research on the LGB population, where it is possible to do so. However, while this may be particularly important at a national level where the trans population will be sufficiently large to gain the sample sizes needed, it may be more difficult at a local level where numbers may not be sufficient to justify separate research. In the latter case, it is important to include trans people in the samples of such studies and to represent their views and experiences more clearly in the analysis and reporting of research.

2.2.2 Trans and transgender

In this review the term 'trans' is used as an umbrella term for this diverse population (see section 1.1). Whittle *et al* (2007) note that 'trans' is an inclusive term 'adopted in the late 1990s by the UK Government, now commonly used by members of the UK cross-dressing and transsexual community to refer to themselves' (p. 85). The term 'transgender' is also widely used to describe this population. Whittle *et al* (2007) state that 'transgender' is:

> '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' (p. 85).

2.2.3 Transsexual

This term is used to describe people who seek gender reassignment treatment, which may include gender constructive surgery. Transsexual people generally identify with the opposite sex from a young age (Fish, 2007b). Some controversy exists around using 'transsexual' to denote people who have completed gender reassignment treatment and then live according to their innate gender identity. Such people may consider themselves for all intents and purposes members of that gender and not a transsexual person. Nevertheless, it may be beneficial to include them in trans research since many will have important experiences associated with transitioning and may continue to experience discrimination and inequalities as a result of transphobia. They may also offer positive experiences on which to develop best practice.

2.2.4 Gender dysphoria

The medical term used to describe the condition which many trans people, including all transsexual people, experience is 'gender dysphoria'. Whittle *et al* (2007, p. 86) state that this is the 'term used by psychiatrists and psychologist to describe the condition transsexual people 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'. A diagnosis of gender dysphoria is required before gender reassignment treatment and gender recognition under the GRA.

GIRES (2006) have provided a useful summary of the medical perspective of gender dysphoria. They explain that for a variety of reasons, such as chromosomal abnormalities at the foetal stage, around one in 100 babies are born with some type of sex differentiation anomaly, a few of whom will experience gender dysphoria. The authors add that the current medical view of the causes of gender dysphoria:

> 'which in its extreme manifestation is known as transsexualism, is strongly associated with the unusual neurodevelopment of the brain at the foetal stage. Small areas of the brain are known to be distinctly different between males and females in the population generally. In those experiencing severe gender dysphoria, one of these areas has been shown to develop in opposition to other sex characteristics and is, therefore, incongruent with the visible sex appearance. Sex differentiation of the brain is imperfectly understood but, as with typical differentiation, it is believed to be associated with hormones impacting on the developing brain; in cases where an individual experiences gender dysphoria, the impact of hormones appears to be atypical' (GIRES, 2006, p. 2).

GIRES (2006) further suggest that although psycho-social factors may influence how an individual deals with his/her gender dysphoria, they do not in any way appear to cause it. Sociologists and psychologists emphasise the role that traditional patterns of gender associated with sex can have in restricting experience and behaviour and contributing to a crisis of gender identity for people who do not fit the traditional gender roles they are assigned. In this sense, social theorists have argued that gender identity crisis arises out of over-restrictive definitions of masculine and feminine roles in society rather than emanating solely from within the individual (for example, Ekins and King, 1996). For this reason some social theorists have also been critical of gender reassignment surgery as a solution to experienced disjunctions between sex and gender as well as criticising the concept of gender dysphoria more broadly (for example, Garber, 1993). However, many trans men and trans women are happy to conform to the 'traditional' masculine and feminine roles in society and are simply unhappy with the role assigned to them at birth.

2.2.5 Transvestite or 'cross-dresser'

In much of the literature these two terms are used interchangeably. They refer to people who enjoy wearing the clothes associated with people of the opposite sex for short periods of time. Some may do this because they identify with the opposite sex and therefore may decide to adopt an identity of that gender. Others may cross-dress for enjoyment but remain happy within their natal sex. They are often heterosexual (Docter and Prince, 1997).

There is some controversy over the extent to which one must identify with the opposite gender to be considered as a trans person. Broadly, however, it appears that those who remain happy within their natal sex but cross-dress for enjoyment are not usually considered trans, but for the purpose of this report are included as trans as they may experience discrimination.

2.2.6 Male-to-Female (MtF) and Female-to-Male (FtM)

Alternative terms for MtF and FtM are 'trans woman' and 'trans man' respectively. These are used to describe the direction of the person's 'transition', which marks the stage when trans individuals start to live in the gender role that accords with their innate gender identity. Again, there is disagreement over whom these terms include. Whittle *et al* (2007) and Aston and Laird (2003) apply them to all trans people, but Fish (2007b) appears to apply them more specifically to transsexual people. The literature indicates that there may be different issues for MtF trans people and FtM trans people, particularly in relation to health.

2.2.7 Intersex or polygendered

The distinction between 'intersex' and 'polygender' appears to be the same as the distinction between 'sex' and 'gender'. The former refers to the type of genitalia one possesses, while the latter refers to the social processes through which one's gender identity is constructed. Intersex people are born with genitalia or physiology which deviates from what are perceived to be 'normal' characteristics of male and female. They may have the biological characteristics of both male and female, or otherwise have features which mean that their sex is ambiguous. There may also be non-visible, internal variations from what constitutes 'normal' male or female characteristics. The sex differentiation of the brain may also be affected and may be inconsistent with other sex characteristics.

Many intersex people are assigned a gender at birth and may have surgical procedures to make them appear to be of that gender. Sometimes, however, the person will reject that gender and instead identify as intersex. Others may reject the idea of surgical assignment as mutilation and a violation of their right to choose their

own identity as their own feelings develop in later life. None of the literature made clear whether such people should be considered trans.

2.2.8   Agreeing a definition of the trans population

Given this diversity, some have questioned whether it is appropriate to include all of these groups under one umbrella. Such a view was expressed in Aston and Laird's (2003) research, which studied the needs and experiences of trans people in Scotland through three focus groups. They report that:

> 'The term transgender as an all-encompassing umbrella term was viewed as being problematic because there is a huge range of diversity even within the transsexual label. It was felt that the categories of transsexual and transvestite being put together under transgender did not help with the understanding of any of the issues because both categories are very different from each other' (p. 6).

The trans population is often ill-defined. While it may be commonly agreed that people who have had gender reassignment treatment are trans people, there are many other people whose trans status is much more difficult to define. These may include intersex people, transvestites and those who simply do not feel right within their natal gender (Barlow, 2003; Whittle *et al*, 2008). Policy makers and researchers must decide which of these groups to include in their definition of trans. Many studies we encountered showed no evidence of having considered this issue, nor stated clearly which possible trans groups they studied.

2.2.9   Inclusive definitions of the trans population

The definition of the trans population will therefore need to be considered in relation to the aims and objectives of particular policies or studies. For example, research that aims to look at the experiences of people who have undergone gender reassignment surgery is more likely to focus on transsexual people. On the other hand, a study that looks at the experience of transphobic hate crime may want to have a more inclusive definition of the trans population to represent the experiences of all people who might have experienced violence or abuse as a result of transitioning, living full- or part-time in their acquired gender or cross-dressing. Nonetheless, unless there is good reason to restrict the definition of the trans population, some authors have suggested the use of inclusive definitions. For example, Whittle *et al* (2007) used a definition of trans that included trans people not living full-time in their acquired gender role. They explained that the rationale for including these people 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… Today's cross-dresser can become tomorrow's transsexual and regardless of how an individual identifies, they can be equally vulnerable in public spaces' (p. 94).

2.2.10 Respondents' identification as trans

Another methodological issue in terms of defining and identifying the trans population is whether a person whom a researcher may consider as trans considers himself or herself to be trans. People who have fully transitioned may consider themselves in all ways to be members of their post-transition gender status and thus will cease to identify as trans (a:gender, 2007a). This could create study recruitment problems since the individual may be unwilling to disclose their former trans identity. There may also be other people who have lifestyles similar to those of trans people but may not identify as members of the other gender. For example, there may be men who cross-dress for enjoyment but who are happy with their identity as a man. Alternately, there may be men who cross-dress as a way of exploring their trans identity, and may later choose to transition.

It is possible that part of the problem of identification might be solved in a similar way to asking questions about a person's sexual orientation adopted by the Office for National Statistics, by asking about a person's self-perceived identity (ONS, 2008 p. 1). However, the willingness of people who do not identify as trans but who have experiences of discrimination and inequality to contribute to research may depend on the purpose of the research and the way in which the purpose is explained (for example, if it is explained in advertising the research that its purpose is to document the experience of all people who have experienced transphobia at any point in their life, this may encourage people who have transitioned or who cross-dress to take part). To this extent, the terms 'trans' may also sometimes need to be avoided when recruiting participants to studies addressing the general trans population to avoid excluding sections of the trans community.

We recognise, however, that there will always be problems in recruiting trans people to studies. To maximise recruitment it is essential that privacy is guaranteed and questions accommodate the whole range of trans people in a sensitive manner.

2.2.11 Age

Trans identification was also related to age. It appears that for many trans people, unhappiness in their natal gender is experienced early in their lives. Respondents in some studies (for example, Hines, 2007b) reported from an early age feelings of being 'different', or resisting the norms seen as appropriate to the gender. However,

transition to one's chosen gender may occur much later. Although we identified little UK research on when this typically occurs, research from the USA suggests it could be between 30 and 40.[viii] Many people may transition earlier or later, however, some respondents in Hines' (2007) study reported transitioning in old age, while there have been cases of people transitioning pre-adolescence.[ix] The latter may, however, be rare not least because research suggests that the trans identity formation process may be complex. Devor (2004) outlines a 14-stage process of progressive acceptance of, and identification with, trans identity. GIRES (2006) suggest that the discomfort and unease of a gender dysphoric person with their gender identity 'may increase during adolescence and into adulthood as families and society relentlessly reinforce gender roles in accordance with their physical appearance'. This may eventually lead to the individual seeking gender reassignment treatment. The significance of the age at which a person experiences trans identity and/or transitions is that it may affect estimates of the prevalence of trans identity and affect policy in particular substantive areas. For example, figures suggest that the number of people identifying as trans at school age is very small (though the number of young people experiencing gender variance may be much higher), which may affect the ability to access this group, the level of services targeted at them and the way in which services will need to be organised to meet their needs.

2.2.12 Disclosure

Identifying trans people may also be affected by whether trans people feel able to disclose their identity in circumstances where they fear discrimination or transphobia as a result. Many trans people may not be able to live as full or even part of the time as their chosen gender for reasons of discrimination, or may not have transitioned, even where this is their desired aim. For example, of the 2,200 respondents to Rhodes *et al* (2008) trans-European survey of transsexual people, only 985 stated they were 'living full-time in their acquired gender' (p. 3). Trans people have also been found to be guarded about disclosing their identity in relation to equality monitoring in employment because of fears that their trans identity may be revealed to work colleagues. These issues are discussed further in the chapter on economic status and employment (chapter 7). However, this reinforces the importance of confidentiality and anonymity in conducting research on trans issues if a true picture of the situation of trans people is to be identified (a:gender, 2007a).

Maguen *et al* (2007) also studied the prevalence and predictors of trans identity disclosure in their survey of 156 people recruited from a New England trans conference. The authors suggest that although 'disclosure in many ways signifies a transition from complete secrecy to perhaps an even more frightening stage where an individual fears abandonment and rejection from the loved ones', it is also 'particularly important in a quest to achieve a solidified sense of self and bolster feelings of self-

approval' (p. 4; p. 5). Disclosure to parents can be particularly important, although disclosure to mothers is more common than disclosure to fathers. The authors note that younger age was associated with higher rates of disclosure. Such issues also need to be taken into account when attempting to define or measure the trans population and in the sampling and recruitment of trans people for research.

2.2.13 Diversity and intersectionality in the trans population

The review found little literature considering issues of trans diversity and the intersection of other social factors with trans status. However, there was discussion of diversity within the trans population in terms of different subsections within the population (described above) and an acknowledgement that diversity within the trans population is likely to exist.

As discussed above, the trans population can be broken down into many subsections. It is possible that members of these subsections share many common experiences. It is likely, however, that they will also have unique experiences. For example, there may be considerable diversity of experience between those who have had gender reassignment surgery and those who wish to retain the body of their natal gender but who wish to live as the opposite gender. Similarly, there may be differences for MtF and FtM trans people. Indeed, Whittle *et al* (2007) found some differences between these two groups regarding their experiences of hate crime (see chapter 4). Therefore, research which includes a range of trans groups needs to consider the extent to which findings for one group are relevant to others. We identified no research that seems to have fully considered this. Indeed, many studies used the term 'trans' generally, implying that their findings were applicable to all trans people, although their samples only included certain types of trans people. Researchers and policy-makers will need in future to consider how different sub-sections of the trans population may experience inequality, discrimination and social exclusion differently.

Another issue relates to the influence of social factors beyond gender identity. Keogh *et al* (2006 p. 4) state that: 'LGBT people are integral to all social or demographic groups including those based on social class, age, education, faith, ethnicity, migrancy, nationality etc. The needs of LGBT people will vary depending on which other social groups they belong to'. However, we found only a very limited amount of research on the intersection of trans status with other social factors such as gender, sexual orientation, ethnicity, disability, age and religion or belief.

It is possible that the difficulties conducting any research on trans people resulting from a lack of resources have meant that the issues faced by trans people as a whole have had to be prioritised in order to establish a baseline picture of their experiences. However, as more research is conducted, greater consideration may need to be given to the representation of diversity within the trans population, both in terms of sampling

and recruitment and the reporting of findings. It should also be noted that research that incorporates demographic variables beyond trans status will need to consider the meaningfulness of such representation in relation to the overall sample size of the study since in many cases the total population of possible respondents will be small.

2.3   Sampling the trans population for research

There was some discussion of the problems of sampling the trans population in the literature but, given the absence of official ways to access a sample of trans people and the general under-resourcing of trans research to date, the emphasis tended to be on attempting to achieve a trans sample at all, rather than on achieving samples that would be considered methodologically robust. Where discussion existed it focused on the need to achieve sufficiently large samples in quantitative studies and the purposive or theoretical selection of participants in qualitative research. A variety of different recruitment methods was used, as with research on the LGB population.

