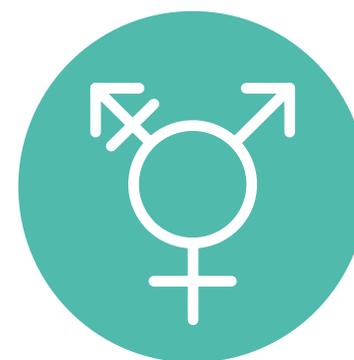




# TRANS

# COMMUNITY HEALTH PROFILE

# 2022



A BOLDER HEALTHIER BIRMINGHAM

**INTERNATIONAL, NATIONAL AND BIRMINGHAM CONTEXT**

**536,648**  
ESTIMATED NUMBER OF PEOPLE WHO IDENTIFY AS TRANS IN THE UK

The trans population is estimated to make up 0.8% of the total UK population. There has been a significant rise in people who identify as trans nationally and globally



**9,124**

Estimated number of people who identify as trans in Birmingham

**4,910**

PEOPLE ISSUED WITH A GENDER RECOGNITION CERTIFICATE

**GLOBAL TRANS POPULATION**

Estimates based on international data

**0.1-2.7%**  
OF ADULTS GLOBALLY IDENTIFY AS TRANS

**1.2-2.7%**  
OF CHILDREN GLOBALLY IDENTIFY AS TRANS



**30%**

of trans people in a large survey identified as bisexual THE SECOND MOST COMMON SEXUAL ORIENTATION WAS LESBIAN OR GAY **23%**

**50%**

OF TRANS PEOPLE IN LARGE SURVEYS IDENTIFIED AS NON-BINARY This is an umbrella term for people who do not identify exclusively as a man or a woman

**TRANS ORIGINS**

**1944**

First recorded 'gender affirming surgery' in the UK performed. The medicalisation of gender identity began in the early 20<sup>th</sup> century



PEOPLE WHO DON'T CONFORM TO THE PREVAILING CULTURAL GENDER NORMS HAVE EXISTED THROUGHOUT HISTORY AND ACROSS CULTURES, LONG BEFORE THE MODERN MEDICATION OF GENDER IDENTITY

**1990s**

TRANS AND VARIATIONS OF THE TERM EMERGE IN POPULAR USAGE

The 'T' was added to the LGBT (Lesbian, Gay, Bisexual and Transgender) acronym

**LEGISLATION**

The main legislations in the UK which protect the rights of trans people are

THE EQUALITY ACT (2010) AND THE GENDER RECOGNITION ACT (2004)



**GETTING THE BEST START IN LIFE**

**375**

CHILDREN AND YOUNG PEOPLE REFERRED TO THE GIDS WITH GENDER DYSPHORIA FROM WEST MIDLANDS (2010-2021)

**GENDER DYSPHORIA**

'Gender dysphoria' is the distress that is caused by a discrepancy between a person's gender identity and their assigned/registered sex at birth

**14,646**

Children and young people referred to the NHS Gender Identify and Development Services (GIDS) 2010-2021

**1,573%**

Increase in referrals to GIDS 2010-2021

**70%**

OF ADOLESCENTS REFERRED TO THE GIDS ARE ASSIGNED FEMALE AT BIRTH

**1** GIDS provider for children and young people in England



**CHILDREN IN CARE**

**5%**

OF CHILDREN REFERRED TO THE GIDS ARE IN THE CARE OF A LOCAL AUTHORITY

**0.6%**

OF CHILDREN IN THE GENERAL POPULATION ARE IN THE CARE OF THE LOCAL AUTHORITY

ASD more common in trans young people assigned male at birth than those assigned female at birth

**13%**

CHILDREN AND YOUNG PEOPLE WITH DYSPHORIA

AUTISM SPECTRUM DISORDER

**2%**

Cisgender young people

Trans people are

**2-3x**

MORE LIKELY THAN CISGENDER LGB PEOPLE TO REPORT SELF-HARMING THOUGHTS AND BEHAVIOURS

**ACCESSING GENDER IDENTITY SERVICES**

**5,366**

children and young people on the GIDS waiting list



**2 YEARS**

average wait time from referral to first appointment

**16%** of adolescents (aged 12-18)

with gender dysphoria have attempted suicide

**2%** of children (aged 5-12)



**MENTAL HEALTH AND WELLNESS**

**70%**  OF TRANS PEOPLE EXPERIENCED DEPRESSION OR ANXIETY IN THE LAST 12 MONTHS

**36%**  OF TRANS PEOPLE ACCESSED MENTAL HEALTH SERVICES IN THE LAST 12 MONTHS

**BARRIERS TO ACCESSING MENTAL HEALTH SERVICES**

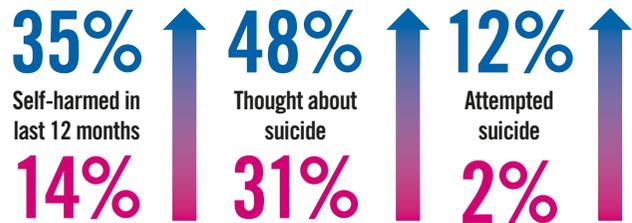
 Long waiting times

 Feeling anxious

 Unknowledgeable/unsupportive GP

**SELF-HARM AND SUICIDE**

TRANS COMMUNITY



YOUNG TRANS PEOPLE ARE **2X** MORE LIKELY TO HAVE SELF-HARMED AND **1.5X** MORE LIKELY TO HAVE PLANNED OR ATTEMPTED SUICIDE THAN CISGENDER YOUNG PEOPLE; **1 IN 4** YOUNG TRANS PEOPLE HAVE ATTEMPTED SUICIDE