Some problems discussed were specific to the trans population, while others were similar to problems faced in research on the LGB population such that similar conclusions could be drawn (for example, see McManus, 2003 pp. 22-25). For example, as with sexual orientation, there is no comprehensive official list that records a person's trans status or that includes all people who have trans experiences or identify as trans within specific national or local contexts. Given that a person's trans identity is not immediately apparent, and the sensitivities around asking about it (particularly in public settings), this makes sampling and recruitment difficulties all the more problematic. In addition to this, some trans people who may have important experiences from a research or policy-making point of view may not identify as trans (as discussed above). There is a great deal of complexity surrounding the identification of trans people and their inclusion in research. For example, when conducting research with people living in their acquired gender, the sample could include:

- those with gender recognition certificates
- those without gender recognition (because they remain married, decline medicalisation, or are in the two year real-life test, for example)
- those who identify from each variant of sexual orientation (including 'other')
- those who identify as trans or androgynous but not transsexual
- those living full time in their acquired gender
- those not living full time in their acquired gender
- a balance of natal males and natal females
- intersex individuals.

Another significant problem in relation to trans research is that the population is likely to be small relative to other minority groups and possibly geographically dispersed. Although there are no reliable estimates of the number of trans people and there exists disagreement over who should be included in the figures (see section 2.4.2 below), what estimates exist suggest that numbers will be in the thousands. The population is also likely to be 'sparse' in many localities (Rhodes *et al*, 2008 p. 2) making many traditional sampling and recruitment strategies in social policy research ineffective and inappropriate. In particular, it may be difficult to sample enough trans people in one location to capture a statistically representative sample or to achieve a sufficiently diverse range of experience to make a study robust.

In relation to quantitative research, McManus (2003) observes that random or probability sampling is the most desirable in order to achieve a representative sample from which results will be generalisable to a wider population. There are two main methods for achieving such samples (a) selection from a comprehensive list of members of the relevant group or (b) screening of a population by asking a few brief questions to ascertain whether people from a wider community fit the criteria required for a particular study (in this case a specific gender identity). The former approach is precluded because there is no comprehensive list of trans people. Although screening has been applied in research on LGB people (for example, Snape, 1995; Gadd, 2002), the costs of achieving a sample in this way are prohibitive, and are likely to be even more ineffective because of the small size of the trans population, the probability that the population will be dispersed, the likelihood of high levels of under-reporting of trans status and gender identity, and/or non-response because of the sensitivities of asking questions on these issues. Given these problems, the best that can probably be achieved in the current circumstances is to achieve as large a sample as possible with respondents being drawn from as wide a range of sources as possible. This could also be complemented with quota sampling for the range of trans people to help ensure diversity in the sample. Some studies had achieved large samples (for example, Whittle *et al*, 2007) but there was evidence to suggest that more varied methods of recruitment and greater use of quota sampling would have enhanced these studies.

The logic of qualitative sampling is different from that of quantitative sampling. The aim of such studies is not to generalise to the wider population, which in itself is problematic because the size of the trans population remains unknown. The best qualitative studies employ 'purposive' sampling where a range of factors, influences and experiences relating to the research question are identified and participants are carefully selected in relation to the specific research question. In this respect, the means by which participants are recruited is less important than the fact that recruitment is monitored to ensure that a sufficiently diverse range of experiences are captured in the sample. A strategy of maximum variation could be employed whereby the aim is to obtain a deliberately heterogenous sample. This facilitates the

examination of commonalities within the sample (Morse, 1998). A form of quota sampling can be applied to make sure that people are recruited to fit the range of criteria originally identified in the sampling strategy (for example, if it is noted that too many MtF trans people have been recruited the means of recruitment can be adjusted to target FtM trans people). However, McManus notes that, in the past, not all qualitative studies on sexual orientation have been transparent about their criteria, or even whether any selection criteria were used. There was also an assumption that because a qualitative sample does not need to be statistically representative of the population as a whole, that it also does not need to be systematic and deliberate (McManus, 2003 p. 24). With a few notable exceptions (for example, Hines, 2007b) the same criticism could be applied to much of the trans research reviewed.

The sampling and recruitment strategies used in the studies reviewed are discussed below. The few studies that have been conducted of trans people appear to use one of four methods to sample trans people.

2.3.1   Recruitment from clinical records

According to McManus (2003, p. 28), 'most studies of transgender/transsexual people have recruited respondents from clinical records'. The review did not necessarily find that most studies recruit trans people from clinical records, though some certainly some do. Wilson (1999), for example, used clinical records to quantify trans people in Scotland, along with some of the work done on trans people and health conducted in the USA. Morton (2008) also used clinics to advertise the Scottish Transgender Alliance survey. McManus (2003), however, warns of the danger of over-reliance on clinical records, noting that it leads to 'an emphasis on those who have either experienced severe psychological trauma or those who have decided to become operative' (p. 28). Thus, use of this method may lead to those trans people who have not sought medical intervention being neglected.

2.3.2   Recruitment in trans clubs, pubs and events

A few studies (for example, Keogh *et al*, 2006) recruited respondents through recognised trans venues and events. This method of convenience sampling allows researchers to access the target group directly and relatively quickly. The problem is that the sample will be skewed towards 'visible' trans people who use 'the scene'. This excludes possibly the majority of trans people who do not use 'the scene', including transitioned trans people who may no longer consider themselves as trans.

2.3.3   Recruitment through trans organisations and groups

A number of studies recruited respondents via trans support or campaigning organisations. Like recruitment through trans clubs, pubs and events, this method of convenience sampling allows the researcher to access the target group directly and

relatively quickly. Moreover, the sample population may be considerable since there are a number of trans organisations with large memberships: for example, the Beaumont Society, the UK's largest trans group, has a membership of over 4,000 people (Hines, 2007a, p. 468). This would allow the researcher to ensure that the sample contains a range of trans people.

Hines (2007b) is a good example of research which has achieved this to some degree. Hines notes that 'over a period of several months prior to interviewing, I visited a range of transgender spaces, such as self-help groups, social events, workshops and community meetings. I also made use of Internet transgender discussion forums to talk about the research' (Hines, 2007b, p. 193). The range of trans people whom she met allowed her to follow a purposive sampling strategy: participants were selected 'in relation to a range of variables (gender, sexuality, age, occupation, geographical location, partnering and parental status, and transitional time span) in order to maximise diversity of the sample group' (ibid., p. 193).

However, recruitment via trans organisations and groups may have some drawbacks. Chiefly, if used as the sole recruitment method, it may produce an unrepresentative sample. Hines (2007b, p. 194) identified this problem in her research:

> 'I am aware that the people who contacted me are connected, to varying degrees, with a wider transgender "community", or, at least, subscribe to transgender newsletters, journals or email mailing lists where I placed the requests for participants. This is not the case for many transgender people who have no contact with other transgender people and transgender groups. The voices of the unknown number of such people are not to be found within this research.'

People who do not live in locations with sufficient trans populations for groups to exist, may not be engaged with trans groups. A different recruitment method would have to be used to reach out to people not connected to trans groups. Further, such organisations may not achieve a representative sample because particular organisations are associated with different types of trans people (regardless of what the official focus of the organisation is). For example, although the organisation has repositioned itself, the Beaumont Society is still largely viewed as an organisation whose membership is largely transvestite and largely composed of natal males.

2.3.4 Recruitment on the Internet

The Internet has perhaps afforded researchers an unprecedented opportunity to access this geographically dispersed population, especially since, according to Whittle (1998), there is a considerable trans community online. Similarly, Rhodes et al (2008) state that transsexual people 'can be very easily reached by the Internet and they are

willing to participate in surveys if they believe them to be of benefit to the community' (p. 3). The survey element of Whittle *et a.*'s (2007) study, the largest survey of trans people to date, was online. A link to the survey was posted on the websites for Press for Change, FtM Network and a number of trans support groups.

Although the Internet seems like a promising new mode of recruitment, there are biases inherent in the method. Online surveys solve many of the traditional geographic constraints to researching small groups and provide an important degree of self-completion anonymity. The downside is that certain types of people may be more likely to respond. Respondents require access to a computer and computer literacy, which are more likely to be possessed by better-educated and possibly younger people. This may partly explain why respondents to Whittle *et al*'s (2007) survey had on average achieved a higher level of education than the national average. At the same time, where no incentive for completion is offered as in Whittle *et al*'s (2007) research, they may favour those people with the motivation and time to participate.

Despite these limitations, the high number of valid responses to Whittle *et al*'s (2007) study, and the limitations of many other methods, seems to suggest that online surveys may be one of the most effective means through which to sample trans people, particularly where it can be combined with other methods of recruitment and quota sampling to ensure a diverse sample.

2.4 Measuring the trans population – size of the population

2.4.1 Absence of official estimates

One of the greatest difficulties in measuring or estimating the size of the trans population is that no systematic or reliable data has been collected through the Census or through other Government-sponsored surveys (though as described above, there would be significant problems in asking about trans status in these surveys). At the time of the review it was not possible to find systematically published figures on the number of people who have applied for a Gender Recognition Certificate under the Gender Recognition Act (2004). However, GIRES publish the total number of people who have applied for a Gender Recognition Certificate and obtained the information under the Freedom of Information Act (see: www.gires.org.uk/grp.php).

Lessons can be learnt from the project established to explore whether, and how, to include a question on sexual orientation, or self-perceived sexual identity, in the Census and Government-sponsored surveys (ONS, 2008). In particular, whether there are concerns about: the effect of asking a question on trans status on the response rates of such surveys due to the sensitive nature of the subject; confidentiality and disclosure in the context of a compulsory Census; and doubts about the accuracy of data produced by one question on trans status or identity. However, while significant

progress has begun to be made in relation to these issues in relation to a question on sexual orientation on Government social surveys by the ONS Sexual Identity Project (Mitchell *et al*, 2009), no equivalent work has been carried out in relation to the trans population.

Given all of the caveats expressed, nevertheless, the review identifies a need to begin work on introducing a trans question into Government social surveys.

2.4.2 Asking questions on trans status or gender identity

Official surveys have appeared to shy away from asking questions about trans status or gender identity. Reynolds (undated), for instance, argues that 'the 2001 Census demonstrated an astounding ignorance of the issue of sexual diversity within the British population by those who constructed it'. He notes that the Census only provided for the question on sex the options of male and female. He suggested that this 'reduces sex to a crude binary biological form that fails to represent the gendered differences of those who may or may not have the biological features of maleness or femaleness but represent themselves socially or self-identify as men or women'. Later in his paper, Reynolds discusses the UK Lesbian and Gay Survey, an 'unofficial', self-selecting survey of the UK LGB population, which allowed respondents to indicate that they were trans. He noted that it is superior to the general Census in that it recognises to some extent the possibility that one's gender identity may fall outside of the male/female binary. However, he argued that it does not have a means for those people who have transitioned and identify themselves as their acquired gender to identify as trans. Furthermore, trans people who have transitioned may be reluctant to identify as trans so some level of underestimation should be expected.

Some large-scale surveys have attempted to include a question on trans identity but have confounded the issues of sex, gender and sexual orientation in the question stems and response categories that have been suggested. For example, in his analysis of 10 public sector surveys on sexual orientation and sexual identity, Betts (2008) includes two surveys in which questions provided 'transgender' and 'transsexual' response options (see Table 1). In the National Mental Health Survey, 'transgender' is a possible response to a question asking for the respondent's sexual orientation, which confuses sexual orientation and gender identity. The same applies to the British Social Attitudes Survey. In this case the question does not mention sexual orientation but rather asks about how the respondent thinks of himself/herself. However, the question only allows the respondent to indicate one answer so one could not, for example, state that one is both transsexual **and** heterosexual. Again, gender identity and sexual orientation are confused. One solution is to pose two separate questions, asking about shades of sexual orientation and shades of gender identity, which might then become clear distinguishable categories.

Table 1 Questions on Sexual Orientation Including Responses for Trangender/Transsexual

Survey	Question Stem	Response Category
National Mental Health Survey	Which of the categories on this card would you say describes your sexual orientation? Please give the letter.	M. Heterosexual Z. Gay male or lesbian female (like people of the same sex) P. Bisexual (like people of both sexes) C. Transgender
British Social Attitudes Survey	Which of the following best describes how you think of yourself? PLEASE TICK ONE BOX ONLY.	1. Heterosexual ('straight') 2. Gay 3. Lesbian 4. Bisexual 5. Transsexual 8. Can't Choose

Source: (Betts, 2008, p. 17).

A:gender (2007a) have produced guidance on a question for the purposes of equal opportunities monitoring in employment. This guidance provides useful information that could help to develop an appropriate question to estimate the number of trans people.

In particular, it suggests that a question on gender identity should be 'in a section distinct from gender and sexual orientation, such as similarly to the sections commonly laid out for the returns relating to disability or ethnic background'. It was noted that many people 'having undergone gender reassignment, maybe surgery and possibly having acquired legal recognition in the acquired gender, will no longer regard themselves as trans but as men and women (with a transsexual history). In these circumstances they may no longer tick a box labelling themselves as trans. They also note that:

> 'whilst a small number of trans persons may consider themselves as belonging to a third sex, the overwhelming majority identify strongly as male or as female. It is grossly insulting to them to suggest that they should be requested to tick some box other than M or F. Indeed, many will have legal recognition in their acquired gender by virtue of the Gender Recognition Act (GRA)' (a:gender, 2007a).

Similarly, the authors state that gender identity and sexual orientation are not 'consequent on each other'. They argue that 'a question linking the two betrays a lack

of comprehension and is unacceptable, as trans people can be heterosexual, asexual, gay/lesbian or bisexual, just like any other individual'.

The guidance, which only covers those who have completed gender reassignment, also attempts to provide suggestions on wording of questions that would include people who have not yet transitioned but who intend to do so and other people who would like to transition but who feel unable to do so because of prejudice. Questions for equality monitoring purposes in an employment setting suggested by a:gender (2007a) are: 'Do you live and work permanently in a gender other than that assigned at birth, or have you advised workplace management of your intention to do so?' and 'Do you need to live and work permanently in a gender other than that assigned at birth, but currently feel prevented from doing so because of reasons connected with the workplace?'. Lastly, a:gender (2007a) recommend that any question on trans status or gender identity should be optional, with the ability to leave the question unanswered or with a 'prefer not to say' option.

The lack of reliable estimates of trans people represents a major obstacle to providing baseline data necessary to a) compare the inequalities and levels of discrimination that the trans population face relative to the wider population and b) monitor progress in increasing equality and reducing discrimination. To this extent, work on developing a question on gender identity that could be included in Government surveys, and that could act as a benchmark for others conducting surveys, should be a priority. Questions on gender identity will also need to be appropriate to the context and aims of each discrete piece of research (for example, if the study only wanted to survey the experiences of people who had actually undergone surgical or medical intervention).

Partial estimates of people who are more likely to be living in an acquired gender could be gained by surveying the Gender Recognition Panel (which would indicate numbers who have received a Gender Recognition Certificate), the National Insurance Database (which includes the number with Gender Recognition Certificates, but also details the number of people who have notified that they are living in their acquired gender without gender recognition) and gender identity clinics (which would indicate the number seeking medical assistance for gender issues), though many transsexual people would fall outside of this group as well.

2.4.3   Working estimates

In the absence of reliable figures relating to gender identity or trans status, a number of estimates of the trans population were identified. They included estimates of the size of the trans population as a whole, the number of transsexual people, the MtF
FtM ratio, and the probable number of young trans people.

Estimates of the number of trans people tended to be less reliable than those for transsexual people because of the less clear cut nature of who should be included in the definition. However, one study suggested that the number of trans people in the UK could be around 65,000 (Johnson, 2001, p. 7), while another notes that the number of gender variant people could be around 300,000[x] (GIRES, 2008b). More accurate estimates will depend on a more widely agreed definition of who to include in the trans category and the development of survey questions that are inclusive of the variety of trans experiences discussed above.

The research is somewhat clearer on the number of trans people who are transsexual. Although no clear consensus has been reached, it is likely that transsexual people represent only a small proportion of those who might be considered trans. Wilson *et al's* (1999) survey of all general practitioners' surgeries in Scotland which had a response rate of 73 per cent found the incidence of transsexual people to be approximately 1:12,200. The Home Office (2000) notes that such a figure suggests that there are between approximately 1,550 and 2,400 transsexual people in the UK. However, Press for Change's estimate of post-operative transsexual people of 5,000, although small, is considerably higher and was the figure that was quoted in the Department for Constitutional Affairs Final Regulatory Impact Assessment on the Gender Recognition Act.[xi] A forthcoming report from GIRES suggests that an increase in the number of people presenting with gender dysphoria since these studies were conducted could mean that today's figure is far higher (GIRES, 2008b). It notes that life-long hormone therapy is already required for 7,500 people who have transitioned, and the actual number of transsexual people could be even higher. It suggests that current prevalence, measured on the same basis as Wilson's (1999) study, may now be 21[xii] in 100,000 people aged over 15 who have presented with gender dysphoria to medical practitioners. This would mean that there are 10,500 people in the UK who have presented with gender dysphoria (GIRES, 2008b). It also found that the number of people presenting with gender dysphoria may be 2.6 in 100,000 every year, and doubling every 12 years. Rhodes *et al* (2008) also estimate that the number of transsexual people in the UK is 'doubling in size every five years' (p. 2). However, this is based on the number of people presenting for treatment for gender dysphoria and may not reflect the actual numbers of transsexual people.

In addition to calculating the total numbers of trans people, studies have attempted to estimate the proportions of MtF and FtM people within this population. Estimates of this ratio vary. For example, GIRES (2008b) and Wilson *et al* (1999) both estimate the ratio to MtF to FtM to be 4:1. Whittle *et al's* (2007) survey of 872 trans people uncovered a ratio of 3.46:1 MtF to FtM people. These figures suggest that in the UK there might be significantly more MtF people than FtM people, although this appears not to be an international constant. Based on a survey of approximately 2,200 transsexual people,

Rhodes *et al* (2008) suggest that 'contrary to conventional wisdom' the incidence of MtF and FtM is 'equal' (p. 2). Whittle *et al* (2008) also note that, from their European cross-national survey of transsexual people, in Germany and The Netherlands the ratio was approximately 50 per cent, but Italy and Sweden have a larger ratio of FtMs while the UK and France have a larger ratio of MtFs.

There have also been attempts to estimate the number of children or young people who are trans. GIRES (2008b) suggest that the young trans population is largely invisible. They report that:

> 'very few present for treatment despite the fact that most gender dysphoric adults report experiencing gender variance from a very young age. At present, only 64 children and adolescents are referred annually to the UK's sole specialised gender identity service, compared to 1,175 referred to the adult clinics.'

However, they suggest that, nonetheless, the number of young trans people presenting for gender dysphoria treatment is increasing rapidly.

2.5   Issues related to types of research with trans people

A number of different types of research were identified in the review. While collectively this research enabled the review to establish a basic picture of the inequalities and discrimination faced by the trans population, there were still many areas of research that were not adequately covered. At the same time, there were methodological and contextual issues related to the types of studies accessed that impact on the interpretation of this work, although they were often the best examples of research in particular substantive areas that were found. The types of work included involved large-scale case studies (including quantitative and qualitative elements), campaigning research, non-UK research, general LGBT research containing some information on trans people, best practice guidance and discussion of the legal position of trans people. Issues in relation to each of these different types of study are discussed below.

2.5.1 Large-scale research

The review revealed two large-scale studies of trans people in the UK. Whittle *et a*l (2007) carried out a general survey of trans people commissioned for the Equalities Review: *Engendered Penalties*: *Transgendered and Transsexual People's Experiences of Inequality and Discrimination*. The purpose of the study was to 'document the inequalities and discrimination that trans people faced and, specifically, in what areas of their lives these were experienced and what the trigger points were' (p. 89). They employed a mixed qualitative–quantitative methodology. The quantitative element was an online voluntary questionnaire containing 129 questions on a wide range of areas of

life which was advertised on various trans websites. 872 valid responses were received. The qualitative element was an analysis of the correspondence databases of messages sent over a number of years to Press for Change and the FtM Network. In total, these databases contained 102,000 messages.

The survey appears to have been conducted entirely online. While, as we discussed above, the Internet has afforded researchers unprecedented opportunities to access trans people, this method can be biased towards well-educated, computer literate people. The survey was also self-completion and no incentives appear to have been offered, favouring those with the time and perhaps political interest in completing it. Moreover, since the survey was advertised through trans group websites, the research may exclude trans people who are not members of these groups, and who may not otherwise be active in this community. We must, however, acknowledge the difficulties of attempting to include people who do not identify themselves as trans, but who researchers or other professionals may consider to be.

Similar issues are relevant to the qualitative element of the research, the secondary analysis of the correspondence databases. The experiences of discrimination in the correspondence may not be representative of those of trans people as a whole. Many trans people who do experience discrimination may not consider writing to Press for Change and may simply suffer in silence. Although the report's authors do not necessarily claim that the correspondence is representative of trans people, this would seem to be a significant problem. Nonetheless, the correspondence can be used to illustrate and explore the nature of the discrimination revealed in the survey data.

Although this study made a seminal contribution to the understanding of trans experiences, there were methodological limitations. The use of secondary evidence of this kind precludes the researcher from probing accounts in more depth to gain a greater understanding of issues particularly relevant to the research. Possibly the most effective means of achieving such understanding would be through primary qualitative research (for example, focus groups, in-depth interviews), which could be tailored around particular issues raised in a survey or as a stand-alone study. To date there has been a lack of such studies with trans people, and this needs to change if a better understanding of trans issues is to be achieved.

Schonfield and Gardner (2008) carried out a large survey of 647 trans people focusing upon trans people's experiences of NHS health services. The questionnaires could be completed online or in paper copy, returned by freepost. Paper copies of the questionnaire were distributed by trans organisations, whilst the online survey was hosted by key trans organisations. The survey included anyone identifying as trans, regardless of the stage of transition they were at.

Even including such studies, it is very difficult to make generalisations about trans people's experiences in many areas of life. This is partly because surveys have tended to have very small samples and so the ability to generalise from them has been questionable methodologically. Equally, we do not have baseline data on who the trans population is, in order to determine how representative studies may be.

2.5.2 Campaigning research

A considerable amount of the literature identified was written to support the campaign for trans equality. This is perhaps partly because trans equality is less developed than many other equality strands, and there is thus the need for literature to highlight areas of concern. However, this body of work must be interpreted cautiously. Some of the literature was purposefully written to challenge widely held beliefs and assumptions within a specific agenda and had no research element or evidence base to draw upon. In studies with primary research, the research methodology was sometimeslimited. For example, they may have very small sample sizes or have used convenience samples. As such, we do not know whether the samples can be regarded as representative of the trans population as a whole.

Nonetheless, there were examples of campaigning research that were worthy of note in the context of the review. Press for Change have published a number of reports to aid the campaign for trans equality. Examples include Burns' (2004) investigation into trans people's portrayal in the media and the recourse to cases of media transphobia, and Whittle and Stephens' (2001) study of provision for trans people in prisons. The latter was based on a reasonable-sized survey, with a qualitative element of a very small sample of probation officers and ex-prisoners.

We would suggest that such studies should be viewed as highlighting possible issues for trans people, which should be investigated further.

2.5.3 Non-UK research

There is some research which makes international comparisons between trans people. For example, Whittle *et al* (2008) conducted an intra-European survey of trans people's experiences of access to, and discrimination within, healthcare. However, McManus (2003) cautions against international comparison generally:

> 'In the field of transsexual research, due to that fact that there is so little being done, close international collaboration amongst those working in the field has become inevitable, including one split site project comparing Sweden and Australia. However, the different administrative, ethical and financial set-up in each country has led to enormous variation in nationally appropriate methodologies. As Ross et al (1981) point out, the difficulties in calculating a

national prevalence of transsexualism are such that the study of differences between societies might be viewed with even more caution, particularly given this unavoidable variation in methodology' (p. 58).

In some substantive areas there was no or limited research on trans issues. In particular, there was very little research from the UK on trans people and health and social care, but a relatively large amount from the USA, particularly relating to sexual behaviours and HIV/AIDS. In this context it was necessary to draw on research that could be generalised to the UK to some extent, while excluding that which was highly specific to the legal, political or social context of the USA or other countries. Reviews of the literature on trans people may sometimes draw on literature from outside the UK in circumstances where no other options are available (for example as Fish has done, 2007a; 2007b) but equivalent studies need to be conducted in the UK to establish whether these findings are applicable.

2.5.4 General LGBT research

There were many research studies which included trans people under the LGBT umbrella, in particular local LGBT needs assessments. However, they tended to focus largely or even exclusively on LGB people. Trans people therefore were subsumed under an agenda which meets the needs of LGB people but not the unique needs of the trans population.

An example of a general LGBT study is Keogh *et al*'s (2006) research into the needs and experiences of LGBT people in Lambeth, which we have referred to extensively in this review. This is, however, a somewhat more robust study than many similar studies since the sample size of trans people (24) may be regarded as reasonably large given the overall sample size for the study and for an area the size of the London Borough of Lambeth.

2.5.5 Best practice

There is some evidence to suggest that guidance on trans people is slowly improving and appearing in public policy. A number of best practice guides have been published by public bodies, particularly relating to health and social care, and employment. The review also identified a small number of best practice guides produced by trans campaigning organisations, particularly Press for Change.

A general issue is that many best practice guides exist for areas of life where little research had been conducted. Thus, a number of trans best practice guides seem to be based on the authors' experiences with trans people, or what they see as 'common sense'. While this does not necessarily mean that the guidance they provide is

inappropriate, confidence in them could be increased if they had been based on rigorous research evidence into the needs of trans people.

2.5.6 Legal position

Finally, the review uncovered a range of commentary on the legal position of trans people in the UK, which is likely because progress towards enshrining trans equality in legislation has been less than for other equality strands. It may also be because the Gender Recognition Act (2004), to which much of the literature relates, was highly significant. Not only did it give trans people the right to be legally recognised in their chosen gender, but also some literature has suggested that it changed how gender identity has been treated by policy-makers generally.

2.6   Research gaps

Greater consideration needs to be given to the ways in which the trans population are identified and sampled. Future research should address the problems associated with the fact that trans people are not always easily identifiable. These issues will need to be addressed when deciding how to incorporate all trans people, or as many as possible, within the context of particular pieces of research. At the same time, research will need to focus on how to achieve robust and diverse samples, for example, through the use of a number of recruitment strategies that employ greater use of quota or purposive sampling. One promising approach may be to use online recruitment alongside a range of other approaches.

Work should begin on identifying user need and trialling trans questions for use in future Government social surveys, in order to provide baseline data for measuring inequality.

2.7   Summary

- Within the literature a range of terms are used to describe the trans population including: trans, transgender, transsexual, transvestite, cross-dresser, male-to-female (MtF), female-to-male (FtM), intersex and polygendered. Unless there is a good reason to restrict the definition of the trans population in relation to the aims and objectives of a particular policy or study, 'trans' should be regarded as the most appropriate and inclusive term. Greater clarity of who is included within the term 'trans' would greatly enhance research and policy related to this population.

- There is no sampling frame from which the whole trans population can be identified. Difficulties associated with identifying the trans population meant that it was not possible for sampling and recruitment strategies used in research to be as robust as would normally be required in social research. Strategies used have included health locations (particularly for transsexual people); trans pubs, clubs and social events;

trans organisations and groups; the Internet. Research suggested that online recruitment was particularly effective and could be more so where combined with other recruitment methods. Larger sample sizes and quota sampling in quantitative research and greater use of explicit purposive sampling in qualitative research would enhance research on the trans population.

- In the absence of a question on trans status or gender identity on Census or in Government surveys there are no reliable estimates of the size or prevalence of the trans population. There are significant problems related to estimating such figures, including fear of disclosure in the context of continuing discrimination and people with trans experience who prefer to self-identify as male or female. Future questions on trans status or gender identity should be separate from questions on gender or sexual orientation.

- Estimates of the trans population tended to be less reliable than the transsexual population because the former was less clearly defined. Estimates of the size of the trans population in the UK varied from 65,000 to 300,000. The size of the transsexual population or people experiencing gender dysphoria was estimated at between 2,400 and 10,500. Estimates of prevalence for this population varied from 1 in 12,000 in Scotland to 21 in 100,000 in the UK. There is an urgent need for a project, similar to the ONS Sexual Identity Project, to address the need for official data on the size and prevalence of the trans population in order to provide baseline data on inequalities and to measure progress.

3   ATTITUDES TOWARDS TRANS PEOPLE

3.1   Introduction

The purpose of this chapter is to discuss the general attitudes of non-trans people towards trans people, which much of the research suggests are often negative. This provides the context for the following chapters which discuss how such attitudes may disadvantage trans people in a variety of areas of life.