**HEALTH AND ACCESS TO HEALTHCARE**

**33%** of trans people self-report having a disability. However, there is currently no data on health or long-term conditions among trans people in the UK



**24%** of trans people have Autism Spectrum Disorder (ASD) cf. 5% cisgender people



Higher prevalence of ASD in trans people assigned female at birth

**EXPERIENCE WITH GPs**

The majority of trans people (70-80%) rated their GP as 'helpful but uninformed'. Positive accounts of GPs included: **BEING TREATED AS A WHOLE PERSON, GP RESPONDING TO INDIVIDUAL NEEDS, GP SENSITIVITY TO GENDERED LANGUAGE, BEING INVOLVED IN DECISIONS ABOUT CARE, BEING TREATED WITH RESPECT AND BEING LISTENED TO**

**BARRIERS TO HEALTHCARE**

 Lack of understanding from healthcare professionals

 Trans-specific needs ignored

 Fear of discrimination (trans men and non-binary people in particular)

 Previous negative experiences

**MEDICAL TRANSITIONING**

A trans person may wish to adopt the social, physical and/or legal characteristics of their gender identity (rather than their assigned sex at birth). Transitioning typically refers to physical transitioning using medical intervention (e.g. hormones or surgery). Not all trans people seek to medically transition 

**25-30%** ESTIMATED ANNUAL INCREASE IN DEMAND FOR GENDER DYSPHORIA SERVICES IN THE UK

**7** NUMBER OF GENDER DYSPHORIA CLINICS (GDCs) IN ENGLAND. TRANSPORT IS THEREFORE A KEY BARRIER TO ACCESS

ACCESSING GENDER DYSPHORIA CLINICS **>22,871** people on GDCs wait list in England  **4 YEARS** average wait time for first appointment

**79%**  of trans people in Birmingham said their GP had no or little knowledge of gender dysphoria and gender identity services

**MEDICAL TRANSITIONING**

**>80%** of trans men and trans women were undergoing or had undergone medical transition in the National LGBT Survey  THIS IS COMPARED WITH 31% OF NON-BINARY PEOPLE

**80%** of trans respondents found NHS GDCs difficult to access. **BARRIERS INCLUDE: LONG WAITING TIME TO ACCESS GDCS, GP LACK OF KNOWLEDGE ABOUT REFERRAL PATHWAYS AND LOCATION OF SERVICES** Some trans people self-prescribing hormones because of a lack of access

**WORKING AND LEARNING WELL**

# LIFE SATISFACTION

Trans people report being less satisfied with their life than non-trans LGB people

**5/10**  
TRANS COMMUNITY

**7/10**  
NON-TRANS LGB COMMUNITY

## DEGREE QUALIFICATION

**35%** trans people have an undergraduate degree compared with

**51%** CISGENDER LGB PEOPLE



**26%** of trans people in Birmingham report being unemployed

**HIGHER THAN THE CIS LGB POPULATION**  
**14%**

**60%** of trans people earn less than **£20,000 PER ANNUM**



## HOMELESSNESS

Experienced at some point in life

**25%**  
TRANS

**14%**  
CISGENDER LGB



**19%**

of trans people experienced domestic abuse from an intimate partner in the last 12 months compared with



**11% OF ALL LGBT RESPONDENTS**

**PROTECT AND DETECT**

**27%**

of trans people avoided cervical or prostate cancer screening checks

### BARRIERS TO CERVICAL SCREENING



GP's lack of understanding of trans health



Discrimination from healthcare professionals



Increased gender dysphoria from screening process

**ONLY 58%** OF ELIGIBLE TRANS PEOPLE HAVE EVER UNDERGONE CERVICAL SCREENING

## SEXUAL HEALTH SERVICES

Trans people are less likely to access sexual health services than cisgender LGB people. Trans women (10%) and trans men (15%) were less likely to attend compared with non-binary people (22%)



**17%** Trans  
**29%** Cisgender LGB

IN 2017 THERE WERE **178 TRANS PEOPLE** LIVING WITH HIV. This gives an estimated prevalence of 0.48-4.78 per 1,000. This rate is similar to that of the general population (1.7 per 1,000)