3.2   Non-trans people's attitudes towards trans people

A small number of studies have investigated attitudes towards trans people. The 2006 Scottish Social Attitudes survey found that 50 per cent of respondents would be unhappy if a close relative entered a long-term relationship with a transsexual person, and 30 per cent felt that a transsexual person would be unsuitable as a primary school teacher (Bromley et al, 2007). [xiii] Valentine and McDonald's (2003) survey of 1,700 adults in England found that respondents' attitudes towards trans people were similar to those they held towards disabled people, i.e. 'a tolerance born of pity'. A section of Whittle *et al*'s (2007) report discusses parental attitudes to their transitioned child. They note the devastating effects on the child of non-acceptance, but also suggest that 'sometimes the support within the birth family can be excellent with total acceptance of the person in their acquired gender. However, this was primarily the case for trans men, and not often for trans women' (Whittle *et al*, 2007, p. 69).

It appears that large sections of the British population hold negative and discriminatory views towards trans people, though there is evidence of movement in a positive direction. Recent research by the Equality and Human Rights Commission in Wales found that 45 per cent of respondents would be unhappy if a close relative entered a long-term relationship with a trans person, and 33 per cent felt that a trans person would be unsuitable as a primary school teacher.[xiv]However, 48 per cent of respondents thought that a trans person would be suitable as a primary teacher, suggesting more people feel positive than negative (Equality and Human Rights Commission, 2008a). More recent research in the North West of England paints a more positive picture, in which 14 per cent of respondents felt negative towards trans people, and 34 per cent felt positive. The majority (44 per cent) felt neutral (Equality and Human Rights Commission, 2008b).

Research suggests that some trans people also experience discrimination from the LGB community, with whom trans people are often assumed to share a similar agenda and experiences. In their report on the needs and experiences of LGBT people in Lambeth, Keogh *et al* (2006) found that 17 per cent of trans respondents had

experienced discrimination from an LGB person(s) within the last year. However, the research only covered a relatively small community (24 trans people).

3.3   Causes of transphobia

It was not possible within the scope of this review to consider all of the sociological and psychological literature addressing the causes of transphobia. Such work generally considers that prejudice can be linked to sexism, the associated definition of rigid gender roles and behaviour linked to sex, and the discomfort that some people feel in terms of their sexual orientation when they cannot ascribe a fixed gender identity to a person. Within the literature reviewed, a number of causes of transphobia were suggested. From a social psychological perspective, Tee and Hegarty (2006) surveyed 151 respondents on the reasons behind their support for, or opposition to, trans civil rights. They found that opposition was correlated with 'heterosexism, authoritarianism, a belief that there are only two sexes, beliefs that gender is biologically based and several demographic variables' (p. 70). From a theoretical angle, Kessler and McKenna (1978) suggest how the notion of transgenderism may be problematic for non-trans people. They argue that 'transgendered people – in one way or another – place themselves outside the conventional female/male dichotomy, yet live in a social world that recognizes only females and males'. They wonder 'how could a self-identified transgendered person earn and maintain a transgender attribution, when others are constrained to attribute an unproblematic "male" or "female" gender to him/her?' (ibid.). This does not acknowledge, however, that some trans people may accept the male/female dichotomy but find themselves on the wrong side of it. Whittle *et al* (2007) also raise the issue of sexism to support their argument that FtM children are treated better by parents than MtF children in a society that values masculinity more highly than femininity. They suggest that 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' (Whittle *et al*, 2007, p. 69).

3.4   Research gaps

Although work has begun on mapping attitudes towards trans people, there is a need to systematically measure changing attitudes towards trans people in a variety of social circumstances. Future research should consider awareness of equality legislation relating to trans issues and the extent of support for this legislation. It might also examine whether discriminatory attitudes are linked to specific social demographic characteristics, a lack of toleration of diversity and difference and to particular institutions such as the media and religion. The Sexual Orientation Research Review (Mitchell *et al*, 2009) found that reducing discriminatory attitudes could be linked to presenting more positive images of LGB people, fostering respect for difference and diversity through carefully considered contact between groups and encouraging respectful environments in places where minorities and majority communities meet

such as workplaces and schools. It would be interesting to investigate whether the same would apply in relation to the trans population.

3.5   Summary – Attitudes towards trans people

- Negative attitudes towards trans people included that non-trans people would be unhappy if a close relative had a long-term relationship with a trans person and that trans people would be unsuitable as teachers.

- The causes of transphobia were linked to sexism, heterosexism (the view that heterosexuality is normal and superior), authoritarianism and belief in a rigid division of sex or gender. Non-trans people were thought to feel uncomfortable in terms of sexual orientation when they could not ascribe a fixed gender to a person. Sexism means that society devalues boys or men who identify as girls or women. However, society does not view girls and women who take on a masculine gender identity as negatively.

- There is a need for systematic research into changing attitudes towards trans people and to assess awareness of equality legislation relating to trans people.

4 CRIME AND THE CRIMINAL JUSTICE SYSTEM

4.1 Introduction

Given the high levels of transphobia reported in research discussed in other chapters of this review, it is perhaps unsurprising that the review found evidence to suggest that a high proportion of trans people experience hate crime and have negative experiences of the criminal justice system. The majority of research in this area related to the incidence of hate crime and difficulties around reporting it to the police, along with limited evidence surrounding the nature and causes of hate crime. This chapter also includes discussion of trans people as offenders and experiences as prisoners.

4.2 Incidence of transphobic hate crime

Research in the USA indicates that a high proportion of trans people experience hate crime: from their survey of 402 trans people, Lombardi *et al* (2001, p. 89) found that 'over half of people within this sample had experienced some form of harassment or violence within their lifetime, with a quarter experiencing a violent incident'. Research in the UK paints a similar picture. Morton (2008) found that:

> '62 per cent (44/71) of respondents stated that they had experienced transphobic harassment from strangers in public places who perceived them to be transgender: mostly this had taken the form of verbal abuse but 40 per cent (22/71) had experienced transphobic threatening behaviour, 16.9 per cent (12/71) had been physically assaulted and 4.2 per cent (3/71) had been sexually assaulted. 22.5 per cent (16/71) stated they have never been perceived to be transgender by strangers.' [xv]

Whittle *et al* (2007) also found that a majority of respondents had faced harassment in public spaces. They noted that '73 per cent of respondents experienced comments, threatening behaviour, physical abuse, verbal abuse or sexual abuse while in public spaces' (p. 53). They also suggest that the 27 per cent of respondents who had not experienced abuse may not have done so because of social acceptance, but rather because they 'pass' so convincingly as their chosen gender that people are unaware of their trans status.

Whittle *et al* (2007, p. 54) also noted that they found little difference between MtF and FtM people in the proportion reporting abuse. They suggest that many MtF people 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 suffer the social stigmatisation that comes with it' (p. 8).

4.3   Factors linked to hate crime

Lombardi *et al* (2001) report that poorer trans people may be more likely to experience hate crime: their investigation found that 'experiencing economic discrimination because one is transgendered had the strongest association with experiencing a transgender-related violent incident. Economic discrimination was related to transgendered people's experience with violence' (p. 89).

Whittle *et al* (2007) consider the motivations for hate crime, linking them with homophobia. They suggest that:

> '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' (p. 55).

Thus, research on trans people and hate crime may also have implications for LGB people. Hill and Willoughy (2005) have also created the 'Gender and Transphobia Scale' designed to 'measure violence, harassment, and discrimination towards cross-dressers, transgenderists, and transsexuals through psychometric assessment' (p. 531).

4.4   Reporting hate crime to the police

Despite the research suggesting that a high proportion of trans people experience hate crime, much of it may go unreported. Morton (2008) reported that 62 per cent (44/71) of respondents had experienced transphobic harassment from strangers in public places, but only 15.5 per cent (11/71) had reported harassment to the police.[xvi] Under-reporting may arise from the fear that pursuing a prosecution may necessitate the disclosure of one's gender identity which may have negative consequences (Whittle and Stephens, 2001). It may also arise from a lack of trust in police (Moran and Sharpe, 2004). From their survey of the needs and experiences of LGBT people in Lambeth, Keogh *et al* (2006) report that 'compared to others, trans people were less likely to be confident that they would be treated fairly if they were victims of crime (25 per cent versus 58 per cent) or if they were suspected of a crime (29 per cent versus. 49 per cent)'. Whittle *et al*'s (2007) much larger survey found a somewhat more mixed picture. They report that 'respondents to our survey were asked "how confident are you that you would be treated appropriately by members of the police services as your

preferred/acquired gender?" 33.5 per cent were not confident, but that leaves 66.5 per cent as quite or very confident' (p. 55).

However, Whittle (2007) also found that 18.5 per cent (68/367) of those respondents who had had interactions with the police felt that they were treated inappropriately. The authors provide examples of the experiences of survey respondents who felt this (for example, police not taking attacks seriously, and being inappropriately searched by police officers). In Morton (2008), only 5 of 11 respondents who had reported transphobic harassment to the police felt that they had been treated appropriately,[xvii] though this finding must be treated with caution given the very small sample size.

One reason for inappropriate treatment from the police may be police officers' lack of knowledge of how to deal with trans people. This was found in Frazer's (2005) study of LGBT people and hate crime in a mid-sized British city which also surveyed 220 police officers working in the area. The authors report that their 'survey of the police working in the area of study (N = 220) indicates that they are far less confident of their skills working with transgender and transsexual people, and somewhat less comfortable with transgender and transsexual people, than LGB people'.

The Crown Prosecution Service published Policy and Guidance on the prosecution of transphobic as well as homophobic crime in 2007.[xviii]

4.5   Trans people in prisons

Some research suggests that trans people are over-represented in prisons (Whittle and Stephens, 2001; Poole *et al*, 2002). Poole *et al* (2002) suggest that this may be related to trans people stealing money for surgery, although there is no research evidence to support this assertion.

There may be particular issues for trans people in prisons. The most comprehensive study within this area is Whittle and Stephens' (2001)[xix] pilot study on provision for trans people in prisons, and the information needs of their probation officers. This involved a survey of 172 probation officers (with nine of whom e indepth telephone interviews were later conducted), two focus groups, and a needs assessment of two transsexual people who had spent time in prison. The study reports a range of issues for trans prisoners. It stated that trans prisoners who are pre-gender reassignment will almost certainly be incarcerated with people from their natal sex, and this may make it extremely difficult to continue living as their chosen gender. If they do attempt to, they make themselves vulnerable to bullying, sexual assault and violence. Furthermore, those receiving hormone therapy will be likely to have their treatment stopped, at least in the short term.

4.6   Research gaps

Although there were a number of reasonably robust studies on the incidence of transphobic hate crime and the forms this takes, there remains no official record of the number of trans people experiencing such crimes. Further research is required to provide greater detail on trans people's experiences of hate crime and the criminal justice system when reporting hate crime and as offenders in prisons, including why particular subsections of the trans population may experience specific patterns of crime. There is an urgent need to investigate sexual and domestic violence experienced by trans people. Additionally, there is a need for research into trans sex workers and the specific issues they face.

4.7   Summary – Crime and the criminal justice system

- UK research indicates that around 62 per cent to 73 per cent of trans people have experienced harassment or violence because they were identified as trans. This included verbal abuse, threatening behaviour, physical assault and sexual assault. Poorer trans people were more likely to experience violence.

- Despite high rates of hate crime or incidents towards trans people, a high proportion goes unreported. In one Scottish survey only 15.5 per cent of those surveyed reported their experience of hate crime to the police.

- Reasons for not reporting such crimes included fear that doing so would involve disclosure of the trans person's gender identity with negative consequences; lack of confidence that they would be treated fairly and appropriately by police (for example, police not treating the attack seriously, or being inappropriately searched).

- Some trans people who had contact with the police reported being treated inappropriately. Police officers have been found to feel less knowledgeable and confident in how to deal with trans people than LGB people.

- Trans people are over-represented in prisons, although it is not clear why. If they are pre-operative, trans people will be incarcerated in a prison for their natal sex. It is extremely difficult for them to continue living as their chosen sex without the fear of bullying, violence and sexual assault. There was a complete absence of studies on sexual or domestic violence experienced by trans people and how the police would respond.

5 HOUSING NEEDS AND HOMELESSNESS

5.1 Introduction

No research specifically on trans people and housing was identified for the review. However, there are some relevant findings in more general studies. Whittle *et al*'s (2007) general survey of trans experiences included questions on housing. Stonewall Scotland (2007) explored the housing needs of LGBT people and their views on a proposed set of LGBT housing standards through focus groups. This research focused on LGB people, but it included a small number of trans respondents, although the report does not state how many, making it difficult for the reader to evaluate how representative the findings may be.

5.2 Housing needs

The little literature there is within this area suggests that trans people are at increased risk of discrimination or exclusion from family and neighbours, which may have an impact on their ability to live with their family of origin or in their community of origin. Whittle *et al* (2007, p. 17) report that '20 per cent of respondents felt informally excluded from their local community and neighbourhood since their transition'. Stonewall Scotland (2007) report from their sample that 'two people who identified as transgender (and who lived together) had been experiencing threatening harassment at the "hands of neighbours on a daily basis" '.

It is possible that such treatment from neighbours or family will trigger a housing crisis, potentially leading to homelessness. In Morton's 2008 trans survey 25.4 per cent of respondents (18/71) stated that they had previously had to move out of their home (often ending up homeless) due to transphobic reactions. In this research 4.2 per cent (3/71) of respondents reported that they were currently homeless. The risk of homelessness may be particularly acute for trans people since many may be in insecure accommodation. Whittle *et al* (2007, p. 58) found that 22 per cent of their respondents lived in the private rented sector or private lodgings (the least protected housing and tenancies there are), compared with a national average of 13 per cent.

5.3 Access to housing services

The literature suggests problems for trans people in accessing housing services. Although Stonewall Scotland (2007) notes positive experiences of trans people accessing housing services, they also note experiences of trans people feeling reluctant to disclose their gender identity to housing officers, insensitivity and transphobia from housing officers, and inappropriate housing being offered. Whittle *et al* (2007) are highly critical of housing legislation, which they see as limiting access to housing services. They argue that:

'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 housing applications… 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' (Whittle et al, 2007, p. 75).

5.4 Best practice and recommendations

The only housing policy recommendation found for the review was Whittle *et al's* (2007, p. 62) call for 'priority in housing needs to be afforded to trans people experiencing abuse and harassment in their accommodation'.

There also appears to be a lack of best practice initiatives. The review found examples of housing initiatives which would accommodate trans people, such as various schemes run by Stonewall Housing in London,[xx] but these were all designed primarily to meet the needs of LGB people. There are no examples of trans-only housing initiatives designed to meet their specific needs, placing trans people at great risk of housing vulnerability and crisis. The value of housing dedicated to the needs of trans people requires exploration. Research discussed in chapter 11 suggests that trans people may value networks of other trans people.

5.5 Research gaps

Housing and trans people appears to be an especially under-researched area. Stonewall Scotland (2007) note that 'the housing needs of transgender people have received little attention and it should be acknowledged that much of the existing housing research focuses on lesbian, gay and bisexual issues'. This dearth of research exists despite evidence which points to trans people having particular issues around housing which are in need of further investigation. This could include whether housing issues are different for different subsections of the trans community, for example young people. Future research might also examine the experiences and needs of trans people in relation to housing in order to develop best practice guidance.

5.6 Summary – Housing

- There was no research specifically on the housing experiences and needs of trans people, although there was some evidence surrounding these issues in general research on this population.
- In one Scottish survey 25.4 per cent of trans respondents had had to move out of their

home due to transphobic reactions. Trans people may be particularly at risk of housing problems as a result of transphobic reactions by family and neighbours.

- Trans people were often reluctant to disclose their gender identity to housing officers because they feared insensitivity in the way they would be treated. Trans status or gender identity was not monitored in housing services procedures.

- There were no examples of housing initiatives specifically designed to tackle homelessness among trans people.

6   EDUCATION

6.1   Introduction

There appears to only be a thin body of research in the UK on trans people's experiences in education. This may be partly because many trans people do not 'come out' as trans until adulthood because of fears of discrimination and many trans people may not recognise their 'true' gender identity until adulthood (GIRES, 2008b). Nevertheless, the review suggests that discrimination in educational settings is a significant problem for trans people.

6.2   Experiences of discrimination

There is no known research directly concerned with understanding trans discrimination within schools, though two general studies included questions on this issue. Both suggest that transphobic bullying is widespread, and that provision for trans people in schools is inadequate. Keogh *et al* (2006) researched the needs and experiences of LGBT people in Lambeth, and within their sample were a small number of trans people (24). Experiencing problems in school was more widely reported by trans respondents (75 per cent) than LGB respondents (21 per cent). The authors report that trans people face problems similar to those they may encounter within the workplace: respondents 'felt isolated and needed to stay "in the closet", harassment from teachers and other students, they had been prohibited from using or expelled for using the 'wrong' toilet facilities, and their institution did not have a trans acceptance policy'.

Whittle *et al* (2007) report similar problems in schools from their much larger sample of trans people. They collected data on whether respondents had experienced bullying and, if so, what forms it took. They report a marked difference between MtF people and FtM people: 64 per cent of FtM people had experienced harassment or bullying and 44 per cent of MtF people had experienced harassment or bullying from staff or pupils (p. 63). This, they say, questions the common assumption that 'sissy boys' are treated worse than 'tomboys'. They also argue that uniform regulations in schools often discriminate against trans pupils, who may be uncomfortable in the uniform of their natal sex (see also Hines, 2007b, p. 51).

6.3   Gender identities in schools

There appears to be a lack of research which explains why trans people are susceptible to bullying and other discrimination in schools. It is possible that constructions of heterosexual masculinity and heterosexual femininity within schools may disadvantage trans people. The findings of studies of homophobic bullying in schools may be applicable to trans people since many of them report that it is non-

normative gender behaviour (for example boys acting in 'feminine' ways), not necessarily the victim's sexual orientation, which is the cause of the bullying. Therefore, expressing trans identity in schools may lead to homophobic types of abuse, regardless of whether the pupil is LGB themselves or not.

Various studies have focused on the issue of masculinity and peer socialisation among boys as a way of tackling homophobic bullying in schools. It has been found that boys and young men, whether or not they identify as gay or bisexual, appear to be particularly sensitive to comments that call into question their heterosexuality and masculinity, sometimes reacting violently to such suggestions (Thurlow, 2001; Kimmel, 2003). Phoenix *et al* (2003) conducted 45 group discussions and two individual interviews with 11–14-year-old boys attending 12 London schools. They found that a key theme in the boys' accounts 'was the importance of being able to present themselves as properly masculine in order to avoid being bullied by other boys by being labelled gay'. It is possible therefore that they would also react violently to others who do not conform to gendered stereotypes and behaviours.

Other research suggests the importance of peer influence on the views of boys about homosexuality. For example, Ashley's study (2003) of children in primary school concluded that peers, not teachers, are the key role models for boys. Findings from Phoenix *et al*'s (2003) study showed that some boys from ethnic minority communities particularly pursued 'hyper'-masculine identities, including the overt display of violence and/or sexual prowess in order to demonstrate that they were not gay.

By comparison, there is relatively limited discussion of the role of heterosexual femininity in homophobic bullying. Warwick *et al* (2004 p. 12) report that physically active girls are particularly likely to have their heterosexuality questioned due to the traditional link between masculinity and sport. They state: 'this not only limits some girls' and young women's willingness to participate in sports but also can affect their romantic relationships. Being teased or bullied for not going out with a 'proper girl' may encourage some boys to end the relationship (Cockburn and Clarke, 2002). The result is that the activity and behaviour of girls is restricted and controlled for fear of being labelled masculine and called a lesbian.

It is possible to infer that trans people may experience the types of discrimination LGB people do. Indeed, it is possible that trans people experience homophobic abuse since their non-normative gender presentation is considered by peers to be associated with homosexuality, regardless of whether they actually are LGB. Addressing homophobia in schools may result in benefits for trans people.

6.4   Education levels

Despite the apparently high incidence of discrimination against trans people in schools, Whittle *et al* (2007) report that their respondents were on average better educated than the national average, although there was also a higher proportion at the lower scale of educational achievement. To explain the higher achievers, Whittle *et al* (2007) note that the gender reassignment process is so complex that the better educated may find it easier to progress. We would also suggest that the methodology they used may have favoured the better-educated: as a 30-minute online self-completion questionnaire it may have favoured those trans people with IT knowledge and better education.

6.5   Best practice and recommendations

There were very few examples of best practice in education, which is unsurprising given that there is very little research which identifies the needs of trans people in educational settings. One relevant best practice guide, written by the Equality Challenge Unit (2008), is for higher education institutions with trans staff or students. This provides guidance on the relevant legislation, general principles for dealing with trans people, and practical steps to eliminate discrimination. Within the last area, there is advice on degree certificates, insurance, recruitment, pensions and single-sex facilities. There is also detailed guidance about supporting a person through the transition process and afterwards, and how to discuss the transition with other people. Finally, a section on bullying and harassment provides examples of unlawful discrimination and suggestions on steps that can be taken to prevent it (Equality Challenge Unit, 2008, p. 2). The Equality Challenge Unit (2004) has also provided a guide for employing trans people in higher education.

6.6   Research gaps

There is a need to quantify the educational outcomes of trans people. The Scottish Executive (2006) recommends more research on the 'needs and experiences of transgender young people in education, in partnership with transgender organisations' Whittle *et al* (2007, p. 67) call for research into the experience of trans identified or masculine female adolescents, and their need for protection from bullying. They also recommend research into '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' (ibid, p. 67). Other research may need to look at the educational outcomes for trans people where they have experienced bullying.

Other neglected areas of research include the extent to which schools and colleges have existing policies on transphobic bullying, the experiences of trans teachers and lecturers, and the experiences of trans people in higher education.

6.7   Summary – Education

- There is a need for research on the experiences of trans people at school and for a review of whether existing anti-bullying policies in schools and colleges address transphobia.

- Research on the experience of trans people at school was very limited. This may partly be because many trans people usually do not 'come out' as trans until later in life.

- What research there is suggests that a higher percentage of trans people experience bullying at school (75 per cent) than LGB people (25 per cent).

- 64 per cent of FtM trans people had experienced bullying from staff or pupils; 44 per cent of MtF trans people had.

- There may be links between homophobic and transphobic bullying in schools since it is non-normative gender behaviour that is often the spark for bullying rather than sexual orientation. Addressing homophobic bullying in schools may also help challenge transphobic bullying.

- Some evidence suggests that trans people may be more highly educated than the general population. It was unclear whether this was the result of actual differences or research methodology that relied on Internet recruitment with IT-literate people.

7 ECONOMIC STATUS AND EMPLOYMENT

7.1 Introduction

The economic status and employment of trans people was one of the areas where most research has been conducted, possibly because of the legacy of legislation prohibiting discrimination on the grounds of gender reassignment at work.

For those receiving gender reassignment treatment, functioning successfully in their acquired gender at work may be crucial. According to Whittle *et al* (2007), the failure to demonstrate this may result in a rejection of the application for a Gender Recognition Certificate. However, the review identified a range of research which suggests that the working environment may be problematic for trans people because of transphobia and discrimination. Besides the implications for those seeking a Gender Recognition Certificate, research suggests problems at work may have other wider impacts for trans people. For example, a study in America of 402 trans people found that 'experiencing economic discrimination because one is transgendered had the strongest association with experiencing a transgender-related violent incident' (Lombardi *et al*, 2001, p. 89).

7.2 Economic status

The literature is somewhat contradictory regarding the economic status of trans people. Whittle *et al*'s (2007) survey of 872 trans people found that the proportion of trans people in the highest occupational classes far exceeded the national average, as did the proportion of trans people achieving the highest educational level. The former finding is supported by Whittle (2000). However, other research suggests that trans people hold a less favourable economic position. Morton (2008) found that '54.9 per cent (39/71) of the survey respondents have a HND/degree or postgraduate degree but only 29.5 per cent (21/71) of respondents have a gross annual income of over £20,000 and 47.9 per cent (34/71) of respondents have a gross annual income of under £10,001'.[xxi] a:gender (2007a) state that trans persons are consistently found to be working at levels well below their capability. This is unlikely to be explained away by interruption to careers to undergo gender reassignment as any consequent workplace absence is likely to have been minimal. More plausible explanations might include changing job (voluntarily or forced) which may entail difficulty in being successful at obtaining a post at the same level or indeed, a job at all. In their report on the needs and experiences of LGBT people in Lambeth, Keogh *et al* (2006) also found that 'trans people were more likely to have problems with debt or paying bills (54 per cent) than others (32 per cent). As indicated earlier, the above studies are indicative, not representative.

Aside from research into the economic position of trans people, two studies have shed light on the types of employment of trans people. Trans people may be particularly likely to work in the public sector. A 2000 survey of 208 transsexual people found that pre-transition, 28 per cent of respondents worked in the public sector, but this rose to 42 per cent post-transition (Whittle, 2000). Trans people may also be particularly likely to be self-employed: Morton (2008) found that 19.7 per cent (14/71) respondents were self-employed.[xxii] Although it is not clear why this is, we would speculate that some trans people may avoid situations where they have less control over their work environment and the people with whom they have day-to-day contact.

7.3   Experiences of discrimination

As discussed in section 1.5 the right to be protected from discrimination for transsexual people in employment was established by the Sex Discrimination (Gender Reassignment) Regulations (1999). Nevertheless, research indicates that many trans people are still experiencing problems in employment. Only those people intending to undergo, undergoing or having undergone gender reassignment are specifically covered by employment law, but trans people not yet embarking on gender reassignment have less protection.

Whittle *et al* (2007) surveyed respondents on their experiences of discrimination at work. They report that 'nearly 29 per cent of respondents experienced verbal harassment (comments) at work and some also experienced verbal abuse (name calling) and threatening behaviour or physical abuse' (p. 37). Keogh *et al* (2006) found that trans respondents were more likely than LGB respondents to experience problems at work (33 per cent versus 13 per cent). a:gender (2007a) also report on research by trans campaigning groups which suggested that over 50 per cent of transsexual people suffer discrimination and harassment at their place of work. One in four feel obliged to move to another job as a consequence of bullying and harassment and 42 per cent of those who identify as having an unfulfilled need for gender transition, cite the workplace as the reason for their not living in that gender.

Particular problems may occur around transition. Whittle *et al* (2007) found that post-transition 22 per cent of respondents had to use the toilet of their former gender or the disabled toilet. This problem has formed the basis for employment tribunal claims. In a study on the experiences of recent employment tribunal claimants, Denvir *et al* (2007) cite an example of a MtF trans employee being refused permission to use the ladies' toilet. It also includes a report of a MtF employee demoted to performing tasks far less challenging than those which she did as a man. Denvir *et al* (2007) do not specify what the outcomes of these claims were. We identified cases, however, where trans people had had claims upheld and had been awarded substantial payouts.[xxiii] While

transsexual people may be well covered by employment law, trans people who do not fit the narrower definition of transsexual are less well protected.

Despite research highlighting the problems of trans people at work, and the legal obligations of sex discrimination legislation, Whittle's (2000) survey of transsexual employees found that many employers did not have anti-discrimination policies.

7.4   Transitioning at work

Some research has investigated the experiences of trans people transitioning at work. Schilt and Connell (2007) conducted in-depth interviews with MtF and FtM people in Texas and California on how they re-defined their gender identity. In the UK, Barclay and Scott (2006) studied the transition of a MtF person working in a public sector organisation. They used participant observation and in-depth interviews with the person herself and colleagues.

Hines (2007b) suggests that the work environment may affect how trans people 'come out'. Her research involved interviews with 30 trans people, of whom 13 were MtF, 13 were FtM and 4 considered themselves as bi-gendered. She found that respondents who were particularly worried about workplace discrimination viewed 'passing' as more important than their chosen gender and so would reproduce either male or female normative behaviour.

7.5   Best practice recommendations and equality monitoring

There appear to be a number of best practice guides for employers with trans employees, including information in relation to equal opportunities monitoring in employment. The review identified six, and also some best practice recommendations in Whittle *et al* (2007). Firstly, the Press for Change Employment Working Group wrote a code of practice for the UK Parliamentary Forum on Transsexualism (Press for Change Employment Working Group, 1998). This provides guidance to employers on recruiting trans people, supporting them during employment (including when medical treatment is required), and the legislative context. This document is now somewhat out-of-date, especially since the legislative context has changed considerably since it was published.

The Women and Equality Unit (now the Government Equalities Office), who were part of the now defunct Department for Trade and Industry, have also produced a guide for employers with transsexual employees (Women and Equality Unit, 2005). Part one of this outlines the legislation relevant to trans people in employment. Part two provides best practice guidelines around managing trans people's transition. It suggests that employers should agree a transition action plan with the employee. This includes

things like agreeing timescales off work for treatment, when colleagues should be informed of the transition and when to start using the toilets of his/her chosen gender.