## HIV AND STI RISK FACTORS

For Trans Population in England

LIVING IN LONDON

UNDER PSYCHIATRIC CARE

BEING A SEX WORKER

TRANS CISGENDER

57%

11%

7%

43%

4%

0.3%

**BEHAVIOURAL AND LIFESTYLE FACTORS**

**62%**

of trans people in the Trans Mental Health Study in 2012 indicated having alcohol dependency, compared to **1.8% OF THE RESIDENT POPULATION IN BIRMINGHAM** AND **1.4% OF THE GENERAL POPULATION**



## DRUG USE

Studies indicate a lack of significant differences between trans people's substance (mis)use compared to cisgender people

**24%**

OF TRANS PEOPLE REPORTED TAKING DRUGS RECREATIONALLY IN THE LAST 12 MONTHS IN 2012. THIS IS COMPARED WITH **9%** OF THE GENERAL POPULATION

## PHYSICALLY ACTIVE

>150 mins/week By Gender Identity



**#1** Cisgender Males

**62%**

**#2** Cisgender Females

**60%**

**#3** Transgender (inc, trans men, women and non binary)

**52%**

## BARRIERS TO PHYSICAL ACTIVITY

GENDERED SPORTS FACILITIES AND TEAMS



ANTICIPATED OR EXPERIENCED DISCRIMINATION



GENDERED SPORTS CLOTHING



## FACILITATORS TO PHYSICAL ACTIVITY

Increased activity statistically linked with high self-esteem and high body satisfaction

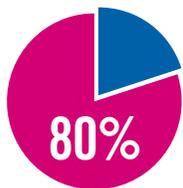
## TRANSPHOBIA AND DISCRIMINATION

**TRANSPHOBIC HATE CRIMES**

**2,630** Reported incidents in 2021

**789%**

**INCREASE IN TRANSPHOBIC HATE CRIME REPORTED BETWEEN 2010-2021**



**80%** OF TRANS PEOPLE DO NOT REPORT TRANSPHOBIC HATE CRIMES THAT THEY EXPERIENCE



**50%**

OF TRANS PEOPLE AVOID PUBLIC PLACES BECAUSE OF EXPERIENCED OR ANTICIPATED TRANSPHOBIA

**30-40%**

of trans people report experiencing transphobic discrimination in the workplace



**25%**

of trans people experienced transphobic discrimination when trying to rent or buy home in the last 12 months



**>50%**

of trans students experienced bullying and harassment in schools because of their gender identity



**40%**

of trans people had a negative experience based on their gender identity when trying to access healthcare services

## CLOSING THE GAPS

Generally, health and social care organisations, public bodies and population-based surveys do not collect data on peoples' gender identity. Nor is local data on the Birmingham context published. UK Census 2021 data will provide reliable and reliable insight into the trans population



## INEQUALITIES WITHIN THE TRANS COMMUNITY

Within the trans community, limited evidence indicates that needs, outcomes and inequalities differ between



ASSIGNED SEX & BIRTH



BINARY AND NON-BINARY IDENTITIES



ETHNICITY, AGE, RELIGION, SEXUAL ORIENTATION

**NO DATA CURRENTLY EXISTS ON TRANS LIFE EXPECTANCY AND HEALTHY LIFE EXPECTANCY IN THE UK**



## EVIDENCE BASE

The identification and redressing of inequalities requires a robust evidence base on which to draw. In the UK, there is no evidence on some aspects of trans people's health and wider determinants of their health, and limited evidence with methodological drawbacks in other areas

## PROBLEMS WITH EXISTING EVIDENCE

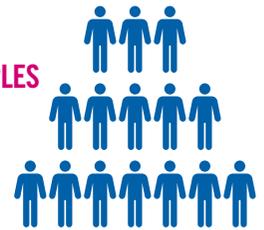
### SURVEYS AND CLINICAL STUDIES

Without population level data, the limited evidence on the health of the trans population typically comes from community-based surveys of trans people and clinic-based studies of trans people with gender dysphoria. Both are prone to methodological drawbacks which impede reliability, validity and generalisability of findings



### METHODOLOGY PROBLEMS WITH EXISTING STUDIES

- SMALL SAMPLE SIZES
- NON-REPRESENTATIVE, SELF-SELECTED SAMPLES
- LACK OF/POOR MATCHED CONTROL GROUPS
- POOR OPERATIONALISATION OF TERMS
- LACK OF LONGITUDINAL STUDIES
- GAPS BETWEEN STUDY FINDINGS AND RECOMMENDATIONS
- INTERNATIONAL STUDIES REMAIN A COMMON REFERENCE POINT WITHOUT ADEQUATE CONTEXTUALISATION (E.G. BY THE NHS AND GIDS)



### MEETING POPULATION NEEDS

A SYSTEM OF RELIABLE AND EFFECTIVE MONITORING AND RESEARCH IS NEEDED LOCALLY AND NATIONALLY IN ORDER TO IDENTIFY AND UNDERSTAND THE NEEDS OF THE TRANS POPULATION AND HOW BEST TO MEET THEM