The public sector union UNISON provide a 'factsheet [which] gives information about the rights of trans people at work and suggests good practice for employers and UNISON branches. It includes information on the law, support for members undergoing gender reassignment and checklists for negotiating and for branches' (p. 1). The best practice recommendations section is brief, but provides guidance similar to that of the Women and Equality Unit's (2005) guide, particularly emphasising the need for the employer and employee to agree on the transition process.

The Equality Challenge Unit (2004) provides a comprehensive guide for all managers and members of staff working in higher education institutions who employ trans people. Part A provides general background to trans people and the condition of gender dysphoria. Part B provides detailed analysis of how institutions can support staff at various stages in this process and makes recommendations for best practice.

The Equal Opportunities Commission (2007) published guidance on meeting the Gender Equality Duty for transsexual staff for public bodies in England, Scotland and Wales. It suggests a number of outcomes as indicators of whether or not a public authority has been successful in meeting the Duty. It also recommends five steps that should be followed and policies and practices that should be revised to ensure they have adequately considered trans issues within the Gender Equality Duty.

a:gender (2007a) provide best practice guidance on employment practice and equal opportunities monitoring in employment on trans issues. In addition to the best ways to ask questions about trans status discussed in section 2.4 above, the authors identify a number of other issues related to good practice when dealing with these issues. For example, in relation to recruitment they suggest that employers should avoid asking for previous names that may reveal a person's prior gender identity and consider carefully whether gender identity monitoring at the stage of recruitment may deter some trans people from applying for a job. They suggest that employers also produce, 'clearly defined equal opportunity and diversity policies that include protection from discrimination on grounds of gender identity, and receive visible managerial endorsement', and conduct 'diversity impact assessment of workplace policies and procedures that takes account of factors relating to gender identity'.

In relation to equal opportunities monitoring in employment a:gender (2007a) give a number of points to good practice. Some of these were discussed in relation to producing an appropriate question on trans status or gender identity in surveys in section 2.4. However, it is worth reiterating here that these included: treating gender identity as a separate issue from gender/sex and sexual orientation for monitoring purposes; and using wording for the monitoring question(s) that would include people

who have not yet transitioned but who intend to do so and other people who would like to transition but who feel unable to do so because of prejudice. Suggested wording includes: 'Do you live and work permanently in a gender other than that assigned at birth, or have you advised workplace management of your intention to do so?' and 'Do you need to live and work permanently in a gender other than that assigned at birth, but currently feel prevented from doing so because of reasons connected with the workplace?'. However, the authors suggest the equality monitoring should not solely rely on quantitative monitoring but can also be achieved through examination of grievance reports, exit interviews, and engagement with trans representative groups and networks within an organisation.

a:gender (2007a) stress the need for privacy, confidentiality and anonymity when collecting data on gender identity for equality monitoring purposes. They emphasise that many trans people are sceptical about the need for their employer to know their trans status (particularly when they have transitioned) and about human resources departments within their own organisations handling equal opportunities monitoring returns. In a survey conducted by a:gender (2007b) they noted that 'only 21 per cent of respondents were comfortable with gender identity monitoring data being linked to personnel records; only 4 per cent of respondents were confident that monitoring data linked to personnel records could not lead to disclosure; and only 14 per cent viewed human resources departments as their preferred body responsible for monitoring'. The authors state that it is insufficient to state on monitoring forms that 'only a few people will have access to the returns'. Information 'gathered, stored or used, relating to an individual's gender history is not only subject to the Data Protection Act but also, quite possibly to the privacy requirements of section 22 of the Gender Recognition Act, whereby it is a strict liability, criminal offence to disclose the gender history of an individual who holds a Gender Recognition Certificate'. Monitoring gender identity should therefore ensure anonymity and avoid the gathering of such information in small populations where individuals might be identifiable by colleagues. Statistics should not be linked to other factors such as grade/job title etc in such a way as to make a trans person identifiable. Ideally, 'an independent, remote agency is the recommended body for handling of monitoring returns, and HR departments the least so'.

Finally, Whittle *et al* (2007) make some recommendations to reduce discrimination against trans employees. These include trans awareness training for managers and Human Resources staff, and the extension of the statutory definition of transsexuality to include non-transsexual trans groups, who at present are not fully protected under gender legislation.

7.6 Research gaps

There remains a lack of official data on the size of the trans workforce and on the discrimination and inequality this group faces relative to the mainstream population. There is a lack of qualitative research on trans people's experiences of employment, particularly around their experiences of discrimination, which surveys suggest is common. Further research should investigate whether current legislation adequately protects trans people in the workplace, which could include a systematic review of cases where formal grievances have been raised and/or where cases have reached employment tribunal. Moreover, Whittle *et al* (2007) propose that there should be more research on why employers are not protecting trans employees. Other research might examine the response of employers to trans issues and employment legislation protecting trans workers, including the extent of good practice on equality monitoring and mapping of good employer practice. Such research could be fundamental in increasing employers confidence in handling trans issues in the workplace.

7.7 Summary – Economic status and employment

- Trans people may have relatively low incomes and have been found to be working at levels below their capacity. They were more likely to work in the public sector post-transition (42 per cent) than pre-transition (28 per cent). They were also particularly likely to be self-employed.

- Trans people have been found to be more likely to have problems with debt or paying bills (54 per cent) than others (32 per cent) and to think that their gender identity is related to these problems (46 per cent) than others (5 per cent).

- Despite legal protection from discrimination in employment since 1999 for people who have undergone or plan to undergo gender reassignment, trans people still experience discrimination at work. People who do not plan to undergo gender reassignment receive little or no protection.

- Up to 50 per cent of transsexual people experienced discrimination or harassment in their workplace; 42 per cent of those who identified as having an unfulfilled need for gender transition cite their workplace as the reason for them not living in that gender.

- Particular problems of discrimination and harassment occur around transition. Employment tribunal cases included trans people being refused permission to use the toilet of their acquired gender (MtF) or being demoted to perform less challenging tasks after transitioning (FtM).

- Many employers lack anti-discrimination policies on gender identity despite the existence of a number of best practice guides and fact sheets.

- A number of good practice initiatives have been suggested in relation to employment (for example avoiding asking for previous names on recruitment forms; having in place

appropriate equal opportunities policies and monitoring that address trans issues).

- Important considerations in relation to equal opportunities monitoring of trans issues included: treating gender identity as separate from sex and sexual orientation, the increased importance of privacy, confidentiality and anonymity in the collection of data, having external agencies gather equal opportunities monitoring data in small organisations where monitoring may lead to the disclosure of gender identity.

8   HEALTH AND SOCIAL CARE

8.1   Introduction

A number of useful sources were identified for understanding the health and social care needs of trans people and their access to services. Fish has produced possibly the most comprehensive resource on LGBT health and social care issues in the form of 13 separate briefings sponsored by the Department of Health.[xxiv] Amongst these are a separate briefing on trans people's health (Fish, 2007b) and a briefing on improving access to health and social care for LGBT people which includes a separate section on trans people (Fish, 2007a). Other sources include Laird and Aston's (2003) research into the health needs of trans people in Scotland through three qualitative workshops respectively with MtF people, FtM people and transvestite people, and Whittle *et al*'s (2007) national survey of 872 trans people which included questions on experiences of access to healthcare services.

8.2   Health needs of trans people

Perhaps the most obvious healthcare needs for trans people are around gender reassignment treatment. However, like other people, trans people have wider health and social care needs, although there is a considerable paucity of research in this field. Much of what has been conducted was in the USA, particularly around the assertion that there is a particularly high incidence of HIV infection in the trans population. However, it is not clear whether these findings are applicable to the UK.

Despite the lack of research, Fish (2007b) suggests that trans healthcare needs may relate to experiences of isolation, discrimination and transphobia. She notes that 'these experiences place many trans people at risk of alcohol abuse, depression, suicide, self-harm, violence, substance abuse and HIV'. Some evidence for a high suicide rate is provided by Whittle *et al*'s (2007, p. 78) survey of 872 trans people which reported that 34.4 per cent of respondents had attempted suicide at least once. This is perhaps unsurprising since research (for example, Hines, 2007a) has highlighted the loneliness of many trans people.

Trans people may also be particularly likely to be disabled. In a survey of 71 trans people in Scotland, 37 per cent (26/71) reported being disabled.[xxv] The two most frequent types of disability – mental health disability and mobility disability – were reported by 20 per cent (14/71) and 14 per cent (10/71) of respondents respectively. However, further investigation into the types of mental health conditions is required as a psychiatric diagnosis is required for gender reassignment which may influence the number of people identifying as having a mental health condition. However, Whittle *et*

al (2007, p. 29) found only a small difference between the disabilities averages for respondents and the UK as a whole (15 per cent compared with 14.4 per cent). This was a much larger survey than that conducted by Morton (2008).

8.2.1 Diversity

Given the diversity of the trans population, it would be reasonable to assume that different subsections of this community have specific health needs. This is supported in research which considers the needs of different subsections separately. However, as with research on the general health issues of LGB people, there are few such studies, all of which are small-scale.

One important study was conducted by Laird and Aston (2003). They report that MtF people and FtM people had different health needs. Whilst there were a number of similarities surrounding stress, anxiety, suicidal thoughts and distress about body parts, there were also differences. For example, MtF transsexual people reported having to pay for electrolysis whilst FtM trans people reported problems acquiring chest surgery.

Younger and older trans people may have specific health needs, although little if any research has investigated this. Keogh *et al* (2006) note that the paucity of research into older people will likely change as more post-operative transsexual people age. They speculate that there will be specific issues around geriatric trans health, along with specific issues around ageing and cross-sex therapy. Fish (2007b) suggests that specific issues for younger trans people may be high rates of substance abuse and high-risk sexual behaviours, although the research supporting this assertion is from the USA (see Garofalo *et al*, 2006).

8.2.2 Risk of HIV/AIDS

No UK research was identified on trans people and risk of HIV/AIDS. Research from the USA suggests that transsexual people have particularly high HIV/AIDS infection rates. For instance, Garofalo *et al* (2006) conducted a convenience sample survey of 51 American MtF ethnic minority people aged between 16 and 25. They found that 22 per cent reported being HIV positive. Kenagy (2005) and Stephens *et al* (1999) also found high incidences of high-risk sexual behaviour among trans people in the USA. Further research is required to explore this issue in the UK context and with more representative samples.

8.3   Access to healthcare

The research paints a picture of discrimination in healthcare against trans people and inadequate service delivery, both in gender reassignment treatment and other areas.

8.3.1 Discrimination from health and social care staff

Research highlights the experiences of transphobia of trans people accessing health and social care. GPs have a crucial role for individuals in the process of seeking gender reassignment treatment. According to Whittle *et al* (2007, p. 43), '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'. However, some of their respondents reported discriminatory treatment from their GP. The authors advise that '21 per cent of respondents' GPs either did not want to help, or in 6 per cent of cases ,actually refused to help. This is an improvement of 50 per cent compared with the experience of services over 15 years ago' (p. 16).

Other research has similarly pointed to difficulties with health and social care staff. Respondents in Laird and Aston's (2003) focus groups reported experiences of GPs and psychiatrists having little or no knowledge of trans issues, or giving inappropriate advice. Speer and Parsons (2006) investigated the nature of psychiatric assessment in a leading NHS Gender Identity Clinic. They note that in such a context psychiatrists have renowned gatekeeping roles. They analysed the performance of this role in the psychiatrist's use of hypothetical questions such as asking the patient to imagine a time when their treatment was withdrawn.

Beyond gender reassignment treatment, 29 per cent of Whittle *et al*'s (2007) respondents felt that their trans identity affected their experiences of healthcare in other areas (p. 46). Through their qualitative evidence, Whittle *et al* (2007) cite examples of inappropriate treatment for non-trans-related issues from medical practitioners to whom the patient's trans status had been revealed.

8.3.2 Service provision for gender reassignment treatment

Access to gender reassignment treatment appears to be a particular issue for trans people. According to Whittle *et al* (2007), problems remain despite a 1999 Court of Appeal ruling which recognised that gender reassignment is the appropriate medical response to gender dysphoria and thus Primary Care Trusts cannot operate a blanket ban on funding such treatment. They state that on average, trans people have to wait six years for treatment. However, a recent survey of trans people's satisfaction with NHS services reported that the average 'waiting time from specialist referral to first appointment at a gender identity clinic was 30 weeks', though they highlight that the NHS has since introduced a programme within which the aim is to ensure patients requiring consultant-led care receive treatment within 18 weeks from the point of initial referral (Shonfield and Gardner, 2008). Burns (2006) criticises current gender reassignment care pathways, suggesting that patients face many different barriers at different stages of treatment. Although this work was not based on primary research,

and is the opinions of the author, empirical work has suggested some of the problems she describes. Respondents to West's (2004) study of the healthcare needs of trans people in Brighton and Hove reported dissatisfaction with the Charing Cross Gender Identity Clinic, the UK's primary transsexual clinic to which all gender dysphoric patients in Brighton and Hove are referred. Systems at the clinic were considered by respondents to be poor, often appointments were cancelled at short notice, and psychiatrists were considered dogmatic in their views. Respondents perceived an unresponsive 'one size fits all' approach to treatment.

The suggestion that gender reassignment treatment follows a 'one size fits all' approach is also made by Hines (2006). She argues that only those who articulate the current medical understanding of gender dysphoria are granted gender reassignment, whilst those whose gender identities are more complex or ambiguous are denied treatment. Elsewhere Hines (2007b) suggests that trans people will conform to the medical discourse on transsexualism in order to ensure they receive treatment. This discourse centres on the sense of 'being in the wrong body'. Patients may articulate this in interactions with psychiatrists, glossing over or denying experiences which do not conform to it. One of Hines' (2007b) respondents mentioned that she simply gave doctors the answers that she knew were required to continue treatment. According to Cromwell (1999, cited in Hines, 2007b), this type of response has led to the replication of a simplistic view of transsexualism which fails to capture the diversity of trans experience. These issues also highlight the wider issue of medical staff being 'gatekeepers' to treatment: Hines (2006, cited in Hines, 2007a, p. 475) observes that 'medical practitioners and psychiatrists work as regulators within a system that largely continues to pathologise the transgender experience'. The above issues could help to explain why, according to GIRES (2008), 23 per cent of adults who present with gender dysphoria obtain treatment from the private sector.

8.3.3 Service provision in other health and social care areas

Research has revealed examples of inadequate access to other healthcare services for trans people. McLean and O'Connor (2003, p. 14), who conducted focus groups with representatives from LGBT organisations in Scotland, report 'views which highlighted the lack of services aimed specifically at the general health needs of transgendered people'. One theme to emerge from several pieces of research are reports of trans people being placed in inappropriate hospital wards (Whittle *et al*, 2007; Laird and Aston, 2003; Fish, 2007b). Fish (2007b) also notes how subsections of the trans community have inadequate access to services to meet their specific healthcare needs. She reports that some intersex women report being repeatedly asked about their last period and contraceptive use, and some are given smear tests despite not possessing a cervix. Also, she notes that FtM people are rarely included in breast screening programmes, that MtF people are rarely offered prostate screening, although

we would note the risks to transsexual people of breast and prostate cancer are not clear.

There may be issues with trans people accessing social care services. However, no studies on trans people's experiences of this could be identified. The only relevant literature is the Commission for Social Care Inspection's (2008) LGBT good practice guide for social care which surveyed social care providers. The authors note that 'six of the 400 services in the sample had carried out some work on gender identity, in every case in response to having a transgender person using the service' (ibid.).

8.3.4 Health policies

Despite the problems discussed in the previous sections, it seems that the Government is taking steps to improve access to healthcare services for trans people. In its strategy document for its 'Single Equality Scheme' for 2007 to 2010 (Department of Health, 2007a), it notes several schemes specifically for trans people. These include a project to map existing models for provision of services to people undergoing gender reassignment in England, and developing an action plan to minimise discrimination against trans people. It also notes that the Department of Health established the 'Sexual Orientation and Gender Identity Advisory Group' (SOGIAG) to develop a health and social care strategy for LGBT people, but this has since been superseded with the Lesbian, Gay, Bisexual and Transgender Advisory Group in 2008. One of the group's four work streams is dedicated to trans people, and is chaired by Christine Burns, a trans woman and long-time advocate for the trans community.[xxvi]

8.4   Best practice and recommendations

8.4.1 Health services

The Parliamentary Forum on Transsexualism (2006) has provided guidelines for healthcare providers who commission treatment services for individuals experiencing gender dysphoria or transsexualism. The Department for Health has published guidance for GPs and other healthcare professionals on addressing the health needs of trans people (GIRES, 2008a), along with a number of guides for trans people themselves.[xxvii] In the USA, Kirk and Belovics (2008) have written a best practice guide for counsellors to understand and help trans clients who are experiencing problems related to employment discrimination.

Whittle *et al* (2007) make several best practice recommendations. They suggest that 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 healthcare.

- 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 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 healthcare 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' (Whittle *et al*, 2007, p. 51).

8.4.2 Social care services

Three best practice guides were identified: the Commission for Social Care Inspection's (2008) guidance for providers to meet the criteria of the Department of Health's (2007b) 'Putting People First' social care agenda; Johnson (2001), which discusses trans people's social care needs and makes recommendations for provision; and Burns (2005), which focuses more specifically on evaluating care services for trans people. The Commission for Social Care Inspection (2008) is a social service publication, while Burns (2005) and Johnson (2001) are published respectively by Press for Change and the Beaumont Society, both of which are trans organisations.

The bulk of the Commission for Social Care Inspection's (2008) guide focuses on LGB people, but it does include a short chapter on trans people. This provides some general principles for trans social care delivery and some specific recommendations, particularly around the need for equality policies, staff training and conventions in interactions with trans people (such as addressing them by the title appropriate to their chosen gender, for example 'Mr' for FtM people).

Johnson (2001) is apparently the most comprehensive UK study of care within trans communities (Hines 2007a, 2007b). The report provides a discussion around the general issues for trans people in care, both informal and residential, and information on certain trans health needs such as hormone replacement therapy. She also provides many recommendations for residential carers to meet the needs of trans people (particularly around allowing the trans person to express their gender identity,

and to fight discrimination), and also for local authorities/ funding bodies, which are specifically to:

- ensure that assessment procedure and processes incorporate the trans reality
- make necessary information available to residents and potential residents or clients of care services to enable them to make personal choices
- ensure that trans projects are supported not only in terms of financial concerns, but also other broader resource issues, for example training opportunities
- establish and maintain fruitful relationships with trans projects
- review their terms and conditions of funding to be aware of the possibility of the abuse of trans projects
- ensure social services inspection teams are aware of and understand trans needs, cooperate with trans groups and allow lay assessors to be involved with inspection teams if there are concerns for trans people in residential care.

Finally, Burns' (2005) explains that her best practice guide *A Basis for Evaluating Care Approaches and Services for Trans People in the UK* 'defines a set of generalised criteria by which care services for transsexual people, and their underlying governance protocols, can be evaluated against contemporary healthcare principles and in terms of acceptability to the client group'. She describes seven principles which constitute a 'manifesto for care', and seven ways through which the impact of care standards and actual services can be measured.

It is not clear the extent to which the guidance offered by Burns (2005) and Johnson (2001) is based on research evidence. For example, Johnson (2001) contacted 120 of the UK's leading social and residential care organisations but it did not clarify how this contributed to her findings. Burns' (2005) guide does not appear to be the product of primary research. It is possible that the guidance that has been produced could be improved and further refined through the production of further research in this field.

8.5   Research gaps

There is almost a complete absence of research on accessing social care services for trans people.

There have been no large-scale surveys focusing on the healthcare needs of trans people, as there have been for LGB people (for example, Hunt and Fish, 2008 for lesbian and bisexual women). The benefits of such a survey for understanding the health needs of trans people could be considerable but specifically could include providing evidence from a larger sample for the findings made by Aston and Laird

(2003) regarding the health needs of MtF and FtM people. It could also help to establish whether findings from the USA about the incidence of HIV/AIDS infection amongst trans people in the USA are applicable to the UK. Future research might also examine the issues around mental health, sexual health and physical health more systematically and examine how subsections of the trans population may experience health inequalities in different ways. The relationship between evidence and best practice guidance could also be improved and/or clarified, including mapping whether and how such guidance is being implemented.

8.6   Summary – Health and social care

- People may wait up to six years for gender reassignment treatment from the NHS. Gender reassignment pathways were criticised for a 'one size fits all' approach. Those with more complex or ambiguous gender identities that do not fit a rigid medical model of gender dysphoria may be denied treatment. Many trans people may be forced to seek treatment in the private sector.

- Other health and social care issues for the trans population included isolation, risk of alcohol abuse, suicide, self-harm, substance abuse and possible higher rates of HIV infection.

- There were also problems with access to health and social care. In one survey, 21 per cent of respondents' GPs either did not want help or, in 6 per cent of cases, actually refused to help a trans person. There was a lack of health services targeted specifically at trans people outside of gender reassignment provision.

- A number of policy and best practice initiatives had begun to develop in relation to the health and social care of trans people. Common themes across them included, among others, the need for healthcare policies on trans issues, training on these issues for healthcare practitioners, assessment procedures and processes that incorporate trans awareness, treating trans people as not sick but different, and funding for trans services.

- There were no large-scale surveys or research that focused specifically on the health and social care needs of the trans population.

9   MEDIA, LEISURE AND SPORT

9.1   Introduction

In this section the portrayal of trans people in the media, trans people's access to leisure and recreational facilities, and trans people in competitive sport is reviewed. There was a notable lack of research in each of these areas. The work tended to either be written specifically for the political movement for trans equality (for example, Burns, 2004), or were studies which did not focus on media, leisure or sport but which nonetheless had some relevant findings (for example, Whittle *et al*, 2007; Keogh *et al*, 2006).

9.2   Media

Trans people may be portrayed negatively in the press. Whittle *et al* (2007) suggests that there is a particular problem for MtF people who 'are rarely seen in a family setting, and the concentration is on the surgical procedures and not the social acclimatisation and ultimate acceptance' (p. 69).

One document related specifically to trans people and the media. Burns' (2004) report is based on messages emailed to herself and the Secretary of the Press Complaints Commission Code Committee. It notes how trans people often receive negative coverage in the media, and suggests that current regulations designed to prevent this are inadequate. It provides recommendations for changes to the Press Complaints Commission Code, specifically around ensuring that trans people are explicitly covered within it.

9.3   Leisure

There is some literature on trans people and leisure, most of which concerns trans people's use of recreational and sporting facilities, although there is also some relating to other areas of leisure.

9.3.1   Recreation and sports facilities

It was suggested that trans people have particular problems around accessing appropriate changing facilities in recreational and sporting facilities. Whittle *et al* (2007) found that 6.5 per cent of respondents had been asked to use toilet or changing facilities at a health centre or sports centre different from their acquired gender. However, they report that 47 per cent of respondents do not use health or sports centres for fear of this happening to them. In their study of the needs and experiences of LGBT people in Lambeth, Keogh *et al* (2006) found that trans respondents felt prohibited from using the Borough's recreational facilities, which was 'exacerbated by

the fact that fitness classes etc are often single gender and trans people fear the reception they will get if they enrol'.

Press for Change (2005) have written a best practice guide for sports and leisure providers to make their facilities more accessible to trans people. They write that 'this leaflet is intended to help you understand trans people and to provide practical ideas which can help you help trans people to continue to have a healthy lifestyle which includes exercise and social activities' (p. 1). In particular, the guide provides a number of suggestions for ensuring that trans people have access to their chosen gender's changing facilities.

9.3.2 Shopping and nightlife

There is some evidence to suggest that trans people may experience discrimination in other areas of leisure. Whittle *et al* (2007) found that while only 5.4 per cent of their respondents had experienced being refused services in a place such as a bar or restaurant, many more may have avoided putting themselves in a position where this could happen. Along similar lines, 10 per cent reported being discriminated against when using changing rooms in shops, but a further 25 per cent reported avoiding these facilities. Trans people may also experience problems in the LGBT community. Trans respondents to Beyond Barriers' (2002) survey of the lives and concerns of 672 LGBT people in Scotland reported that LGBT social settings were considered 'exclusive, a ghetto and threatening'. The report's authors therefore suggest that work should be done to make the LGBT community as inclusive as possible. This recommendation might also be widened to suggest that wider society be more inclusive of trans people, rather than restricting change to LGB communities.

9.3.3 Competing in sport

The participation of trans people in sport has traditionally been a controversial issue. Since 2003, transsexual athletes have been allowed to compete in the Olympics as their chosen gender provided they have fully completed gender reassignment treatment. However, some still argue that even MtF people who have completed hormone therapy may retain an unfair physical advantage, and in the UK trans people's participation in sport may be restricted by the Gender Recognition Act (2004). According to McArdle (2008), this would apply when it is not conducive either to 'competitive fairness' or 'safety'. McArdle (2008, p. 39) 'considers the difficulties in founding a prohibition on either ground, through reference to the medical literature and by considering relevant developments in other jurisdictions'.

The review identified one study relevant to the issue of trans people and discrimination in competitive sport. Caudwell (2007) conducted an ethnography of a lesbian-identified football team in England. She noted transphobic attitudes towards a trans player – a successful striker – in a rival lesbian team.

9.4   Research gaps

There is a need for comprehensive research into trans people and the media and representation/participation in sport and leisure.

Future research might consider systematic monitoring of the representation of trans people in the media equivalent to Cowan and Valentine's (2006) study of the BBC's coverage and portrayal of LGB people. It might also map the experience of access of trans people to arts, sports and cultural facilities, particularly those run by local authorities, with a view to how access might be improved in future.

9.5   Summary – Media, leisure and sport

- Trans people may be portrayed negatively in the press and are often portrayed as isolated in television coverage, with a focus solely on gender reassignment surgery to the exclusion of other aspects of their lives. There was a lack of systematic research that monitored the representation and portrayal of trans people in the media.

- There are particular problems for trans people in accessing changing facilities that are appropriate to their acquired gender in sports and leisure facilities, and in shops. Many trans people did not use these facilities in order to avoid such discrimination.

- Some trans people also experienced transphobia within the LGB scene and in LGB sporting groups.

10 COMMUNITY AND CITIZENSHIP

10.1 Introduction

Research has emphasised the importance for LGB people of networking with other LGB people in giving them access to people with similar experiences, and of providing a sense of identity. This may be similarly important to trans people, although only one study addressed this issue. The political participation and representation of the trans community was also under-researched.

10.2 Community

Two studies were identified on trans communities in the UK. Whittle (1998) suggests that the trans community has been transformed over the last 16 years: '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, cited in Whittle *et al*, 2007, p. 8). In this regard it is argued that cyberspace has facilitated community development which has created a new sense of trans identity.

Hines (2007a, 2007b)[xxviii] studied support and care networks within the trans community through in-depth interviews with 30 trans men, women and polygendered people. She found that the friendship of other trans people was considered by respondents to be important. However, the benefits of these friendships may change: shared experiences may be important during transition, but may become less important afterwards when commonality may become crucial (Hines, 2007b, p. 157).

Aside from existing friends, Hines (2007a, 2007b) emphasises the role of trans support groups in providing emotional and practical support. Participants also described how they reciprocated such help through supporting and guiding other trans people. Thus, she concludes that such care arrangements have been important in creating a trans community; nevertheless, she cautions that this community is ill-defined, with the nature and level of participants' engagement varying considerably. One of the problems is a lack of a common gender identity: 'whereas some participants mark their identities as distinct from the binaries of man/woman by using the terms "transsexual" or "trans" to describe their gender identities, others authenticate their gender by positioning themselves firmly as men or women' (Hines, 2007a, p. 481).

10.3   Citizenship

According to Stonewall (2007, p. 12), 'an active involvement in society, by members from diverse and varied backgrounds, makes a significant contribution to the democratic state'. However, relatively little research has been conducted into the participation and representation of trans people in the democratic process. Two studies were identified within this area.

As noted in section 11.1, Whittle (1998) suggests that the trans community has been transformed by the rise of the Internet. As well as giving trans people a new sense of community, he argues that cyberspace 'has changed the transgender community's understanding of the legal problems they face and their use of law to tackle those problems' (p. 389). Thus, the potential for trans participation is increased.

Monro (2003) analyses notions of trans citizenship within New Labour's Third Way. She argues that this has provided 'some support for transgender citizenship. However, these are limited because New Labour has yet to fully support gender diversity, to embrace different forms of morality, to tackle underlying structural inequalities and to develop sufficiently strong mechanisms for participation' (p. 433).

10.4   Best practice

No examples of publicly-funded best practice schemes designed specifically for trans people were identifed. There were initiatives where trans people had been included alongside LGB people. One example is the Scottish Government's (2008) report which was commissioned to provide recommendations for the ways in which discrimination against LGBT people can be tackled. To increase community participation, this proposes a National Community Capacity Building Project. Included within this are a number of suggestions to identify, engage with, and build community capacity for LGBT people, amongst which are some for trans communities. For example, it suggests that the Scottish Government continues to 'fund the development of work to support Scotland's transgender communities; and develop a volunteer exchange scheme' (Scottish Government, 2008, p. 6). It also suggests that the Scottish Government 'explore possibilities for developing a scholarship fund for two postgraduate students to undertake transgender research and study human rights law' (ibid, p. 6).

10.5   Research gaps

There is a need for research with trans people to understand what the facilitators and barriers to democratic participation are and a quantitative study to identify the proportion of trans people involved in UK democratic processes. It would be advantageous to undertake research which evaluates the possible advantages and

disadvantages of the trans agenda being placed with the LGB agenda, as this occurs frequently.

10.6   Summary – Community and citizenship

- Little attention had been paid to the development of community capacity among trans people relative to other social groups, which may be related to the fact that they were not specifically recognised as a separate 'strand' in equality legislation until the Equality Act 2006.

- A sense of trans community was developed through trans friendship networks and support groups, which had been further facilitated by the Internet and online communication. However, the trans community remains ill-defined and diverse, having significant implications for policy makers or researchers trying to engage trans people only through these means.

- There were a few attempts to build community capacity among trans people. These included funding voluntary activity among trans people and the suggestion of funding postgraduate students to undertake trans research.

- There was no research on the participation or representation of trans people in the democratic process.

11 FAMILIES AND RELATIONSHIPS

11.1 Introduction

Relative to the amount of research on the families and relationships of LGB people in the Sexual Orientation Review (Mitchell *et al*, 2009), research on the family lives and relationships of trans people was extremely sparse. Research from elsewhere in the review suggests that trans people are rarely portrayed in the media in a family setting, concentrating instead on isolated individuals in clinical settings (Whittle *et al*, 2007).

11.2 Family relationships and family support

Some evidence suggests that trans people may be rejected by family and kin, or may feel distanced from them, with the result that they may lack familial support. Maguen *et al*'s (2007) study suggested that disclosure to parents and their acceptance can be particularly important in terms of full acceptance of an individual's trans experience and gender identity. Whittle *et al*'s (2007) report discusses parental attitudes to their transitioned child, in which they note the devastating effects on the child of non-acceptance. They reported that 37 per cent of the respondents to their online survey were excluded from family events and have family members who no longer speak to them because they have transitioned to their acquired gender; in addition, 20 per cent of respondents felt informally excluded from their local community and neighbourhood since their transition. However, they also observed that 'support within the birth family can be excellent with total acceptance of the person in their acquired gender' (p. 69). Reed *et al* (2008) report that most parents of gender variant children do no seek specialist help. In some cases they do not perceive there to be a problem, or may attempt to discourage gender variant behaviour.

Other research suggests that trans people may develop affirming 'families of choice' as complements or alternatives to their families of origin, similar to those found in the LGB community (Weeks *et al*, 2001).

Hines (2007a, 2007b) studied support and care networks within the trans community through in-depth interviews with 30 trans men, women and polygendered people. Aside from existing friends, Hines (2007a, 2007b) also emphasised the role of trans support groups in providing emotional and practical support. Participants also described how they reciprocated such help through supporting and guiding other trans people. Such support may be critical for an affirmed sense of identity and good mental health through important stages in a trans person's life, such as coming out as trans, transitioning or learning to live in one's acquired gender. However, research also indicated that the ability to access such support varies considerably with concomitant impacts on wellbeing.

11.3   Research gaps

There is an urgent need for future research to examine the experiences of trans people in terms of their rights to a family life, access to partnerships, patterns of households and support and the number and type of households including trans people. Research could also examine the impact of the GRA on existing marriages and partnerships. Without such research, policy-makers know nothing about the family lives of trans people, their levels of familial support, or the risks to their health and well-being if there is an absence of such support.

11.4   Summary – Families and relationships

- The area of families and relationships among trans people was one of the most under-researched areas in the review.

- Trans people may experience isolation and a lack of affirming support as a result of rejection or distancing from family and community of origin, although some trans people have developed a sense of friendship and community with other people who are trans.

- There is an urgent need to conduct research on the families, households and relationships of trans people, particularly in terms of their right to a family life and their ability to form and sustain lasting and supportive relationships.

12 CONCLUSIONS

The review included a wide range of evidence surrounding the inequalities and discrimination faced by trans people in the UK. It has identified significant gaps in knowledge about trans people and highlighted the diversity within the trans population. A strong evidence base is essential for the Equality and Human Rights Commission and other agencies to bring about change. In addition to establishing the size of the trans population (in order to estimate demand for services), it is important that other characteristics of the trans community are also better understood. For example, mapping the geographical location of trans populations in order that services can be targeted most effectively. Further, better understanding of the diversity that exists within the trans population is required if services and policies are to provide for the whole trans community.

Despite the limitations imposed by a lack of robust research evidence, the review offers an important insight into the range and types of issues faced by trans people. The key findings of the review are summarised below, followed by key recommendations. This review represents an essential foundation on which the Commission can develop an informed research and policy strategy with a view to ultimately improving the lives of trans people.

12.1 Overview of findings

- There is a lack of data and other evidence about the trans population. There is no reasonably accurate estimate of the size of the trans population and the considerable diversity within this community.

- Most existing research has been conducted and funded by trans advocacy organisations. There is a notable lack of publically funded independent research.

- There are considerable problems inherent in the study of trans populations. Identifying trans people and accommodating trans sub-groups in surveys can be difficult.

- Confidentiality is crucial to successfully recruiting trans people to research studies.

- There are challenges in reaching much of the trans community, which could limit the types of sampling and recruitment strategies that can be used.

- Terminology is confusing and does not always capture the range of trans experience and identities. In particular, trans people who have completed

gender reassignment and are permanently living in their acquired gender may no longer identify as a trans person.

- Existing evidence suggests that trans people experience high levels of discrimination in key areas of life.

- The needs of trans people appear to have often been neglected in Government policies.

12.2 Findings on key areas of trans life

The review examined several key areas of trans life. Each of these are summarised briefly below:

12.2.1 Attitudes towards trans people

Existing research revealed negative attitudes towards trans people by non-trans people. However, recent evidence suggests that negative attitudes towards trans people are becoming less common. Trans people experience transphobia and discrimination in all aspects of life. Further research is required to better understand attitudes towards trans people.

12.2.2 Trans people, crime and the justice system

Research suggests that a majority of trans people have experienced harassment or violence because they were identified as trans. Despite high levels of violent crime towards trans people, it appears that much remains unreported because of fears surrounding confidentiality and a lack of confidence in the police and justice system. There is no evidence available on domestic violence experienced by trans people or how police would respond to this. Further investigation is required to explore why trans people appear to be over-represented in prisons.

12.2.3 Housing

Although evidence suggests that trans people experience particular problems with regards to housing, there was no research which specifically addressed the housing need of trans people. There appeared to be no housing initiatives which specifically addressed the housing needs of trans people.

12.2.4 Education

Research on trans people's experiences in school was very limited. This may be because trans people 'come out' later in life. However, the evidence suggests that many trans people experience bullying in school and identifies this as an area worthy of further investigation. This should include a review of whether anti-bullying policies protect trans pupils.

12.2.5 Economic status and employment

Trans people have been reported to be working below their capabilities and to be more likely to earn low incomes. They were also more likely to experience problems in paying bills and with debt. Despite legal protection against discrimination in the workplace, it appears that trans people continue to experience considerable discrimination at work. These problems seem to be especially likely around the time of transition. Work is required to ensure employers have anti-discrimination policies on gender identity and the development of best practice guidelines. A number of issues were raised regarding monitoring of equal opportunities for trans people, which will require further attention.

12.2.6 Health and social care

Evidence suggests that the health and social care needs of trans people are currently not being adequately met. In particular, trans people experience problems in accessing the services they need in a timely and sensitive manner. Existing provisions have focused on trans people who have undergone or plan to undergo gender reassignment treatment. This has meant that the needs of other sub-groups of trans people have been neglected. The policy and best practice initiatives that have begun to develop in relation to the health and social care of trans people require examination.

12.2.7 Media, leisure and sport

Trans people are often portrayed negatively in the media, and in particular, are shown as individuals without families. Trans people experienced discrimination in sport and leisure, particularly with regards to being able to use changing facilities appropriate to their acquired gender and competing in sport. Trans people also appeared to experience these problems within the LGB scene, which undermines the common assumption that trans people's needs are often met within the LGBT scene.

12.2.8 Community and citizenship

Although a number of large organisations exist which champion the rights of trans people, the trans community remains ill-defined, diverse and geographically dispersed. As a result the internet has proven an effective tool for bringing together this diverse community. However, further work is required, particularly with regards to representation in the democratic process.

12.2.9 Families and relationships

The area of families and relationships was one of the life areas most under-researched. Trans people may experience isolation and a lack of support as a result of rejection or distancing from family and community of origin. There is an urgent need to carry out research on the families, households and relationships of trans people,

particularly in relation to their right to a family life and their ability to form and sustain lasting relationships. The impact of recent legislation upon family relationships requires exploration.

12.3   Key research recommendations

The Commission has a major role to play in funding, supporting and guiding research on trans people. This review has highlighted a number of key areas where research evidence is especially lacking, as described in each of the key area summaries above. The amount of research in relation to each of the substantive areas covered in this review was highly variable. There was a greater volume of literature available in some areas than others, such as employment, where the rights of trans people have been established for longer. Other areas such as housing, education, media, leisure and sport, community and citizenship and families and relationships seemed to be particularly neglected. In areas such as health and social care there were suggestions for good practice guidance but the relationship of this guidance to research evidence was unclear.

The review reveals that there is a case for UK-wide quantitative and qualitative study on the economic position, experiences and needs of the trans population. The absence of such evidence means that the correct support, funding, services and policies, are not in place for trans people.

The priorities for such a study would need to be discussed with a number of stakeholders but several directions could be implied from the review. These would include:

- The need to address the variability of coverage in research of substantive issues faced by trans people discussed in this review.

- The need for a sufficiently large survey sample to establish patterns of inequality and discrimination within and across the trans community and a sufficiently high quality qualitative study using purposive sampling to map the range of experiences among trans people.

- The need to assess the impact of existing equality legislation relating to trans issues on relevant aspects of the lives of trans people (for example employment discrimination, discrimination in the provision of goods, facilities and services).

- The need to assess the experience and impact of transphobia on the life opportunities of trans people.

12.4   Policy and practice recommendations

While there are gaps in the research which makes it difficult to fully assess the picture of inequality in trans people's lives, the research that does exist paints a picture of lives affected by harassment, discrimination and violence.

The following implications emerge from the review:

- Work needs to be done with the Government to ensure that the needs of trans people are included in policies and legislation.

- The Department of Health could undertake an investigation of the need for and feasibility of specific trans services in health and social care (including transition and non-transition-related healthcare).

- The Department of Communities and Local Government could undertake an investigation of the need for and feasibility of specific trans services in housing provision.

- All central Government departments could review their gender equality schemes to ensure that they have paid due regard to the need to eliminate unlawful discrimination and harassment of transsexual people.

- A national online resource could be developed that brings together advice and information on a range of trans issues.

- Anti-homophobic bullying strategies could address bullying related to gender-variant behaviour.

- Employers need to respond to their legal obligations and implement good practice on trans.

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ENDNOTES

i   We are unable to comment on the methodology used to produce this figure since there is currently only a brief abstract of this study available containing a summary of findings. The full report is forthcoming.

ii   See http://www.scottishtrans.org/Page/Research.aspx

iii   See www.equalityhumanrights.com

iv   http://www.cps.gov.uk/publications/prosecution/hmpbcrleaf.html

v   Section 82 of the Sex Discrimination Act, quoted in Whittle *et al* (2007, p. 74).

vi   The Act was extended to Scotland following a decision by the Scottish Parliament (http://www.dca.gov.uk/constitution/transsex/faq.htm).

vii http://83.137.212.42/sitearchive/eoc/Default2bac.html?page=20526

viii http://www.tself.org/faq.html

ix   A newspaper report on a MtF person in the USA seeking to transition aged 9 is found at http://www.philly.com/inquirer/local/pa/chester/20080503_School_ challenge__Transgender_student_is_age_9.html

x   We are unable to comment on the methodology used to produce this figure since there is currently only a brief abstract of this study which contains a summary of findings. The full report is forthcoming.

xi   www.dca.gov.uk/risk/grbria.htm

xii A prevalence of 25 in 100,000 is quoted in GIRES (2008b). They note that they will issue a revised abstract in the future.

xiii See http://www.scottishtrans.org/Page/Research.aspx

xiv See http://www.scottishtrans.org/Page/Research.aspx

xv http://www.equalitynetwork.org/Aptronym/home.nsf/webprint/5147266EDD76E 36A80257411007394CF

xvi http://www.equalitynetwork.org/Aptronym/home.nsf/webprint/5147266EDD76E 36A80257411007394CF

xvii http://www.equalitynetwork.org/Aptronym/home.nsf/webprint/5147266EDD76E 36A80257411007394CF

xviii http://www.cps.gov.uk/publications/docs/htc_policy.pdf

xix See also Poole *et al* (2002), which appears to relate to the same study.

xx   See http://www.stonewallhousing.org/our_houses.html

xxi See http://www.equalitynetwork.org/Aptronym/home.nsf/webprint/ 5147266EDD76E36A80257411007394CF

xxii See http://www.equalitynetwork.org/Aptronym/home.nsf/webprint/ 5147266EDD76E36A80257411007394CF

xxiii http://www.personneltoday.com/articles/2006/12/18/38651/tribunal-awards-transgender-ferry-worker-65000-compensation.html

xxiv   These Briefing papers were written by Dr Julie Fish of De Montfort University as part of the Department of Health's Sexual Orientation and Gender Identity Advisory Group's (SOGIAG) work programme.

xxv   See http://www.equalitynetwork.org/Aptronym/home.nsf/webprint/ 5147266EDD76E36A80257411007394CF

xxvi   See http://www.dh.gov.uk/en/Managingyourorganisation/Equalityandhumanrights /Sexualorientationandgenderidentity/DH_4136008

xxvii   See http://www.dh.gov.uk/en/Managingyourorganisation/Equalityandhumanrights /Sexualorientationandgenderidentity/DH_4117240

xxviii   Hines (2007a) and Hines (2007b) are the same research. Hines (2007a) appears to be based on Chapter 8 of Hines (2007b).